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CLIENT'S COPY

FILE COPY



August 12, 2016

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

Dear Pamela,

Enclosed is the organization's 2015 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2016.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before August 15, 2016 to:

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

Enclose a check or money order for \$150.00, payable to Attorney General Registry of Charitable Trusts.

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

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

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

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

Very truly yours,

Ed Fahey

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2015

Prepared for	United Religions P.O. Box 29242 San Francisco, CA 94129-0242
Prepared by	RINA accountancy corporation 100 Montgomery St., #2075 San Francisco, CA 94104
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2016.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

2015

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

UNITED RELIGIONS

68-0369482

Name and title of officer

**REV VICTOR H KAZANJIAN JR
EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,968,891.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2015 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2015 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.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

94062676247
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED RELIGIONS Doing business as UNITED RELIGIONS INITIATIVE Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 29242 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94129-0242 F Name and address of principal officer: REV. VICTOR H. KAZANJIAN SAME AS C ABOVE	D Employer identification number 68-0369482 E Telephone number 415-561-2300 G Gross receipts \$ 3,090,675. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.URI.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1995		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE INTERFAITH COOPERATION, END RELIGIOUSLY MOTIVATED VIOLENCE AND CREATE CULTURES OF PEACE 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 31 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 18 6 Total number of volunteers (estimate if necessary) 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,073,831. 2,972,934. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 204. -1,280. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 67,948. -2,763. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,141,983. 2,968,891.	Prior Year Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 728,241. 847,887. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,522,440. 1,557,966. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 299,037. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,038,615. 780,925. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,289,296. 3,186,778. 19 Revenue less expenses. Subtract line 18 from line 12 -2,147,313. -217,887.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 7,367,968. 7,021,274. 21 Total liabilities (Part X, line 26) 124,790. 116,069. 22 Net assets or fund balances. Subtract line 21 from line 20 7,243,178. 6,905,205.	Beginning of Current Year End of Year

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.

Sign Here	Signature of officer REV. VICTOR H. KAZANJIAN, JR., EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ED FAHEY	Preparer's signature Date
	Firm's name ▶ RINA ACCOUNTANCY CORPORATION Firm's address ▶ 100 MONTGOMERY ST., #2075 SAN FRANCISCO, CA 94104	Check <input type="checkbox"/> if self-employed PTIN P00194561 Firm's EIN ▶ 94-3158857 Phone no. (415) 777-4488

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: THE PURPOSE OF THE UNITED RELIGIONS INITIATIVE IS TO PROMOTE ENDURING, DAILY INTERFAITH COOPERATION, TO END RELIGIOUSLY MOTIVATED VIOLENCE AND TO CREATE CULTURES OF PEACE, JUSTICE AND HEALING FOR THE EARTH AND ALL LIVING BEINGS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 1,802,393. including grants of \$ 847,887.) (Revenue \$) GLOBAL NETWORK DEVELOPMENT:

IN 15 YEARS, URI HAS GROWN FROM 83 FOUNDING MEMBER ORGANIZATIONS, CALLED COOPERATION CIRCLES (CCS), TO MORE THAN 780 GROUPS IN 95 COUNTRIES. COLLECTIVELY, CCS HAVE MORE THAN 600,000 MEMBERS AND TOUCH THE LIVES OF 2.6 MILLION PEOPLE AROUND THE WORLD. URI'S UNIQUE GLOBAL NETWORK OF GRASSROOTS CCS CALLS FORTH LOCALLY INITIATED ACTIONS BY SELF-SUPPORTING GROUPS AND ORGANIZATIONS. CCS CAN BE SMALL GROUPS ORGANIZING FOR THE FIRST TIME OR WELL-ESTABLISHED ORGANIZATIONS. EVERY CC MUST HAVE AT LEAST SEVEN MEMBERS, THREE OF WHOM MUST BE FROM A DIFFERENT RELIGION, SPIRITUAL EXPRESSION OR INDIGENOUS TRADITION. URI'S ORGANIZATIONAL STRUCTURE INCLUDES EIGHT REGIONS WHICH ARE STAFFED

4b (Code:) (Expenses \$ 268,774. including grants of \$) (Revenue \$) GLOBAL COUNCIL:

THE GLOBAL COUNCIL (URI'S INTERNATIONAL BOARD OF TRUSTEES) IS URI'S GOVERNING BODY. WITH TRUSTEES FROM 19 COUNTRIES REPRESENTING DIVERSE RELIGIOUS AND INDIGENOUS TRADITIONS, THE GLOBAL COUNCIL BRINGS ITS GRASSROOTS EXPERIENCE TO URI'S ONGOING STRATEGIC PLANNING, NETWORK DEVELOPMENT AND GLOBAL ENGAGEMENT AND SERVES TO INCREASE URI PRESENCE ALL OVER THE WORLD. THE GLOBAL COUNCIL CURRENTLY MEETS ONCE A YEAR IN PERSON, AND THREE TIMES A YEAR BY CONFERENCE CALL. IN BETWEEN THESE MEETINGS, THE COUNCIL OPERATES THROUGH WORKING COMMITTEES THAT COMMUNICATE BY EMAIL AND CONFERENCE CALLS. MEMBERS OF THE GLOBAL COUNCIL ALSO REPRESENT REGIONS AND SIT ON REGIONAL LEADERSHIP TEAMS

4c (Code:) (Expenses \$ 259,307. including grants of \$) (Revenue \$) COMMUNICATIONS:

URI'S INTERNATIONAL NETWORK RELIES ON A ROBUST COMMUNICATION SYSTEM. URI'S GLOBAL WEBSITE, WWW.URI.ORG, IS DESIGNED TO MAGNIFY URI'S IMPACT, HIGHLIGHT CC SUCCESSES, CONNECT CCS, PROVIDE RESOURCE INFORMATION TO CCS, AND ENCOURAGE GLOBAL CAMPAIGNS FOR COLLECTIVE GLOBAL ACTION AND MORE. ADDITIONALLY, URI PRODUCES BI-WEEKLY E-NEWSLETTERS CALLED YOU ARE I, A PRINT NEWSLETTER SERIES CALLED INTERACTION, AN ANNUAL REPORT, AS WELL AS OTHER PRINT, ONLINE AND MULTIMEDIA COLLATERAL FOR THE NETWORK. IN THE SOCIAL MEDIA DOMAIN, URI IS ENHANCED BY ENGAGING AUDIENCES ON FACEBOOK, TWITTER AND YOUTUBE. COMMUNICATIONS ALSO INCLUDES MANAGING PRESS RELATIONS AND FACILITATING AN ACCESSIBLE EXCHANGE OF RESOURCES

