

November 15, 2022

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

Dear Pamela,

Enclosed please find a copy of your 2021 federal and state income tax returns as follows:

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

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

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

Aprio will electronically file your 2021 federal and California income tax returns.

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

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

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

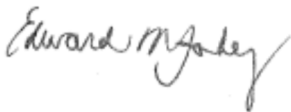
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

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

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

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

Very truly yours,



Edward Fahey

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

December 31, 2021

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**Prepared For:**

United Religions  
P.O. Box 29242  
San Francisco, CA 94129-0242

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**Prepared By:**

Aprio, LLP  
150 Post Street, Suite 200  
San Francisco, CA 94108

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

**TAX RETURN FILING INSTRUCTIONS**  
REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

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**Prepared For:**

United Religions  
P.O. Box 29242  
San Francisco, CA 94129-0242

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**Prepared By:**

Aprio, LLP  
150 Post Street, Suite 200  
San Francisco, CA 94108

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**Form Must be Filed On or Before:**

Return Form(s) 114A to us as soon as possible.

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**Special Instructions:**

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 0;">(See instructions below for completion)</p> <p style="margin: 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 0;">The form 114a may be digitally signed</p>	<b>UNITEDR20210001</b>
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**Part I** Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

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

I/we declare that I/we have provided information concerning 1 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2021 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

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

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

15. Preparer last name <b>FAHEY</b>	16. Preparer first name <b>EDWARD</b>	17. Preparer M.I.	18. Preparer PTIN <b>P00194561</b>
19. Address <b>150 POST STREET, SUITE 200</b>	20. City <b>SAN FRANCISCO</b>	21. State <b>CA</b>	22. ZIP/postal code <b>94108</b>
23. Country code <b>US</b>	24. Preparer's (item 15) employer's (Entity) name <b>APRIO, LLP</b>	25. Employer EIN <b>57-1157523</b>	26. Preparer's signature <b>APRIO, LLP</b>

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

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

Read and complete the account owner statement in Part I.

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

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

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

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

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

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

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**UNITED RELIGIONS**

EIN or SSN

**68-0369482**

Name and title of officer or person subject to tax

**BAILEY BARNARD  
ACTING EXEC DIRECTOR**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here .....	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>2,383,938.</u>
<b>2a</b> Form 990-EZ check here ...	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ...	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here .....	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here .....	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here .....	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here .....	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here .....	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here ▶	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

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

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

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

67921311111

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ APRIO, LLP

Date ▶ 11/15/22

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

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

FinCEN Form 114

UNITEDR20210001

Filing Name UNITED RELIGIONS

Submission Type NEW

PIN NOT REQUIRED

Check here  if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 15, 2022. An automatic extension to October 17, 2022 is available.

This report filed late for the following reason (Check only one):

- a.  Forgot to file
- b.  Did not know that I had to file
- c.  Thought account balance was below reporting threshold
- d.  Did not know that my account qualified as foreign
- e.  Account statement not received in time
- f.  Account statement lost (Replacement requested)
- g.  Late receiving missing required account information
- h.  Unable to obtain joint spouse signature in time
- i.  Unable to access BSA E-filing system
- z.  Other (please provide explanation below)

# REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar  
year ended 12/31  
**2021**  
Amended

**Part I** **Filer information** UNITEDR20210001

2 Type of filer

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

3 U.S. Taxpayer Identification Number <b>680369482</b> <small>If filer has no U.S. Identification number complete item 4</small>	3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
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6 Last name or organization name <b>UNITED RELIGIONS</b>	7 First name	8 Middle initial	8a Suffix
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9 Mailing address (number, street, and apt. or suite no.)

**P.O. BOX 29242**

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

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

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

15 Maximum value of account during calendar year	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

17 Name of financial institution in which account is held

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

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

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>
--	---	--

<b>Third Party Preparer Use Only</b>	47 Preparer's last name <b>FAHEY</b>	48 First name <b>EDWARD</b>	49 MI	50 Check <input type="checkbox"/> if self-employed	51 TIN <b>P00194561</b>	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign	
	52 Contact phone no. <b>415-777-4488</b>	52a Ext.	53 Firm's name <b>APRIO, LLP</b>	54 Firm's TIN <b>57-1157523</b>	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign		
	55 Mailing address (number, street, apt. or suite no.) <b>150 POST STREET, SUITE 200</b>	56 City <b>SAN FRANCISCO</b>	57 State <b>CA</b>	58 ZIP/Postal Code <b>94108</b>	59 Country <b>US</b>		

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

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

1 Filing for calendar year  <u>2021</u>	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <b>680369482</b>	6 Last name or organization name  <b>UNITED RELIGIONS</b>
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15 Maximum value of account during calendar year  <b>13,664.</b>	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	---

17 Name of financial institution in which account is held <b>HOUSING BANK TRADE &amp; FINANCE</b>
--

18 Account number or other designation <b>0005531100201001</b>	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held <b>P.O. BOX 7693</b>
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20 City <b>AMMAN</b>	21 State, if known	22 Foreign postal code, if known <b>11118</b>	23 Country <b>JORDAN</b>
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34 Last name or organization name of account owner <b>UNITED RELIGIONS INITIATIVE MEN</b>	35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
--	---	--

36 First name	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.) <b>WADI SAQRH STREET</b>
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39 City <b>AMMAN</b>	40 State	41 ZIP/Postal Code	42 Country <b>JORDAN</b>
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43 Filer's title with this owner

15 Maximum value of account during calendar year	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

17 Name of financial institution in which account is held

18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held
--	--

20 City	21 State, if known	22 Foreign postal code, if known	23 Country
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34 Last name or organization name of account owner	35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
--	---	--

36 First name	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.)
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39 City	40 State	41 ZIP/Postal Code	42 Country
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43 Filer's title with this owner



# Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2021 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C Name of organization</b> <b>UNITED RELIGIONS</b></p> <p>Doing business as <b>UNITED RELIGIONS INITIATIVE</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 29242</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94129-0242</b></p> <p><b>F Name and address of principal officer: BAILEY BARNARD</b> <b>SAME AS C ABOVE</b></p>	<p><b>D Employer identification number</b> <b>68-0369482</b></p> <p><b>E Telephone number</b> <b>415-561-2300</b></p> <p><b>G Gross receipts \$</b> <b>2,436,234.</b></p> <p><b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p> <p><b>H(c) Group exemption number</b> ▶</p>
<p><b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p><b>J Website:</b> ▶ <b>WWW.URI.ORG</b></p> <p><b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		
		<p><b>L Year of formation:</b> <b>1995</b> <b>M State of legal domicile:</b> <b>CA</b></p>