4d Other program services (Describe in Schedule O.) (Expenses \$ 345,786. including grants of \$) (Revenue \$)

4e Total program service expenses 2,676,260.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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 columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance 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 in 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 Enter the number of voting members of the governing body at the end of the tax year (31); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: PAMELA H. BANKS - (415) 561-2300 POST OFFICE BOX 29242, SAN FRANCISCO, CA 94129

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. WILLIAM E. SWING PRESIDENT	40.00	X		X				108,562.	0.	7,293.
(2) REV. VICTOR H. KAZANJIAN, JR. EXECUTIVE DIRECTOR	40.00	X		X				124,097.	0.	115,113.
(3) KIRAN BALI VICE-CHAIR	10.00	X		X				0.	0.	0.
(4) TAREQ Z. AL-TAMIMI VICE-CHAIR	3.00	X		X				0.	0.	0.
(5) BECKY BURAD TREASURER	3.00	X		X				0.	0.	0.
(6) RAVINDRA KANDAGE ASSISTANT TREASURER	3.00	X		X				0.	0.	0.
(7) REBECCA TOBIAS SECRETARY	3.00	X		X				0.	0.	0.
(8) K. VASUDEVA RAO ASST. SECRETARY	3.00	X		X				0.	0.	0.
(9) RATTAN KAUR CHANNA TRUSTEE	3.00	X						0.	0.	0.
(10) CIRO GABRIEL AVRUG TRUSTEE	3.00	X						0.	0.	0.
(11) EDWARD BASTIAN TRUSTEE	3.00	X						0.	0.	0.
(12) MUSA M. SANGUILA TRUSTEE	3.00	X						0.	0.	0.
(13) JOHN BAPTIST ODAMA TRUSTEE	3.00	X						0.	0.	0.
(14) GENIVALDA CRAVO TRUSTEE	3.00	X						0.	0.	0.
(15) DON FREW TRUSTEE	3.00	X						0.	0.	0.
(16) SHERIF AWAD RIZK TRUSTEE	3.00	X						0.	0.	0.
(17) AUDRI SCOTT WILLIAMS TRUSTEE	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PETER GRAMITIKOV TRUSTEE	3.00	X						0.	0.	0.
(19) ELISHA BUBA YERO TRUSTEE	3.00	X						0.	0.	0.
(20) KAZI NURUL ISLAM TRUSTEE	3.00	X						0.	0.	0.
(21) MARIANNE HORLING TRUSTEE	3.00	X						0.	0.	0.
(22) ASHRAF SAMIR TRUSTEE	3.00	X						0.	0.	0.
(23) JOHN KURAKAR TRUSTEE	3.00	X						0.	0.	0.
(24) ELISABETH LHEURE TRUSTEE	3.00	X						0.	0.	0.
(25) ALEJANDRINO QUISPE MEJIA TRUSTEE	3.00	X						0.	0.	0.
(26) PETER MOUSAFERIADIS TRUSTEE	3.00	X						0.	0.	0.
1b Sub-total								232,659.	0.	122,406.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								232,659.	0.	122,406.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SAM AN ROS TRUSTEE	3.00	<input checked="" type="checkbox"/>						0.	0.	0.
(28) SWAMINI ADITYANANDA SARASWATI TRUSTEE	3.00	<input checked="" type="checkbox"/>						0.	0.	0.
(29) BART TEN BROEK TRUSTEE	3.00	<input checked="" type="checkbox"/>						0.	0.	0.
(30) SAM WAZAN TRUSTEE	3.00	<input checked="" type="checkbox"/>						0.	0.	0.
(31) CHIEF PHIL LANE TRUSTEE	3.00	<input checked="" type="checkbox"/>						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	120,216.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,852,718.				
	g Noncash contributions included in lines 1a-1f: \$		28,627.				
	h Total. Add lines 1a-1f		2,972,934.				
Program Service Revenue	2 a _____ Business Code						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		492.			492.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 120,216. of contributions reported on line 1c). See Part IV, line 18	a		80,450.			
		b Less: direct expenses	b	83,213.			
		c Net income or (loss) from fundraising events		-2,763.			-2,763.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			2,968,891.	0.	0.	-4,043.	

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	199,770.	199,770.		
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	648,117.	648,117.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	232,659.	205,979.	12,410.	14,270.
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	1,020,342.	783,202.	76,664.	160,476.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	221,894.	174,048.	16,510.	31,336.
10 Payroll taxes	83,071.	65,147.	5,800.	12,124.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,913.	21,249.	2,073.	2,591.
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.)	87,523.	51,762.	1,338.	34,423.
12 Advertising and promotion				
13 Office expenses	127,427.	77,593.	31,929.	17,905.
14 Information technology	9,357.	5,821.	268.	3,268.
15 Royalties				
16 Occupancy	169,668.	139,501.	13,610.	16,557.
17 Travel	86,019.	84,651.	1,211.	157.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	128,069.	128,069.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,160.		34,160.	
23 Insurance	11,303.	8,753.	924.	1,626.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a WORKSHOPS, TRAINING	41,528.	35,423.	4,656.	1,449.
b MISCELLANEOUS	36,557.	25,810.	9,530.	1,217.
c PRINTING & COPYING	23,401.	21,365.	398.	1,638.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,186,778.	2,676,260.	211,481.	299,037.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	402,224.	1	479,847.
	2 Savings and temporary cash investments	405,021.	2	1,388,924.
	3 Pledges and grants receivable, net	2,947,047.	3	2,345,081.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	53,179.	9	39,171.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 158,002.		
	b Less: accumulated depreciation	10b 126,718.	37,670.	10c 31,284.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	13,256.	14	184,689.
	15 Other assets. See Part IV, line 11	3,509,571.	15	2,552,278.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,367,968.	16	7,021,274.	
Liabilities	17 Accounts payable and accrued expenses	116,790.	17	111,069.
	18 Grants payable		18	
	19 Deferred revenue	8,000.	19	5,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	124,790.	26	116,069.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,731,006.	27	2,653,278.
	28 Temporarily restricted net assets	3,512,172.	28	4,251,927.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,243,178.	33	6,905,205.	
34 Total liabilities and net assets/fund balances	7,367,968.	34	7,021,274.	

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	2,968,891.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,186,778.
3	Revenue less expenses. Subtract line 2 from line 1	3	-217,887.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,243,178.
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	-120,086.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,905,205.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,322,723.	12,188,169.	1,250,344.	1,073,831.	2,972,934.	19,808,001.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,322,723.	12,188,169.	1,250,344.	1,073,831.	2,972,934.	19,808,001.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13,126,958.
6 Public support. Subtract line 5 from line 4.						6,681,043.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,322,723.	12,188,169.	1,250,344.	1,073,831.	2,972,934.	19,808,001.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,397.	-14,239.	6,563.	1,268.	492.	7,481.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	699.	329.	858.	125,700.	80,450.	208,036.
11 Total support. Add lines 7 through 10						20,023,518.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	33.37 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	35.05 %

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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. 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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.)

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Schedule A

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

2015

**** Do Not File **
*** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
COMMUNITY FOUNDATION OF GREATER MEMPHIS	725,000.	324,530.
MR. AND MRS. RUPERT H. JOHNSON, JR.	6,874,778.	6,474,308.
ROBERT A. LURIE	580,000.	179,530.
S. D. BECHTEL, JR. FOUNDATION	600,000.	199,530.
THE GEORGE & JUDY MARCUS FAMILY FOUNDATION	950,000.	549,530.
WILLIAM K. BOWES, JR. FOUNDATION	5,800,000.	5,399,530.
Total Excess Contributions to Schedule A, Part II, Line 5	13,126,958.	

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization UNITED RELIGIONS	Employer identification number 68-0369482
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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	COMMUNITY FOUNDATION OF GREATER MEMPHIS 1900 UNION AVENUE MEMPHIS, TN 38104	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MR. AND MRS. ROBERT A. LURIE 181 SELBY LANE ATHERTON, CA 94027	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MR. AND MRS. GEORGE M. MARCUS 777 CALIFORNIA AVENUE PALO ALTO, CA 94304	\$ 505,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NICHOLAS J. WEISER FOUNDATION FOR CHILDREN 23 SPRING ST. KENTFIELD, CA 94904	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	S. D. BECHTEL, JR. FOUNDATION P. O. BOX 193809 SAN FRANCISCO, CA 94119	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WILLIAM K. BOWES, JR. FOUNDATION 1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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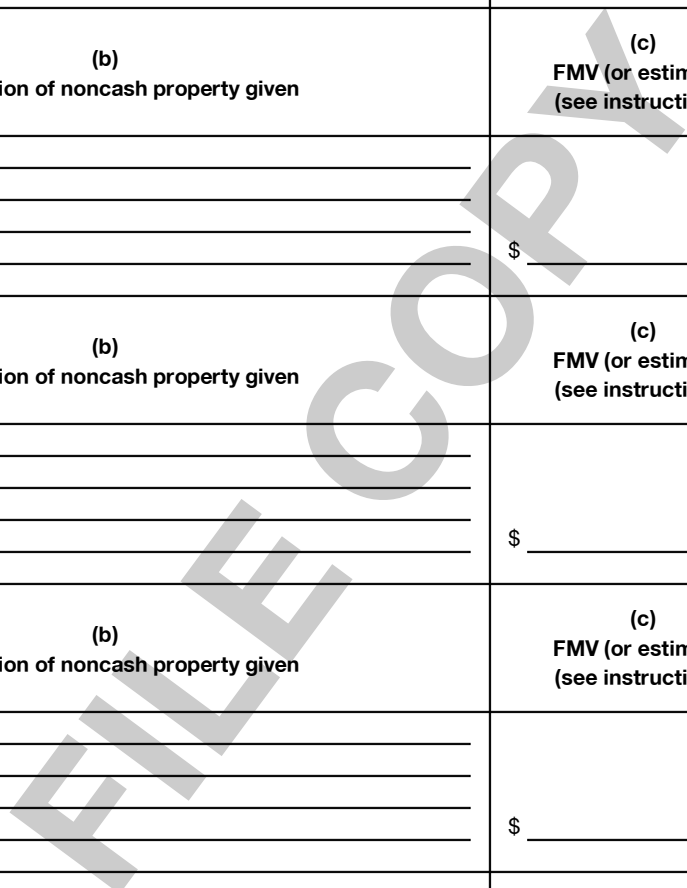
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MR. AND MRS. RUPERT H. JOHNSON 37 NEW PLACE ROAD HILLSBOROUGH, CA 94010	\$ 1,000,000.	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.)
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		\$	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 UNITED RELIGIONS	Employer identification number 68-0369482
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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 UNITED RELIGIONS	Employer identification number 68-0369482
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

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 (e.g., 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 8/17/06, 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

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 are a 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 programs
- 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	435,142.	399,687.	311,361.	263,144.	267,574.
b Contributions					
c Net investment earnings, gains, and losses	-12,475.	35,455.	88,326.	48,217.	-4,430.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	422,667.	435,142.	399,687.	311,361.	263,144.

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 Temporarily restricted 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,747.	11,747.	0.
d Equipment		146,255.	114,971.	31,284.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,284.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS	17,094.
(2) OTHER RECEIVABLES	10,822.
(3) INTEREST IN NET ASSETS OF URI FOUNDATION	674,362.
(4) DUE FROM URI FOUNDATION	1,850,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,552,278.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FIN 48 (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	2,855,166.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	6,361.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-120,086.	
e	Add lines 2a through 2d	2e		-113,725.
3	Subtract line 2e from line 1	3		2,968,891.
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		2,968,891.

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	3,193,139.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	6,361.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		6,361.
3	Subtract line 2e from line 1	3		3,186,778.
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		3,186,778.

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 RESTRICTED TO PROVIDING CASH AWARDS TO COOPERATION CIRCLES (THE "BOWES AWARD").

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:

CURRENT YEAR EARNINGS FROM FOUNDATION

PART XI, LINE 8

THE AMOUNT OF \$-120,086 REPRESENTS LOSS FROM THE RELATED URI FOUNDATION FOR THE CURRENT YEAR.