**Part I Summary**

	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>WITH A PURPOSE OF PROMOTING PEACE, JUSTICE AND HEALING, URI'S NETWORK HAS GROWN TO OVER 1,100</b></p> <p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>35</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>31</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b>	<b>17</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>2,987,535.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>0.</b>	<b>0.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>10,269.</b>	<b>29,115.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>8,254.</b>	<b>-13,319.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>3,006,058.</b>	<b>2,383,938.</b>
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>640,840.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>1,669,630.</b>	<b>1,579,143.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>312,062.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>805,845.</b>	<b>831,110.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>3,116,315.</b>	<b>3,100,349.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-110,257.</b>	<b>-716,411.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>18,484,247.</b>	<b>End of Year</b> <b>19,667,907.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>485,554.</b>	<b>1,490,736.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>17,998,693.</b>	<b>18,177,171.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<p>Signature of officer <b>BAILEY BARNARD, ACTING EXEC. DIRECTOR</b></p> <p>Type or print name and title</p>	<p>Date</p>
<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name <b>EDWARD FAHEY</b></p> <p>Firm's name ▶ <b>APRIO, LLP</b></p> <p>Firm's address ▶ <b>150 POST STREET, SUITE 200 SAN FRANCISCO, CA 94108</b></p>	<p>Preparer's signature <b>EDWARD FAHEY</b></p> <p>Date <b>11/15/22</b></p> <p>Firm's EIN ▶ <b>57-1157523</b></p> <p>Phone no. <b>415-777-4488</b></p>
	<p>Check <input type="checkbox"/> if self-employed</p> <p>PTIN <b>P00194561</b></p>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FOUNDED IN 2000, UNITED RELIGIONS INITIATIVE (URI) IS A 501(C)(3) INTERNATIONAL ORGANIZATION REGISTERED IN THE STATE OF CALIFORNIA. ITS PURPOSE IS TO PROMOTE ENDURING, DAILY INTERFAITH COOPERATION, END RELIGIOUSLY MOTIVATED VIOLENCE AND CREATE CULTURES OF PEACE, JUSTICE

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

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

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

4a (Code: ) (Expenses \$ 1,565,698. including grants of \$ 690,096. ) (Revenue \$ )
GLOBAL NETWORK DEVELOPMENT: IN 21 YEARS, URI HAS GROWN FROM 83 FOUNDING MEMBER ORGANIZATIONS, CALLED COOPERATION CIRCLES (CCS), TO OVER 1,100 MEMBER GROUPS IN OVER 110 COUNTRIES. URI'S UNIQUE GLOBAL NETWORK OF GRASSROOTS CCS CALLS FORTH LOCALLY-INITIATED ACTIONS BY SELF-SUPPORTING GROUPS AND ORGANIZATIONS. CCS CAN BE SMALL GROUPS ORGANIZING FOR THE FIRST TIME, OR WELL-ESTABLISHED ORGANIZATIONS. EVERY CC MUST HAVE AT LEAST SEVEN MEMBERS, AND MUST REPRESENT AT LEAST THREE DIFFERENT RELIGIONS, SPIRITUAL EXPRESSIONS OR INDIGENOUS TRADITIONS.

URI'S ORGANIZATIONAL STRUCTURE INCLUDES EIGHT REGIONS WHICH ARE STAFFED BY 18 REGIONAL COORDINATORS WHO SERVE CCS THROUGH PROGRAMMATIC APPROACHES, SUPERVISE REGIONAL TEAM MEMBERS, COORDINATE REGIONAL

4b (Code: ) (Expenses \$ 319,098. including grants of \$ ) (Revenue \$ )
THE GLOBAL COUNCIL IS URI'S GOVERNING BOARD OF TRUSTEES. THREE GLOBAL COUNCIL TRUSTEES ARE ELECTED BY URI'S MEMBER CCS FROM EACH OF EIGHT REGIONS OF THE WORLD. THE GLOBAL COUNCIL CAN APPOINT AT-LARGE TRUSTEES TO ENSURE GENDER, FAITH AND EXPERIENCE DIVERSITY. THE GLOBAL COUNCIL'S PRIMARY RESPONSIBILITIES INCLUDE BEING THE GOVERNING BODY OF URI; CARRYING OUT URI'S MISSION AND PURPOSE; SELECTING, SUPPORTING AND EVALUATING THE EXECUTIVE DIRECTOR; ENSURING EFFECTIVE PLANNING AND ADEQUATE FINANCIAL RESOURCES; PROTECTING THE ORGANIZATION'S ASSETS AND PROVIDING FINANCIAL OVERSIGHT; AND ENSURING LEGAL AND ETHICAL INTEGRITY. WITH TRUSTEES FROM 22 COUNTRIES REPRESENTING DIVERSE RELIGIOUS AND INDIGENOUS TRADITIONS, THE GLOBAL COUNCIL BRINGS ITS GRASSROOTS EXPERIENCE TO URI'S ONGOING STRATEGIC PLANNING, NETWORK

4c (Code: ) (Expenses \$ 273,521. including grants of \$ ) (Revenue \$ )
COMMUNICATIONS: URI'S INTERNATIONAL NETWORK RELIES ON A ROBUST COMMUNICATION SYSTEM. URI'S GLOBAL WEBSITE, URI.ORG, IS DESIGNED TO MAGNIFY URI'S IMPACT, HIGHLIGHT CC SUCCESSES, CONNECT CCS, PROVIDE RESOURCE INFORMATION TO CCS, AND ENCOURAGE GLOBAL CAMPAIGNS FOR COLLECTIVE GLOBAL ACTION AND MORE. ADDITIONALLY, URI PRODUCES AN ANNUAL IMPACT REPORT, AS WELL AS OTHER PRINT, ONLINE AND MULTIMEDIA COLLATERAL FOR THE NETWORK. IN THE DIGITAL MEDIA DOMAIN, URI IS ENHANCED BY ENGAGING AUDIENCES ON FACEBOOK, TWITTER, INSTAGRAM, LINKEDIN, AND YOUTUBE. GIVEN FAST-PACED TECHNOLOGICAL CHANGE, URI'S COMMUNICATIONS TEAM STUDIES NEW SYSTEMS, MAKES RECOMMENDATIONS TO URI, AND RECENTLY LAUNCHED AN UPDATED WEBSITE.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 308,507. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,466,824.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (35), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records PAMELA H. BANKS - (415)561-2300