FILE COPY

**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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
ASIA	6		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	189,411.
SOUTH EAST ASIA & PACIFIC	3		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	71,724.
CENTRAL AMERICA/SOUTH AMERICA/CARRIBEAN	2		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	60,687.
MIDDLE EAST, NORTH AFRICA	1		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	55,119.
AFRICA	6		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	188,520.
EUROPE	1		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	80,308.
3 a Sub-total	19	0			645,769.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	19	0			645,769.

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

Schedule F (Form 990) 2015

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	INTERFAITH COOPERATION	130,901.	WIRE TRANSFERS	59,367.		
		EAST ASIA/PACIFIC	INTERFAITH COOPERATION	143,549.	WIRE TRANSFER	76,759.		
		EUROPE	INTERFAITH COOPERATION	29,025.	WIRE TRANSFERS	51,389.		
		MIDDLE EAST	INTERFAITH COOPERATION	49,860.	WIRE TRANSFERS	5,331.		
				0.	WIRE TRANSFERS	0.		
		SOUTH ASIA	INTERFAITH COOPERATION	33,605.	WIRE TRANSFERS	7,566.		
		SOUTH AMERICA	INTERFAITH COOPERATION	39,508.	WIRE TRANSFERS	21,259.		

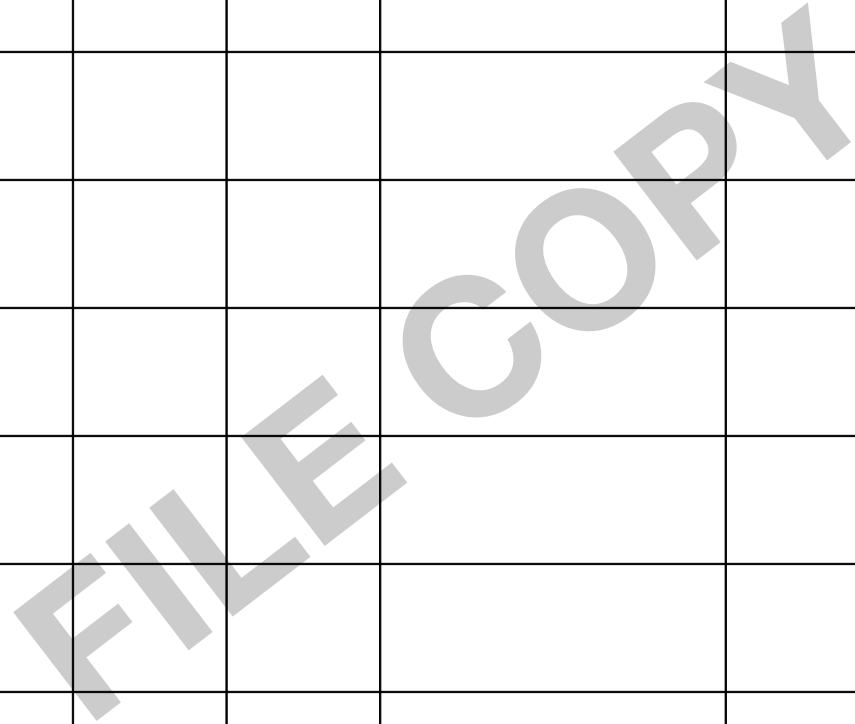
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

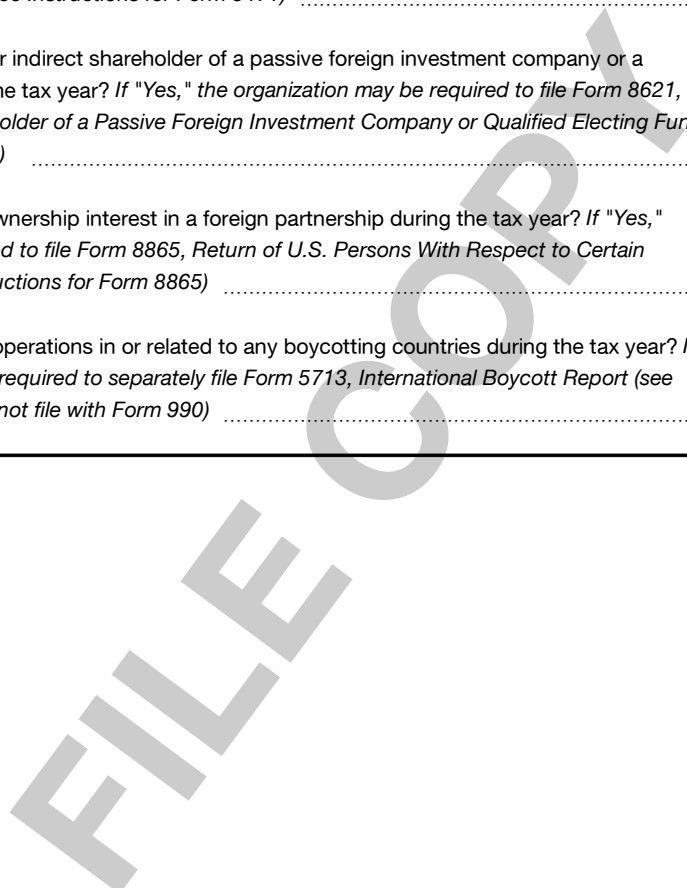
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)



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; do not 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; do not file with Form 990)* Yes No

Schedule F (Form 990) 2015



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.

PART I, LINE 2:

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

FILE COPY

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CIRCLES OF LIGHT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	200,666.			200,666.
	2 Less: Contributions	120,216.			120,216.
	3 Gross income (line 1 minus line 2)	80,450.			80,450.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	83,213.			83,213.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				83,213.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-2,763.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____
 Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____
 Address ► _____

16 Gaming manager information:

Name ► _____
 Gaming manager compensation ► \$ _____
 Description of services provided ► _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URI NORTH AMERICA 6530 UPHAM STREET ARVADO, CO 80003-4430	32-0305289	170(B)(1(A)(VI)	69,195.	0.			INTERFAITH COOPERATION
CARAVAN ARTS 27 WEST 714 WINDEMERE ROAD WINFIELD, IL 60190	46-5196534	170(B)(1(A)(VI)	60,000.	0.			INTERFAITH COOPERATION INTERFAITH COOPERATION
URI MULTI-REGION		170(B)(1(A)(VI)	70,575.	0.			INTERFAITH COOPERATION

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

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

Schedule I (Form 990) (2015)

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 non-cash assistance

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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 (e.g., 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 in line 1a?

3 Indicate which, if any, of the following the filing 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" to 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) REV. WILLIAM E. SWING PRESIDENT	(i)	108,562.	0.	0.	0.	7,293.	115,855.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REV. VICTOR H. KAZANJIAN, JR. EXECUTIVE DIRECTOR	(i)	124,097.	0.	0.	30,600.	84,513.	239,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

EXECUTIVE DIRECTOR REVEREND VICTOR H. KAZANJIAN, JR. RECEIVES A NON-TAXABLE
MINISTERIAL HOUSING ALLOWANCE.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	28,627.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2015)

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

Horizontal lines for supplemental information input.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNITED RELIGIONS

Employer identification number

68-0369482

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

BY 19 REGIONAL COORDINATORS WHO COORDINATE REGIONAL LEADERSHIP TEAMS THAT INCLUDE TRUSTEES, STAFF AND NUMEROUS COOPERATION CIRCLE MEMBERS LOCATED AROUND THE WORLD. THE PRIMARY WORK OF THE REGIONAL BASES IS TO PROVIDE DIRECT COMMUNICATION WITH CCS. THEY HELP CCS BUILD CAPACITY, PROVIDE VISIBILITY FOR CC WORK, ASSIST CCS IN BUILDING PARTNERSHIPS, ORGANIZE REGIONAL GATHERINGS AND TRAININGS, AND SEED NEW CCS. URI'S SAN FRANCISCO GLOBAL SUPPORT OFFICE PROVIDES FOR ACCOUNTABILITY, TRAINING AND CONSULTATION FOR REGIONAL COORDINATORS AND REGIONAL LEADERSHIP TEAMS.

URI'S GLOBAL SUPPORT OFFICE OVERSEES THE OPERATIONS OF THE URI NETWORK, ENERGIZING THE NETWORK BY SUPPORTING REGIONAL LEADERSHIP TEAMS, CREATING A FLOW OF QUALITY INFORMATION, MAINTAINING A CC MEMBER DATABASE, MANAGING FINANCE, PUBLICIZING CC IMPACT WORLDWIDE, ENGAGING IN FUNDRAISING, AND PROVIDING FOCUSED RESOURCE SUPPORT AND TRAINING IN AREAS SUCH AS CONFLICT TRANSFORMATION, THE ENVIRONMENT, WOMEN'S EMPOWERMENT, AND YOUTH LEADERSHIP. THE EXECUTIVE DIRECTOR, CHAIR OF THE URI GLOBAL COUNCIL AND URI'S PRESIDENT, WORKING ON BEHALF OF AN ELECTED 28 MEMBER GLOBAL COUNCIL OF TRUSTEES, LEAD THE URI NETWORK AND ARE SUPPORTED BY 16 GLOBAL SUPPORT STAFF BASED IN SAN FRANCISCO.

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

THAT PLAN AND IMPLEMENT REGIONAL STRATEGIES TO BUILD NETWORK BENEFIT 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.

Name of the organization

UNITED RELIGIONS

Employer identification number

68-0369482

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

AND BEST PRACTICES WITHIN THE DIFFERENT REGIONS TO CREATE STRONGER COMMUNITIES OF PRACTICE WITHIN URI. GIVEN FAST PACED TECHNOLOGICAL CHANGE, COMMUNICATIONS STUDIES NEW SYSTEMS AND MAKES RECOMMENDATIONS TO URI.

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

FOCUSED RESOURCE SUPPORT:

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

URI HAS A YOUTH LEADERSHIP PROGRAM (YLP) THAT ATTRACTS, EDUCATES, AND DEVELOPS CAPACITIES OF YOUTH AND YOUNG ADULTS AS A NEXT GENERATION OF COMPASSIONATE AND EFFECTIVE INTERFAITH LEADERS.

YLP FACILITATES LEADERSHIP TRAINING FOR YOUTH AND YOUNG ADULTS, INCLUDING SKILL BUILDING IN COMMUNITY MAPPING, PROJECT DESIGN, MANAGEMENT AND EVALUATION WITH A FOCUS ON SERVICE LEARNING. YLP ALSO ORGANIZES A YEAR-LONG YOUTH AMBASSADORS PROGRAM THAT PROVIDES IN-DEPTH, EXPERIENTIAL LEADERSHIP OPPORTUNITIES CULMINATING IN A COLLABORATIVE SERVICE PROJECT.

YLP SEEKS TO DEVELOP DIVERSE AND STRONG REGIONAL NETWORKS OF YOUNG LEADERS, OFFERING PLATFORMS FOR DIALOGUE, BEST PRACTICE SHARING AND

Name of the organization UNITED RELIGIONS	Employer identification number 68-0369482
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INFORMATION EXCHANGE, AS WELL AS A WAY TO BUILD LOCALLY RELEVANT INTERFAITH PROGRAMMING THAT MEETS THE SPECIFIC NEEDS OF YOUTH IN EACH REGION.

EXPENSES \$ 1,995. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EDUCATION AND OUTREACH

EXPENSES \$ 134,369. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ENVIRONMENT

EXPENSES \$ 209,422. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

GROUPS CALLED "COOPERATION CIRCLES" ARE MEMBERS AND MUST BE APPROVED BY A COMMITTEE OF THE BOARD. COOPERATION CIRCLES ARE THE ONLY CLASS OF MEMBERS THAT HAVE THE RIGHTS TO ELECT MEMBERS OF THE GOVERNING BOARD. THE MEMBERS DO NOT MAKE KEY DECISIONS, AND UNLIKE FOR-PROFIT ORGANIZATIONS, OUR MEMBERS DO NOT RECEIVE A SHARE OF PROFITS, EXCESS DUES, OR SHARE OF NET ASSETS.

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

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

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

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

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

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 15A:

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.