**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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. WILLIAM E. SWING FOUNDER AND PRESIDENT EMERITUS	1.00	X		X				139,674.	0.	2,700.
(2) REV. VICTOR H. KAZANJIAN, JR. FORMER EXECUTIVE DIRECTOR	0.00						X	42,101.	0.	48,971.
(3) BAILEY S. BARNARD SR. FORMER ACTING EXECUTIVE DIRECTOR	0.00	X						0.	0.	0.
(4) SWAMINI ADITYANANDA SARASWATI FORMER EXECUTIVE DIRECTOR	0.00	X						0.	0.	0.
(5) KIRAN BALI CHAIRPERSON	25.00	X		X				0.	0.	0.
(6) BECKY BURAD TREASURER	25.00	X		X				0.	0.	0.
(7) BARBARA SHANNON SECRETARY	25.00	X		X				0.	0.	0.
(8) PREETA BANSAL AT-LARGE TRUSTEE	25.00	X						0.	0.	0.
(9) HEREDITARY CHIEF PHIL LANE JR. AT-LARGE TRUSTEE	5.00	X						0.	0.	0.
(10) MILKA WAMBUI NGIGE AT-LARGE TRUSTEE	5.00	X						0.	0.	0.
(11) SOK SIDON AT-LARGE TRUSTEE	5.00	X						0.	0.	0.
(12) FR. JOHN NGOMA, MALAWI TRUSTEE	5.00	X						0.	0.	0.
(13) THE RIGHT REV. MACLEORD BAKER O TRUSTEE	5.00	X						0.	0.	0.
(14) THE HONORABLE ELISHA BUBA YERO, TRUSTEE	5.00	X						0.	0.	0.
(15) RAVINDRA KANDAGE, SRI LANKA TRUSTEE	10.00	X						0.	0.	0.
(16) REV. KALYAN KUMAR KISKU, PAKIST TRUSTEE	25.00	X						0.	0.	0.
(17) DR. C.N.N. RAJU, INDIA TRUSTEE	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANIEL EROR, BOSNIA AND HERZEGO TRUSTEE	5.00	X						0.	0.	0.
(19) REV. HIERODEACON PETAR GRAMATIK TRUSTEE	5.00	X						0.	0.	0.
(20) MARIANNE HORLING, GERMANY TRUSTEE	5.00	X						0.	0.	0.
(21) SALETTE AQUINO, BRAZIL TRUSTEE	5.00	X						0.	0.	0.
(22) ROSA DELIA QUIZHPE MACAS, ECUAD TRUSTEE	5.00	X						0.	0.	0.
(23) FRANCISCO MORALES VENTOSA, ARGE TRUSTEE	5.00	X						0.	0.	0.
(24) ANWAR DAHAK, YEMEN TRUSTEE	5.00	X						0.	0.	0.
(25) NAOUFAL EL HAMMOUMI, MOROCCO TRUSTEE	5.00	X						0.	0.	0.
(26) DR. OMAR TAYEH, JORDAN TRUSTEE	5.00	X						0.	0.	0.
<b>1b Subtotal</b>								181,775.	0.	51,671.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								181,775.	0.	51,671.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	70,970.			
	<b>d</b>	Related organizations	<b>1d</b>	1,385,000.			
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	912,172.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		2,368,142.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		28,929.		28,929.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	4,913.			
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>	0.			
	<b>c</b>	Rental income or (loss)	<b>6c</b>	4,913.			
	<b>d</b>	Net rental income or (loss)		4,913.		4,913.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	34,150.			
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	33,964.			
<b>c</b>	Gain or (loss)	<b>7c</b>	186.				
<b>d</b>	Net gain or (loss)		186.		186.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 70,970. of contributions reported on line 1c). See Part IV, line 18		0.				
		<b>8a</b>					
<b>b</b>	Less: direct expenses	<b>8b</b>	18,332.				
<b>c</b>	Net income or (loss) from fundraising events		-18,332.		-18,332.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10a</b>					
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	<b>MISCELLANEOUS INCOME</b>	<b>Business Code</b>	900099	100.	100.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d			100.		
<b>12</b>	<b>Total revenue.</b> See instructions			2,383,938.	100.	0.	
						15,696.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,000.	21,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	669,096.	669,096.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	233,446.	211,034.	9,107.	13,305.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,074,143.	816,063.	75,943.	182,137.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	184,509.	126,830.	17,252.	40,427.
10 Payroll taxes	87,045.	63,317.	8,991.	14,737.
11 Fees for services (nonemployees):				
a Management				
b Legal	98,561.	56,569.	41,992.	
c Accounting	38,000.	31,160.	3,040.	3,800.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	293,452.	228,367.	42,252.	22,833.
12 Advertising and promotion				
13 Office expenses	35,853.	19,807.	10,580.	5,466.
14 Information technology				
15 Royalties				
16 Occupancy	118,415.	101,366.	4,687.	12,362.
17 Travel	10,292.	2,952.	6,337.	1,003.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,016.	573.	182.	2,261.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,005.		70,005.	
23 Insurance	19,434.	15,383.	1,498.	2,553.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>MISCELLANEOUS</b>	79,292.	65,796.	6,748.	6,748.
b <b>PAYROLL FEE</b>	23,835.	21,024.	247.	2,564.
c <b>BANK FEES</b>	20,004.		20,004.	
d <b>INTERNET</b>	9,014.	6,122.	2,560.	332.
e All other expenses	11,937.	10,365.	38.	1,534.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>3,100,349.</b>	<b>2,466,824.</b>	<b>321,463.</b>	<b>312,062.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	782,948.	<b>1</b>	1,494,543.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	280,839.	<b>3</b>	39,217.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	73,147.	<b>9</b>	87,496.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 184,251.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 174,823.		
	<b>11</b> Investments - publicly traded securities .....	539,568.	<b>11</b>	399,992.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,112.	<b>12</b>	9,663.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	102,803.	<b>14</b>	36,814.
	<b>15</b> Other assets. See Part IV, line 11 .....	16,694,643.	<b>15</b>	17,590,754.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	18,484,247.	<b>16</b>	19,667,907.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	196,942.	<b>17</b>	210,001.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	12,877.	<b>19</b>	5,000.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	275,735.	<b>25</b>	1,275,735.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	485,554.	<b>26</b>	1,490,736.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	12,135,995.	<b>27</b>	13,924,715.
	<b>28</b> Net assets with donor restrictions .....	5,862,698.	<b>28</b>	4,252,456.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	17,998,693.	<b>32</b>	18,177,171.
<b>33</b> Total liabilities and net assets/fund balances .....	18,484,247.	<b>33</b>	19,667,907.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,383,938.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,100,349.
3	Revenue less expenses. Subtract line 2 from line 1	3	-716,411.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,998,693.
5	Net unrealized gains (losses) on investments	5	-1,220.
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	896,109.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,177,171.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1736634.	3233481.	3336543.	2987535.	2368145.	13662338.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1736634.	3233481.	3336543.	2987535.	2368145.	13662338.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1872657.
<b>6 Public support.</b> Subtract line 5 from line 4.						11789681.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	1736634.	3233481.	3336543.	2987535.	2368145.	13662338.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	924.	1,286.	28,210.	9,641.	33,842.	73,903.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	154,295.	166,205.	240,677.	52,397.	100.	613,674.
<b>11 Total support.</b> Add lines 7 through 10						14349915.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	82.16 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	74.71 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Part VI**

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

Multiple horizontal lines for supplemental information.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

**UNITED RELIGIONS**

Employer identification number

**68-0369482**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization <b>UNITED RELIGIONS</b>	Employer identification number <b>68-0369482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MS. DAISY BEREXA AND MR. STEVEN BEREXA 4805 ROCK SPRING ROAD ARLINGTON, VA 22207	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MR. CURTIS BROWN 918 BAILEYANA ROAD HILLSBOROUGH, CA 94010	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MR. AND MRS. SCOTT BRUBAKER 3233 JACKSON STREET, #1 SAN FRANCISCO, CA 94118	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MR. AND MRS. J. ROBERT COLEMAN, JR. 220 BOOKWOOD R WOODSIDE, CA 94062	\$ 22,242.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COMMUNITY FOUNDATION OF GREATER MEMPHIS 1900 UNION AVENUE MEMPHIS, TN 38104	\$ 264,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE REV. AND MRS. NORMAN L. CRAM, JR. P.O. BOX 224 VINEBURG, CA 95487	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>UNITED RELIGIONS</b>	Employer identification number <b>68-0369482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MS. MARY CRANSTON AND MR. ROGER VAN CRAEYNEST 2957 PACIFIC AVENUE SAN FRANCISCO, CA 94115	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ENSEMBLE CAPITAL MANAGEMENT 1350 OLD BAYSHORE HWY. STE. 460 BURLINGAME, CA 94010	\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MR. AND MRS. BRADLEY FREITAG 255 UPLANDS DRIVE HILLSBOROUGH, CA 94010	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MR. WILLIAM P. FULLER AND MS. JENNIFER BECKETT 2076 VALLEJO STREET SAN FRANCISCO, CA 94123	\$ 9,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	JUDITH GADALDI 61 SHORE VIEW AVENUE SAN FRANCISCO, CA 94121	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE STEPHEN AND MARGARET GILL FAMILY FOUNDATION 32 FLOOD CIRCLE ATHERTON, CA 94027	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED RELIGIONS</b>	Employer identification number  <b>68-0369482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MR. AND MRS. JOHN GOLDMAN  42 SERRANO DR.  ATHERTON, CA 94027-3934	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MR. MARK GRACE  266 W BLITHEDELE AVE.  MILL VALLEY, CA 94941	\$ 5,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	MR. AND MRS. PATRICK W. GROSS  7401 GLENBROOK ROAD  BETHESDA, MD 20814-1327	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	HERBST FOUNDATION  30 VAN NESS AVE., SUITE 3600  SAN FRANCISCO, CA 94102-6026	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	MR. AND MRS. GARD JAMESON  P.O. BOX 60250  BOULDER CITY, NV 89006-0250	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	MS. ELIZABETH E. JANOPAUL  501 PORTOLA ROAD, #8010  PORTOLA VALLEY, CA 94028	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED RELIGIONS</b>	Employer identification number <b>68-0369482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MR. AND MRS. MICHAEL KOKINOS 14075 ARNERICH ROAD LOS ALTOS, CA 95032	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	MR. AND MRS. ROBERT A. LURIE 181 SELBY LANE ATHERTON, CA 94027	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	MR. AND MRS. JOHN A. MCQUOWN 19320 CARRIGER ROAD SONOMA, CA 95476	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	ALEXANDER AND CAROLYN MEHRAN 3680 JACKSON STREET SAN FRANCISCO, CA 94118	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	RUPERT H. JOHNSON, JR. FOUNDATION C/O FRANKLIN RESOURCES 100 ONE FRANKLIN PARKWAY SAN MATEO, CA 94403	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	MS. SUZANNE E. SISKEL 157 VICENTE ROAD BERKELEY, CA 94705-1605	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED RELIGIONS</b>	Employer identification number <b>68-0369482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MRS. ROSELYNE C. SWIG 3710 WASHINGTON STREET SAN FRANCISCO, CA 94118	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	THE RT. REV. AND MRS. WILLIAM E. SWING 601 LAUREL AVE., APT. 802 SAN MATEO, CA 94401	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	MR. AND MRS. PAUL JOHN TAGLIABUE 5630 WISCONSIN AVENUE, APT. 503 CHEVY CHASE, MD 20815	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MS. LAURETTE VERBINSKI 8871 CLIFFRIDGE AVE. LA JOLLA, CA 92037-2102	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	JOHN WEISER 3400 PAUL SWEET ROAD, UNIT D219 SANTA CRUZ, CA 95065	\$ 26,041.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MR. AND MRS. MICHAEL WILSEY 143 ISABELLA AVENUE ATHERTON, CA 94027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED RELIGIONS</b>	Employer identification number  <b>68-0369482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	UN ENVIRONMENT PROGRAMME  P.O. BOX 30552, 00100  NAIROBI, KENYA	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	STIFTUNG AUXILIUM  GRAFENAUWEG 10  ZUG, SWITZERLAND 6300	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED RELIGIONS</b>	Employer identification number  <b>68-0369482</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>UNITED RELIGIONS</b>	Employer identification number  <b>68-0369482</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021



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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,855,584.	13,218,802.	2,716,054.	1,861,056.	492,671.
b Contributions	500,000.	2,371,353.	10,354,179.	986,445.	
c Net investment earnings, gains, and losses	1,368,154.	2,023,128.	439,528.	-129,676.	1,368,385.
d Grants or scholarships	1,401,432.	1,650,460.			
e Other expenditures for facilities and programs					
f Administrative expenses	77,451.	107,239.	290,959.	1,771.	
g End of year balance	16,244,855.	15,855,584.	13,218,802.	2,716,054.	1,861,056.

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,747.	11,747.	0.
d Equipment		172,504.	163,076.	9,428.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,428.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEPOSITS	17,094.
(2) INTEREST IN NET ASSETS OF URI FOUNDATION	17,573,660.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	17,590,754.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CARES ACT PPP LOAN	275,735.
(3) DUE TO URI FOUNDATION	1,000,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,275,735.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,278,827.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,220.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	896,109.	
e	Add lines 2a through 2d	2e		894,889.
3	Subtract line 2e from line 1	3		2,383,938.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,383,938.

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

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

1	Total expenses and losses per audited financial statements		1	3,100,349.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		3,100,349.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,100,349.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCREASE IN BENEFICIAL INTEREST IN URI FOUNDATION

PART XI, LINE 9

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Employer identification number

**UNITED RELIGIONS**

**68-0369482**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
ASIA SOUTH	6	3	PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	178,285.
EAST ASIA & PACIFIC	3	3	PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	59,134.
CENTRAL AMERICA/ SOUTH AMERICA/ CARRIBEAN	2	1	PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	52,477.
MIDDLE EAST, NORTH AFRICA	1	1	PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	82,050.
AFRICA	6	6	PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	178,151.
EUROPE	1	3	PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	118,999.
<b>3 a</b> Subtotal .....	19	17			669,096.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	19	17			669,096.

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	INTERFAITH COOPERATION	121,594.	WIRE TRANSFERS	56,557.		
		EAST ASIA/PACIFIC	INTERFAITH COOPERATION	11,700.	WIRE TRANSFERS	47,434.		
		EUROPE	INTERFAITH COOPERATION	53,218.	WIRE TRANSFERS	65,781.		
		MIDDLE EAST	INTERFAITH COOPERATION	39,083.	WIRE TRANSFERS	42,967.		
		SOUTH ASIA	INTERFAITH COOPERATION	87,791.	WIRE TRANSFERS	90,494.		
		CENTRAL AMERICA/SOUTH AMERICA/CARRIBEAN	INTERFAITH COOPERATION	29,336.	WIRE TRANSFERS	23,141.		

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

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



Part IV Foreign Forms

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



**Part V** Supplemental Information

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

PART I, LINE 2:

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

Multiple horizontal lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CIRCLES OF LIGHT		NONE		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	70,970.			70,970.
	2	Less: Contributions	70,970.			70,970.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	18,332.			18,332.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				18,332.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-18,332.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
PROGRAM GRANT - URI NORTH AMERICA P.O. BOX 29242 SAN FRANCISCO, CA 94129		170(B)(1(A)(VI)	21,000.	0.			PROGRAM GRANT

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

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

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

Schedule I (Form 990) 2021

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

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

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

PART I, LINE 2:

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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Schedule J (Form 990) 2021



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) REV. VICTOR H. KAZANJIAN, JR. FORMER EXECUTIVE DIRECTOR	(i)	42,101.	0.	0.	0.	48,971.	91,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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. RECEIVED A NON-TAXABLE  
MINISTERIAL HOUSING ALLOWANCE.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED RELIGIONS

Employer identification number

68-0369482

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

MEMBER GROUPS IN OVER 110 COUNTRIES. THESE GROUPS, CALLED COOPERATION  
CIRCLES (CCS), ARE COMPRISED OF PEOPLE REPRESENTING AT LEAST THREE  
DIFFERENT RELIGIONS, TRADITIONS OR BELIEFS WILLING TO ENGAGE IN  
INTERFAITH DIALOGUE AND COLLABORATE ON HUMANITARIAN EFFORTS IN THEIR  
COMMUNITY. UTILIZING THIS DUAL STRATEGY APPROACH, URI COOPERATION  
CIRCLES PARTICIPATE IN TOPICS INCLUDING INTERFAITH DIALOGUE, CARE FOR  
INDIVIDUALS IN NEED, EDUCATING CHILDREN, PREVENTING VIOLENCE AGAINST  
WOMEN, IMPROVING THE ENVIRONMENT, RESOLVING CONFLICTS, AND NEGOTIATING  
PEACE AMONG MANY OTHER LOCAL AND GLOBAL KEY ISSUES.