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

EARNINGS FROM FOUNDATION	-120,086.
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FORM 990, PART XII, LINE 2C

THERE IS NO CHANGE IN 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.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 11 (A)	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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s 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 FOUNDATION, (1) INC.	S	-120,071.FMV	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

FILE COPY

532164
09-08-15

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. UNITED RELIGIONS	Employer identification number (EIN) or 68-0369482
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 29242	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94129-0242	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PAMELA H. BANKS

- The books are in the care of ▶ **POST OFFICE BOX 29242 - SAN FRANCISCO, CA 94129**
Telephone No. ▶ **(415) 561-2300** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2015 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2015

Prepared for	United Religions P.O. Box 29242 San Francisco, CA 94129-0242
Prepared by	RINA accountancy corporation 100 Montgomery St., #2075 San Francisco, CA 94104
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	This return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.
Return must be mailed on or before	Not Applicable
Special Instructions	

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name: **UNITED RELIGIONS**
Additional information. See instructions.

California corporation number: **1947803**

FEIN: **68-0369482**

Street address (suite or room): **P.O. BOX 29242**
City: **SAN FRANCISCO** State: **CA** ZIP code: **94129-0242**

Foreign country name: _____ Foreign province/state/country: _____ 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) 990-PF (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? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is a 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 Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	117,741.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,972,934.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	3,090,675.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	38,571.00
	7	Total costs. Add line 5 and line 6	7	38,571.00
	8	Total gross income. Subtract line 7 from line 4	8	3,052,104.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,269,991.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-217,887.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment 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	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	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: **EXECUTIVE DIRE** Date: _____ Telephone: **(415) 561-2300**

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00194561**
 Firm's name (or yours, if self-employed) and address: **RINA ACCOUNTANCY CORPORATION**
100 MONTGOMERY ST., #2075
SAN FRANCISCO, CA 94104 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.

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	80,450.00
	2	Interest	•	2	339.00
	3	Dividends	•	3	153.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	36,799.00
	7	Other income	•	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	117,741.00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 3	•	9	847,887.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	232,659.00
	12	Other salaries and wages	•	12	1,020,342.00
	13	Interest	•	13	00
	14	Taxes	•	14	83,071.00
	15	Rents	•	15	169,668.00
	16	Depreciation and depletion (See instructions)	•	16	34,160.00
	17	Other Expenses and Disbursements SEE STATEMENT 5	•	17	882,204.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,269,991.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		807,245.		1,868,771.
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				
10 a Depreciable assets	154,347.		158,002.	
b Less accumulated depreciation	(116,677.)	37,670.	(126,718.)	31,284.
11 Land				
12 Other assets STMT 6		6,523,053.		5,121,219.
13 Total assets		7,367,968.		7,021,274.
Liabilities and net worth				
14 Accounts payable		116,790.		111,069.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 7		8,000.		5,000.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		7,243,178.		6,905,205.
22 Total liabilities and net worth		7,367,968.		7,021,274.

Schedule M-1 Reconciliation of income per books with income per return

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	•	-337,973.	7 Income recorded on books this year not included in this return. STMT 8	•	-120,086.
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		-120,086.
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		-217,887.
6 Total. Add line 1 through line 5		-337,973.			

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
MRS. BRENT ABEL	100 THORNDALE DRIVE, #462 SAN RAFAEL, CA 94903	12/31/15	11,500.
BANK OF THE WEST	180 MONTGOMERY ST. SAN FRANCISCO, CA 94104	12/31/15	5,000.
MR. JONATHAN BURGSTONE	2855 PACIFIC AVENUE SAN FRANCISCO, CA 94115	12/31/15	10,000.
DR. AND MRS. ALLEN CALVIN	1645 15TH AVE. SAN FRANCISCO, CA 94122	12/31/15	5,000.
COMMUNITY FOUNDATION OF GREATER MEMPHIS	1900 UNION AVENUE MEMPHIS, TN 38104	12/31/15	125,000.
MR. AND MRS. PATRICK W. GROSS	7401 GLENBROOK ROAD BETHESDA, MD 20814	12/31/15	5,000.
MR. FRANK GARD JAMESON	P.O. BOX 60250 BOULDER CITY, NV 89006	12/31/15	5,000.
JOHN AND MARCIA GOLDMAN PHILANTHROPIC FUND	101 SECOND STREET, STE 1625 SAN FRANCISCO, CA 94105	12/31/15	10,000.
KRAMER FAMILY FOUNDATION	2740 LYON STREET SAN FRANCISCO, CA 94123	12/31/15	52,000.
MR. AND MRS. ROBERT A. LURIE	181 SELBY LANE ATHERTON, CA 94027	12/31/15	500,000.
MR. AND MRS. GEORGE M. MARCUS	777 CALIFORNIA AVENUE PALO ALTO, CA 94304	12/31/15	505,000.
MR. AND MRS. ARCHIBALD MCCLURE	ONE ARBOR LANE #405 EVANSTON, IL 60201	12/31/15	20,000.
MR. AND MRS. JOHN A. MCQUOWN	1750 TAYLOR STREET SAN FRANCISCO, CA 94133	12/31/15	5,000.
NICHOLAS J. WEISER FOUNDATION FOR CHILDREN	23 SPRING ST. KENTFIELD, CA 94904	12/31/15	85,000.
RUPERT H. JOHNSON, JR. FOUNDATION	C/O FRANKLIN RESOURCES, ONE FRANKLIN PARKWAY SAN MATEO, CA 94403	12/31/15	10,000.