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

AND HEALING. URI ENGAGES PEOPLE AT THE GRASSROOTS LEVEL TO BUILD  
BRIDGES OF UNDERSTANDING ACROSS RELIGIOUS AND CULTURAL DIFFERENCES,  
WORKING TOGETHER FOR THE GOOD OF THEIR COMMUNITIES AND THE WORLD. URI  
IMPLEMENTS ITS MISSION BY CREATING A VITAL TRANSFORMATIVE NETWORK THAT  
CONNECTS, ENABLES, TRAINS AND AMPLIFIES THE WORK OF LOCALLY-BASED  
GROUPS. URI'S NETWORK ENABLES GRASSROOTS LEADERS TO SELF-ORGANIZE IN  
ACCORDANCE WITH URI'S PURPOSE AND PRINCIPLES, IMPLEMENT LOCAL  
INITIATIVES, EXCHANGE INSPIRING IDEAS AND KNOWLEDGE, AND DEEPEN MUTUAL  
UNDERSTANDING AND RESPECT THROUGH STRONG INTERPERSONAL RELATIONSHIPS.  
URI'S NETWORK STRENGTHENS THE CAPACITY OF MEMBER GROUPS AND  
ORGANIZATIONS TO ENGAGE IN COMMUNITY ACTIONS.

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

LEADERSHIP TEAMS AND MORE. THE PRIMARY WORK OF THE REGIONAL BASES IS TO

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

Schedule O (Form 990) 2021

Name of the organization UNITED RELIGIONS	Employer identification number 68-0369482
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PROVIDE DIRECT COMMUNICATION WITH AND NETWORK SUPPORT FOR CCS. NETWORK BENEFITS INCLUDE: HELPING CCS BUILD CAPACITY, RAISING VISIBILITY FOR CC WORK, ASSISTING CCS IN CREATING PARTNERSHIPS, CONNECTING WITH LOCAL OFFICIALS, ORGANIZING LOCAL AND REGIONAL GATHERINGS AND TRAININGS, AND INSPIRING THE DEVELOPMENT OF NEW CCS. CCS ARE INSPIRED AND SUSTAINED IN THEIR WORK BY ACTIVE PARTICIPATION IN URI'S VITAL NETWORK WITH OTHER CCS WITH WHOM THEY GENERATE CONNECTION, COMMUNICATION, CO-MENTORING AND SHARED LEARNING. URI'S GLOBAL SUPPORT OFFICE, WHICH IS BASED IN SAN FRANCISCO, PROVIDES ACCOUNTABILITY, TRAINING AND CONSULTATION FOR REGIONAL COORDINATORS, AND REGIONAL TEAM MEMBERS.

URI'S GLOBAL SUPPORT OFFICE OVERSEES THE OPERATIONS OF THE URI NETWORK, ENERGIZING THE NETWORK BY SUPPORTING REGIONAL LEADERSHIP TEAMS, CREATING A FLOW OF QUALITY INFORMATION, MAINTAINING A CC MEMBER DATABASE, MANAGING FINANCE, PUBLICIZING CC IMPACT WORLDWIDE, ENGAGING IN FUNDRAISING, AND PROVIDING FOCUSED RESOURCE SUPPORT AND TRAINING IN AREAS SUCH AS CONFLICT TRANSFORMATION, THE ENVIRONMENT, WOMEN'S EMPOWERMENT, AND YOUTH LEADERSHIP. THE EXECUTIVE DIRECTOR, CHAIR OF THE URI GLOBAL COUNCIL AND URI'S PRESIDENT, WORKING ON BEHALF OF AN ELECTED 30 MEMBER GLOBAL COUNCIL, LEAD THE URI NETWORK AND ARE SUPPORTED BY 15 GLOBAL SUPPORT STAFF.

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

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

GLOBAL COUNCIL ALSO REPRESENT REGIONS, AND SIT ON REGIONAL LEADERSHIP TEAMS THAT PLAN AND IMPLEMENT REGIONAL STRATEGIES TO BUILD NETWORK BENEFITS TO MEMBER CCS AND DEVELOP COLLECTIVE GLOBAL CAMPAIGNS, SUCH AS MOBILIZING CCS AROUND THE WORLD TO PARTICIPATE IN THE INTERNATIONAL DAY OF PEACE ON SEPTEMBER 21.

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

EDUCATION AND OUTREACH: TO STRENGTHEN THE EFFECTIVENESS OF CCS TO ACCOMPLISH THEIR GOALS, EXCHANGES OF VARIOUS KINDS OF EXPERTISE TAKE PLACE AMONG CC MEMBERS. URI PROVIDES TRAINING TO HELP CCS EFFECTIVELY TAKE PART IN A GLOBAL NETWORK OF SUPPORT AND PROVIDES CCS WITH IN-DEPTH INTERVIEWS THAT DEEPEN UNDERSTANDING OF THEIR IMPACT AND POTENTIAL. URI DESIGNS LOCAL, NATIONAL AND REGIONAL GATHERINGS FOR CCS TO MEET FACE-TO-FACE TO SHARE RESOURCES, RECEIVE TRAINING, AND GIVE AND RECEIVE MUTUAL SUPPORT. URI COLLABORATES WITH MEMBER GROUPS WORLDWIDE TO ASSESS THE IMPACT OF BELONGING TO THE URI NETWORK AS BOTH CONTRIBUTORS TO THE NETWORK AND RECEIVERS OF BENEFITS.

FOCUSED RESOURCE SUPPORT: URI PROVIDES TARGETED RESOURCES TO SUPPORT THE GLOBAL CC NETWORK IN THE AREAS OF: CONFLICT RESOLUTION, INDIGENOUS RIGHTS, WOMEN'S EMPOWERMENT, ENVIRONMENTAL ISSUES AND YOUTH LEADERSHIP. CCS, AS WELL AS INDIVIDUALS AND ORGANIZATIONS WITH SPECIFIC EXPERTISE AND RESOURCES IN THESE AREAS, PROVIDE AN EFFECTIVE CHANNEL OF COMMUNICATION, CREATIVE RESOURCING AND EDUCATION TO STRENGTHEN CC CAPACITY. URI PLANS TO EXPAND FOCUSED TRAINING AND SUPPORT IN THE AREAS OF CONFLICT RESOLUTION, ENVIRONMENT, ETC.

URI'S WEBSITE INCLUDES AN INTERFAITH TEACHERS' CURRICULUM FOR

Name of the organization UNITED RELIGIONS	Employer identification number 68-0369482
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ELEMENTARY AND MIDDLE SCHOOL STUDENTS, AS WELL AS AN EXTENSIVE RESOURCE SECTION. IN ADDITION TO EDUCATIONAL SUPPORT, CC MEMBERS, STAFF AND THE GLOBAL COUNCIL ENGAGE IN STRATEGIC NETWORKING, BOTH TO SHARE URI'S WORK AND TO PROMOTE NEW PARTNERSHIPS TO SUPPORT THE DEVELOPMENT OF THAT WORK. EXTENSIVE WORK IS UNDERWAY IN SEVERAL REGIONS TO INCREASE PARTNERSHIPS BETWEEN CCS, OTHER NGOS, GOVERNMENT AND CIVIC GROUPS TO STRENGTHEN NETWORK SUPPORT AND RESOURCE SHARING. URI ACTIVELY WORKS WITH SEVERAL UNITED NATIONS AGENCIES AND OTHER LIKE-MINED NON-PROFITS TO BUILD EFFECTIVE PARTNERSHIPS BETWEEN UN DEVELOPMENT GOALS AND THE WORK OF CCS THROUGHOUT THE WORLD. URI NOW HAS FORMAL MOUS (MEMORANDUMS OF UNDERSTANDING) WITH THE OFFICE OF GENOCIDE PREVENTION AT THE UNITED NATIONS, UNFPA (THE UNITED NATIONS POPULATION FUND), WEA (WOMEN'S EARTH ALLIANCE), LAUNCHING LEADERS, THE WORLD TOLERANCE SUMMIT, AND UNITY EARTH. URI HOSTED AN ACCELERATE PEACE CONFERENCE HELD ON JUNE 26 AND 27, 2019 AT THE HOOVER INSTITUTION ON THE STANFORD UNIVERSITY CAMPUS IN CALIFORNIA, USA. IT BROUGHT TOGETHER PEACEBUILDERS FROM AROUND THE WORLD TO DISCUSS CHALLENGES TO PEACE, BOTH IN THEIR LOCAL COMMUNITIES AND ON AN INTERNATIONAL LEVEL, AND ALSO TO DISCUSS ACTION-ORIENTED SOLUTIONS TO BENEFIT ALL OF HUMANITY. A COMPLETE SET OF THE CONFERENCE VIDEOS ARE ON THE URI WEBSITE.

EXPENSES \$ 308,507. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

GROUPS CALLED "COOPERATION CIRCLES" ARE MEMBERS AND MUST 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.

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

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

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

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

THE ORGANIZATION RETAINS A PROFESSIONAL CPA FIRM TO PREPARE THE FORM 990, AFTER REVIEW AND APPROVAL BY THE FINANCE COMMITTEE. COPIES ARE MADE AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING THE RETURN.

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

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

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

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

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

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

Name of the organization <b>UNITED RELIGIONS</b>	Employer identification number <b>68-0369482</b>
---	---

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

**INCREASE IN BENEFICIAL INTEREST IN URI FOUNDATION 896,109.**

**FORM 990, PART XII, LINE 2C**

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



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

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

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

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

**Part 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.

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

**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 country)	(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) Section 512(b)(13) controlled entity?	
								Yes	No

**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THE UNITED RELIGIONS INITIATIVE (1) FOUNDATION, INC.	C	1,385,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			





**Statement of Specified Foreign Financial Assets**

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

▶ Attach to your tax return.

For calendar year **2021** or tax year beginning and ending

If you have attached additional statements, check here

Number of additional statements

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

**2** Taxpayer identification number (TIN)  
**68-0369482**

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

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

**a** Name

**b** TIN

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

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

**6** Maximum value of all deposit accounts \$ **13,664.**

**7** Number of custodial accounts (reported in Part V)

**8** Maximum value of all custodial accounts \$

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

**Part II Other Foreign Assets Summary**

**10** Number of foreign assets (reported in Part VI)

**11** Maximum value of all assets (reported in Part VI) \$

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

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

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
<b>13</b> Foreign deposit and custodial accounts	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		
<b>14</b> Other foreign assets	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> 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.

**15** Number of Forms 3520 \_\_\_\_\_    **16** Number of Forms 3520-A \_\_\_\_\_    **17** Number of Forms 5471 \_\_\_\_\_

**18** Number of Forms 8621 \_\_\_\_\_    **19** Number of Forms 8865 \_\_\_\_\_

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

(see instructions)

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

20 Type of account a [X] Deposit b [ ] Custodial 21 Account number or other designation 000531100201001
22 Check all that apply a [ ] Account opened during tax year b [ ] Account closed during tax year
c [ ] Account jointly owned with spouse d [ ] No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$ 13,664.
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [ ] No
25 If you answered "Yes" to line 24, complete all that apply.
(a) Foreign currency in which account is maintained JORDAN, DINAR
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service HTTPS://WWW.XE.COM/CURRENC
26a Name of financial institution in which account is maintained HOUSING BANK TRADE & FINANCE
b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. P.O. BOX 7693
28 City or town, state or province, country, and ZIP or foreign postal code AMMAN JORDAN 11118

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

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

29 Description of asset 30 Identifying number or other designation
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [ ] Check if asset jointly owned with spouse d [ ] Check if no tax item reported in Part III with respect to this asset
32 Maximum value of asset during tax year (check box that applies)
a [ ] \$0 - \$50,000 b [ ] \$50,001 - \$100,000 c [ ] \$100,001 - \$150,000 d [ ] \$150,001 - \$200,000
e If more than \$200,000, list value \$
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [ ] Yes [ ] No
34 If you answered "Yes" to line 33, complete all that apply.
(a) Foreign currency in which asset is denominated
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) [ ] Partnership (2) [ ] Corporation (3) [ ] Trust (4) [ ] Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.
a Name of issuer or counterparty
Check if information is for [ ] Issuer [ ] Counterparty
b Type of issuer or counterparty
(1) [ ] Individual (2) [ ] Partnership (3) [ ] Corporation (4) [ ] Trust (5) [ ] Estate
c Check if issuer or counterparty is a [ ] U.S. person [ ] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code

Electronic Filing PDF Attachment





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

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

20 Type of account a [X] Deposit b [ ] Custodial 21 Account number or other designation 0005531100201001
22 Check all that apply a [ ] Account opened during tax year b [ ] Account closed during tax year
c [ ] Account jointly owned with spouse d [ ] No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$ 13,664.
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [ ] No
25 If you answered "Yes" to line 24, complete all that apply.
(a) Foreign currency in which account is maintained JORDAN, DINAR
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service HTTPS://WWW.XE.COM/CURRENC
26a Name of financial institution in which account is maintained HOUSING BANK TRADE & FINANCE
b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. P.O. BOX 7693
28 City or town, state or province, country, and ZIP or foreign postal code AMMAN JORDAN 11118