UNITED RELIGIONS

68-0369482

S. D. BECHTEL, JR. FOUNDATION	P. O. BOX 193809 SAN FRANCISCO, CA 94119	12/31/15	100,000.
THE HON. AND MRS. GEORGE P. SHULTZ	999 GREEN STREET SAN FRANCISCO, CA 94133	12/31/15	10,000.
MRS. ROSELYNE C. SWIG	3710 WASHINGTON STREET SAN FRANCISCO, CA 94118	12/31/15	10,000.
THE RT. REV. AND MRS. WILLIAM E. SWING	105 PEPPER AVE. BURLINGAME, CA 94010	12/31/15	7,200.
MR. AND MRS. PAUL JOHN TAGLIABUE	5630 WISCONSIN AVENUE, APT. 503 CHEVY CHASE, MD 20815	12/31/15	10,000.
MS. JEANNE TAYLOR	2192 PACIFIC AVENUE SAN FRANCISCO, CA 94115	12/31/15	5,075.
THE CELEBRATE FOUNDATION	#2 SIXTH AVENUE SAN FRANCISCO, CA 94118	12/31/15	5,000.
THE STEPHEN AND MARGARET GILL FAMILY FOUNDATION	32 FLOOD CIRCLE ATHERTON, CA 94027	12/31/15	20,000.
TOMKAT FUND	496 SEA CLIFF AVENUE SAN FRANCISCO, CA 94121	12/31/15	25,000.
WILLIAM K. BOWES, JR. FOUNDATION	1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109	12/31/15	200,000.
DR. JAMES BJORKEN	31 SKYLINE DRIVE WOODSIDE, CA 94062	12/31/15	20,040.
MR. PETER F CARPENTER AND MS. JANE SHAW CARPENTER	ONE LARCH DRIVE ATHERTON, CA 94027	12/31/15	20,000.
THE COLUMBUS FOUNDATION	1234 E. BROAD STREET COLOMBUS, OH 43205	12/31/15	15,000.
MR. AND MRS. JAMES DAVIDSON	1832 FLORIBUNDA AVENE HILLSBOROUGH, CA 94010	12/31/15	10,344.
PEERNOVA, INC.	100 CENTURY CENTER COURT, STE 700 SAN JOSE, CA 95112	12/31/15	10,000.
MR. AND MRS. RUPERT H. JOHNSON	37 NEW PLACE ROAD HILLSBOROUGH, CA 94010	12/31/15	1,000,000.
MR. WILLIAM P. FULLER AND MS. JENNIFER BECKETT	220 MONTGOMERY STREET, PENTHOUSE 10 SAN FRANCISCO, CA 94104	12/31/15	8,834.
MR. AND MRS. MICHAEL ARMACOST	5 HOMEPLACE COURT HILLSBOROUGH, CA 94010	12/31/15	6,000.

UNITED RELIGIONS

68-0369482

MRS. FRANCES BOWES	800 FRANCISCO STREET SAN FRANCISCO, CA 94109	12/31/15	5,650.
MR. WILLIAM JAMIESON	15 MACON AVENUE ASHEVILLE, NC 28801	12/31/15	5,250.
THE HON. JAMES C. HORMEL	19 SUTTER STREET SAN FRANCISCO, CA 94104	12/31/15	5,000.
MR. MICHAEL KIESCHNICK AND THE REV. FRANNIE KIESCHNICK	1467 HAMILTON AVENUE PALO ALTO, CA 94301	12/31/15	5,000.
MR. AND MRS. BERNARD OSHER	ONE FERRY BLDG., STE 255 SAN FRANCISCO, CA 94111	12/31/15	5,000.
THE LUMPKIN FAMILY FOUNDATION	121 S. 17TH STREET MATTOON, IL 61938	12/31/15	5,000.
TOTAL INCLUDED ON LINE 3			<u>2,866,893.</u>

FILE COPY

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
VARIOUS SECURITIES SOLD			PURCHASED	38,571.	0.	0.	36,799.
TOTAL TO FORM 199, PAGE 2, LN 6				38,571.	0.	0.	36,799.

FILE COPY

FORM 199 NONCASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 3
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: GRANTS PAID

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
AFRICA - GREAT LAKES	PO BOX 72190, CLOCK TOWER - KAMPALA, KAMPALA, UGANDA 256	NONE	56,249.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
	0.	CASH	FMV

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
AFRICA - CONTINENT	PO BOX 7785 - ADDIS ABABA, ADDIS ABABA, ETHIOPIA 62212	NONE	63,755.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
	0.	CASH	FMV

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
AFRICA - HORN	SALINE WEST - REP OF DJIBOUTI, DJIBOUTI, DJIBOUTI 6634	NONE	14,750.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDIA - SOUTH	MUNDACKAL BUILDINGS, KARICKAM P.O. - KOTTARAKKARA, KERALA, INDIA	NONE	41,117.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDIA - EAST	K1 4TH FL, VIJAY APARTMENT, A.C.ROAD, POST-BURNPUR - WEST BENGAL, DISTRICT B	NONE	30,480.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDIA - NORTH	HARIJAN SEVAK SANGH, GANDHI ASHRAM - DELHI, KINGWAY CAMP, INDIA 110009	NONE	20,677.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDIA - WEST	60/484, MOTILAL NAGAR NO. 1, ROOPVATE RD, - MUMBIA, GOREGAON WEST, INDIA 400	NONE	32,564.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PAKISTAN	125B PAK ARAB HOUSING SCHEME, FERAZEPUR RD - LAHORE, LAHORE, PAKISTAN	NONE	46,328.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KOREA	707 SEOKJANG-DONG - GYEONGJU-SI, GYEONGBUK, SOUTH KOREA 780-714	NONE	18,246.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EUROPE	AHRONWEB 3 - BONN, BONN, GERMANY D-53117	NONE	80,308.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LATIN AMERICA	COLINAD DE BELLO MONTE - CALLE CHAMA-QTA, CARCAS, VENEZUELA 1050	NONE	60,687.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MIDDLE EAST, NORTH AFRICA - JORDAN	PO BOX 7693, ABDALI-PARLIAMENT ST - AMMAN, AMMAN, JORDAN 11118	NONE	55,119.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORTH AMERICA	6530 UPHAM STREET - ARVADO, CO 80003	NONE	69,195.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOUTH EAST ASIA & PACIFIC	26 REGIDOR STREET, VARSITY HILLS, LOYOLA HEIGHTS - QUEZON CITY, QUEZON, PHIL	NONE	71,724.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
URI AT THE UNITED NATIONS	1809 MEADOW RIDGE CT - BETHLEHEM, PA 18015	NONE	33,500.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AFRICA - SOUTH	8 NORTH WAY, PINELANDS - CAPE TOWN, CAPE TOWN, SOUTH AFRICA 7405	NONE	36,516.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AFRICA - WEST	1 MAZARAM ROAD, RAYFIELD, PO BOX 6451 - JOS, PLATEAU STATE, JOS, NIGERIA 234	NONE	18,750.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MULTI-REGION	121 LEWIS ST - COTTONWOOD, AL 36320	NONE	30,392.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUTH LEADERSHIP PROGRAMS	P.O. BOX 29242 - SAN FRANCISCO, CA 94129	NONE	7,530.