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

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

29 Description of asset 30 Identifying number or other designation
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [ ] Check if asset jointly owned with spouse d [ ] Check if no tax item reported in Part III with respect to this asset
32 Maximum value of asset during tax year (check box that applies)
a [ ] \$0 - \$50,000 b [ ] \$50,001 - \$100,000 c [ ] \$100,001 - \$150,000 d [ ] \$150,001 - \$200,000
e If more than \$200,000, list value \$
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [ ] Yes [ ] No
34 If you answered "Yes" to line 33, complete all that apply.
(a) Foreign currency in which asset is denominated
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) [ ] Partnership (2) [ ] Corporation (3) [ ] Trust (4) [ ] Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.
a Name of issuer or counterparty
Check if information is for [ ] Issuer [ ] Counterparty
b Type of issuer or counterparty
(1) [ ] Individual (2) [ ] Partnership (3) [ ] Corporation (4) [ ] Trust (5) [ ] Estate
c Check if issuer or counterparty is a [ ] U.S. person [ ] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

**FOR THE YEAR ENDING**

December 31, 2021

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**Prepared For:**

United Religions  
P.O. Box 29242  
San Francisco, CA 94129-0242

---

**Prepared By:**

Aprio, LLP  
150 Post Street, Suite 200  
San Francisco, CA 94108

---

**To be Signed and Dated By:**

Not applicable

---

**Amount of Tax:**

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	

---

**Overpayment:**

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

---

**Return Must be Mailed On or Before:**

Not applicable

---

**Special Instructions:**

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

**FOR THE YEAR ENDING**

December 31, 2021

---

**Prepared For:**

United Religions  
P.O. Box 29242  
San Francisco, CA 94129-0242

---

**Prepared By:**

Aprio, LLP  
150 Post Street, Suite 200  
San Francisco, CA 94108

---

**Amount of Tax:**

Balance due of \$200

---

**Make Check Payable To:**

Department of Justice

---

**Mail Tax Return To:**

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

---

**Return Must Be Mailed On Or Before:**

November 15, 2022

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**Special Instructions:**

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

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

# California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **UNITED RELIGIONS** California corporation number: **1947803**

Additional information. See instructions. FEIN: **68-0369482**

Street address (suite or room): **P.O. BOX 29242** PMB no. \_\_\_\_\_

City: **SAN FRANCISCO** State: **CA** ZIP code: **94129-0242**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First return  Yes  No

**B** Amended return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_  Yes  No

**L** Is the organization a limited liability company?  Yes  No

**M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**O** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	68,092	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	2,368,142	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	2,436,234	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	33,964	00
	7	Total costs. Add line 5 and line 6	7	33,964	00
	8	Total gross income. Subtract line 7 from line 4	8	2,402,270	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,118,681	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-716,411	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

**Paid Preparer's Use Only**  
 Preparer's signature: **EDWARD FAHEY** Date: **11/15/22** Check if self-employed:  PTIN: **P00194561**  
 Firm's name (or yours, if self-employed) and address: **APRIO, LLP**  
**150 POST STREET, SUITE 200**  
**SAN FRANCISCO, CA 94108** Firm's FEIN: **57-1157523** Telephone: **415-777-4488**

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

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

128951 01-19-22

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	1,151	00	
	3	Dividends	•	3	27,778	00	
	4	Gross rents	•	4	4,913	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) <b>STATEMENT 2</b>	•	6	34,150	00	
	7	Other income <b>SEE STATEMENT 3</b>	•	7	100	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	68,092	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	690,096	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 4</b>	•	11	233,446	00	
	12	Other salaries and wages	•	12	1,074,143	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	87,045	00
		15	Rents	•	15	118,415	00
		16	Depreciation and depletion (See instructions)	•	16	70,005	00
		17	Other expenses and disbursements <b>SEE STATEMENT 5</b>	•	17	845,531	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,118,681	00

<b>Schedule L Balance Sheet</b>	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		782,948		• 1,494,543
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments <b>STMT 6</b>		542,680		• 409,655
10 a Depreciable assets	177,994		184,251	
b Less accumulated depreciation	( 170,807 )	7,187	( 174,823 )	9,428
11 Land				•
12 Other assets <b>STMT 7</b>		17,151,432		• 17,754,281
13 <b>Total assets</b>		18,484,247		19,667,907
<b>Liabilities and net worth</b>				
14 Accounts payable		196,942		• 210,001
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities <b>STMT 8</b>		288,612		1,280,735
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		17,998,693		• 18,177,171
22 <b>Total liabilities and net worth</b>		18,484,247		19,667,907

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• 179,698	7 Income recorded on books this year not included in this return. Attach schedule *	• 896,109
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	896,109
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	-716,411
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	179,698		

\* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
MS. DAISY BEREXA AND MR. STEVEN BEREXA	4805 ROCK SPRING ROAD ARLINGTON, VA 22207		10,000.
MR. CURTIS BROWN	918 BAILEYANA ROAD HILLSBOROUGH, CA 94010		5,000.
MR. AND MRS. SCOTT BRUBAKER	3233 JACKSON STREET, #1 SAN FRANCISCO, CA 94118		5,000.
MR. AND MRS. J. ROBERT COLEMAN, JR.	220 BOOKWOOD R WOODSIDE, CA 94062		22,242.
COMMUNITY FOUNDATION OF GREATER MEMPHIS	1900 UNION AVENUE MEMPHIS, TN 38104		264,969.
THE REV. AND MRS. NORMAN L. CRAM, JR.	P.O. BOX 224 VINEBURG, CA 95487		5,000.
MS. MARY CRANSTON AND MR. ROGER VAN CRAEYNEST	2957 PACIFIC AVENUE SAN FRANCISCO, CA 94115		6,000.
ENSEMBLE CAPITAL MANAGEMENT	1350 OLD BAYSHORE HWY. STE. 460 BURLINGAME, CA 94010		8,100.
MR. AND MRS. BRADLEY FREITAG	255 UPLANDS DRIVE HILLSBOROUGH, CA 94010		20,000.
MR. WILLIAM P. FULLER AND MS. JENNIFER BECKETT	2076 VALLEJO STREET SAN FRANCISCO, CA 94123		9,035.
JUDITH GADALDI	61 SHORE VIEW AVENUE SAN FRANCISCO, CA 94121		6,000.
THE STEPHEN AND MARGARET GILL FAMILY FOUNDATION	32 FLOOD CIRCLE ATHERTON, CA 94027		20,000.
MR. AND MRS. JOHN GOLDMAN	42 SERRANO DR. ATHERTON, CA 94027-3934		10,000.
MR. MARK GRACE	266 W BLITHEDELE AVE. MILL VALLEY, CA 94941		5,187.

UNITED RELIGIONS

68-0369482

MR. AND MRS. PATRICK W. GROSS HERBST FOUNDATION	7401 GLENBROOK ROAD BETHESDA, MD 20814-1327 30 VAN NESS AVE., SUITE 3600 SAN FRANCISCO, CA 94102-6026	5,000. 5,000.
MR. AND MRS. GARD JAMESON	P.O. BOX 60250 BOULDER CITY, NV 89006-0250	25,000.
MS. ELIZABETH E. JANOPAUL	501 PORTOLA ROAD, #8010 PORTOLA VALLEY, CA 94028	6,000.
MR. AND MRS. MICHAEL KOKINOS	14075 ARNERICH ROAD LOS ALTOS, CA 95032	5,000.
MR. AND MRS. ROBERT A. LURIE	181 SELBY LANE ATHERTON, CA 94027	50,000.
MR. AND MRS. JOHN A. MCQUOWN	19320 CARRIGER ROAD SONOMA, CA 95476	100,000.
ALEXANDER AND CAROLYN MEHRAN	3680 JACKSON STREET SAN FRANCISCO, CA 94118	25,000.
RUPERT H. JOHNSON, JR. FOUNDATION	C/O FRANKLIN RESOURCES ONE FRANKLIN PARKWAY SAN MATEO, CA 94403	200,000.
MS. SUZANNE E. SISKEL	157 VICENTE ROAD BERKELEY, CA 94705-1605	5,000.
MRS. ROSELYNE C. SWIG	3710 WASHINGTON STREET SAN FRANCISCO, CA 94118	10,000.
THE RT. REV. AND MRS. WILLIAM E. SWING	601 LAUREL AVE., APT. 802 SAN MATEO, CA 94401	8,000.
MR. AND MRS. PAUL JOHN TAGLIABUE	5630 WISCONSIN AVENUE, APT. 503 CHEVY CHASE, MD 20815	10,000.
MS. LAURETTE VERBINSKI	8871 CLIFFRIDGE AVE. LA JOLLA, CA 92037-2102	8,000.
JOHN WEISER	3400 PAUL SWEET ROAD, UNIT D219 SANTA CRUZ, CA 95065	26,041.
MR. AND MRS. MICHAEL WILSEY	143 ISABELLA AVENUE ATHERTON, CA 94027	5,000.
UN ENVIRONMENT PROGRAMME	P.O. BOX 30552, 00100 NAIROBI KENYA	15,000.
STIFTUNG AUXILIUM	GRAFENAUWEG 10 ZUG SWITZERLAND 6300	300,000.
TOTAL INCLUDED ON LINE 3		<u>1,204,574.</u>



CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	33,964.	0.	0.	34,150.
TOTAL TO FORM 199, PAGE 2, LN 6	33,964.	0.	0.	34,150.

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	100.
TOTAL TO FORM 199, PART II, LINE 7	100.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
REV. WILLIAM E. SWING P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	FOUNDER AND PRESIDENT EMER 1.00	142,374.
REV. VICTOR H. KAZANJIAN, JR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	FORMER EXECUTIVE DIRECTOR 0.00	91,072.
BAILEY S. BARNARD SR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	FORMER ACTING EXECUTIVE DI 0.00	0.
SWAMINI ADITYANANDA SARASWATI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	FORMER EXECUTIVE DIRECTOR 0.00	0.
KIRAN BALI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	CHAIRPERSON 25.00	0.

UNITED RELIGIONS

68-0369482

BECKY BURAD P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TREASURER 25.00	0.
BARBARA SHANNON P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	SECRETARY 25.00	0.
PREETA BANSAL P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	AT-LARGE TRUSTEE 25.00	0.
HEREDITARY CHIEF PHIL LANE JR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	AT-LARGE TRUSTEE 5.00	0.
MILKA WAMBUI NGIGE P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	AT-LARGE TRUSTEE 5.00	0.
SOK SIDON P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	AT-LARGE TRUSTEE 5.00	0.
FR. JOHN NGOMA, MALAWI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
THE RIGHT REV. MACLEORD BAKER OCHOLA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
THE HONORABLE ELISHA BUBA YERO, NIGER P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
RAVINDRA KANDAGE, SRI LANKA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 10.00	0.
REV. KALYAN KUMAR KISKU, PAKISTAN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 25.00	0.
DR. C.N.N. RAJU, INDIA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.

UNITED RELIGIONS

68-0369482

DANIEL EROR, BOSNIA AND HERZEGOVINA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
REV. HIERODEACON PETAR GRAMATIKOV, BU P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
MARIANNE HORLING, GERMANY P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
SALETTE AQUINO, BRAZIL P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
ROSA DELIA QUIZHPE MACAS, ECUADOR P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
FRANCISCO MORALES VENTOSA, ARGENTINA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
ANWAR DAHAK, YEMEN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
NAOUFAL EL HAMMOUMI, MOROCCO P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
DR. OMAR TAYEH, JORDAN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
PERRI (P.K.) MCCARY, USA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
MORGANA SYTHOVE, NETHERLANDS P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 25.00	0.
ISSAC THOMAS, INDIA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.

UNITED RELIGIONS

68-0369482

GENEVA BLACKMER, USA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
FRED FIELDING, USA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
VALERIA VERGANI, CANADA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
DR. POTRE DIRAMPTAN-DIAMPUAN, PHILIPP P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
PETER MOUSAFERIADIS, AUSTRALIA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
BISHOP STEPHEN L. VILLAESTER, PHILIPP P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.

TOTAL TO FORM 199, PART II, LINE 11

233,446.

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
MISCELLANEOUS		79,292.
PAYROLL FEE		23,835.
BANK FEES		20,004.
INTERNET		9,014.
DIRECT EXPENSES OF FUNDRAISING EVENTS		18,332.
OTHER EMPLOYEE BENEFITS		184,509.
LEGAL FEES		98,561.
ACCOUNTING FEES		38,000.
OTHER PROFESSIONAL FEES		293,452.
OFFICE EXPENSES		35,853.
TRAVEL		10,292.
CONFERENCES AND CONVENTIONS		3,016.
INSURANCE		19,434.
ALL OTHER EXPENSES		11,937.
TOTAL TO FORM 199, PART II, LINE 17		845,531.

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ASSETS HELD BY URI FOUNDATION	539,568.	399,992.
MUTUAL FUND	3,112.	9,663.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	542,680.	409,655.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	280,839.	39,217.
PREPAID EXPENSES AND DEFERRED CHARGES	73,147.	87,496.
INTANGIBLE ASSETS	102,803.	36,814.
DEPOSITS	17,094.	17,094.
INTEREST IN NET ASSETS OF URI FOUNDATION	16,677,549.	17,573,660.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	17,151,432.	17,754,281.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CARES ACT PPP LOAN	275,735.	275,735.
DUE TO URI FOUNDATION	0.	1,000,000.
DEFERRED REVENUE	12,877.	5,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	288,612.	1,280,735.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 9
DESCRIPTION		AMOUNT
INCREASE IN BENEFICIAL INTEREST IN URI FOUNDATION		896,109.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		896,109.

TAXABLE YEAR

2021

California e-file Return Authorization for Exempt Organizations

FORM 8453-EO

Table with 2 columns: Exempt Organization name, Identifying number. Row 1: UNITED RELIGIONS, 68-0369482

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 2,436,234; 2 Total gross income (Form 199, line 8) 2,402,270; 3 Total expenses and disbursements (Form 199, line 9) 3,118,681

Part II Settle Your Account Electronically for Taxable Year 2021

Table with 2 columns: 4 Electronic funds withdrawal, 4a Amount, 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

Table with 2 columns: 5 Routing number, 6 Account number, 7 Type of account: Checking, Savings

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here Signature of officer Date ACTING EXEC. DIRECTOR Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table for ERO and Firm information: ERO signature, Date, Check if also paid preparer, Check if self-employed, ERO's PTIN, Firm's name, Firm's FEIN, Address, ZIP code

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.

Table for Paid Preparer information: Paid preparer's signature, Date, Check if self-employed, Paid preparer's PTIN, Firm's name, Firm's FEIN, Address, ZIP code

**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.

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

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

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021 ) list:

Total Revenue (including noncash contributions) \$ 2,383,938 Noncash Contributions \$ 0 Total Assets \$ 19,667,907  
 Program Expenses \$ 2,466,824 Total Expenses \$ 3,100,349

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

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

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

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

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