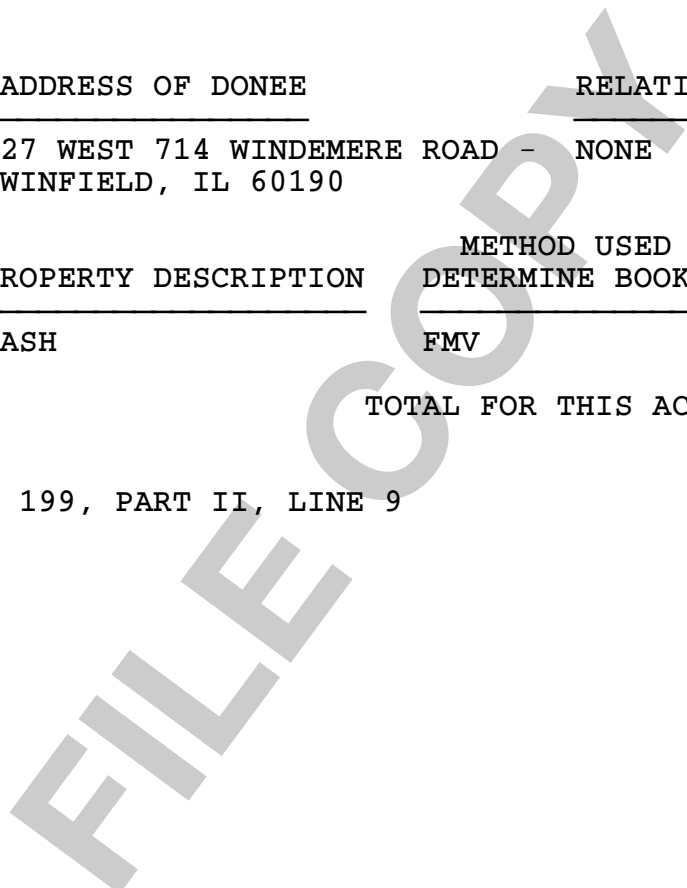
<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CARAVAN ARTS	27 WEST 714 WINDEMERE ROAD - WINFIELD, IL 60190	NONE	60,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	0.	CASH	FMV

TOTAL FOR THIS ACTIVITY 847,887.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 847,887.



FORM 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	PRESIDENT 40.00	108,562.
REV. VICTOR H. KAZANJIAN, JR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	EXECUTIVE DIRECTOR 40.00	124,097.
KIRAN BALI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	VICE-CHAIR 10.00	0.
TAREQ Z. AL-TAMIMI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	VICE-CHAIR 3.00	0.
BECKY BURAD P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TREASURER 3.00	0.
RAVINDRA KANDAGE P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	ASSISTANT TREASURER 3.00	0.
REBECCA TOBIAS P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	SECRETARY 3.00	0.
K. VASUDEVA RAO P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	ASST. SECRETARY 3.00	0.
RATTAN KAUR CHANNA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
CIRO GABRIEL AVRUIJ P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
EDWARD BASTIAN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.

UNITED RELIGIONS

68-0369482

MUSA M. SANGUILA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
JOHN BAPTIST ODAMA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
GENIVALDA CRAVO P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
DON FREW P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
SHERIF AWAD RIZK P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
AUDRI SCOTT WILLIAMS P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
PETER GRAMITIKOV P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
ELISHA BUBA YERO P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
KAZI NURUL ISLAM P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
MARIANNE HORLING P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
ASHRAF SAMIR P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
JOHN KURAKAR P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
ELISABETH LHEURE P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.

UNITED RELIGIONS

68-0369482

ALEJANDRINO QUISPE MEJIA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
PETER MOUSAFERIADIS P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
SAM AN ROS P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
SWAMINI ADITYANANDA SARASWATI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
BART TEN BROEK P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
SAM WAZAN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
CHIEF PHIL LANE P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>232,659.</u>

FORM 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
WORKSHOPS, TRAINING	41,528.
MISCELLANEOUS	36,557.
PRINTING & COPYING	23,401.
DIRECT EXPENSES OF FUNDRAISING EVENTS	83,213.
OTHER EMPLOYEE BENEFITS	221,894.
ACCOUNTING FEES	25,913.
OTHER PROFESSIONAL FEES	87,523.
OFFICE EXPENSES	127,427.
INFORMATION TECHNOLOGY	9,357.
TRAVEL	86,019.
CONFERENCES AND CONVENTIONS	128,069.
INSURANCE	11,303.
TOTAL TO FORM 199, PART II, LINE 17	<u>882,204.</u>

FORM 199	OTHER ASSETS	STATEMENT	6
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PLEDGES AND GRANTS RECEIVABLE		2,947,047.	2,345,081.
PREPAID EXPENSES AND DEFERRED CHARGES		53,179.	39,171.
INTANGIBLE ASSETS		13,256.	184,689.
DEPOSITS		13,899.	17,094.
OTHER RECEIVABLES		1,224.	10,822.
INTEREST IN NET ASSETS OF URI FOUNDATION		794,448.	674,362.
DUE FROM URI FOUNDATION		2,700,000.	1,850,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		6,523,053.	5,121,219.

FORM 199	OTHER LIABILITIES	STATEMENT	7
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
DEFERRED REVENUE		8,000.	5,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		8,000.	5,000.

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	8
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
AFFILIATE EARNINGS		-120,086.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-120,086.	

TAXABLE YEAR
2015

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
UNITED RELIGIONS	68-0369482

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	3,090,675.00
2 Total gross income (Form 199, line 8)	2	3,052,104.00
3 Total expenses and disbursements (Form 199, line 9)	3	3,269,991.00

Part II Settle Your Account Electronically for Taxable Year 2015

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

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

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 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 _____	EXECUTIVE DIRECTOR	Title _____
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file 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.

ERO Must Sign	ERO's signature _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN _____
	Firm's name (or yours if self-employed) and address	RINA ACCOUNTANCY CORPORATION 100 MONTGOMERY ST., #2075 SAN FRANCISCO, CA			FEIN 94-3158857 ZIP code 94104

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P00194561	
	Firm's name (or yours if self-employed) and address	RINA ACCOUNTANCY CORPORATION 100 MONTGOMERY ST., #2075 SAN FRANCISCO, CA			FEIN 94-3158857 ZIP code 94104

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
December 31, 2015

Prepared for	United Religions P.O. Box 29242 San Francisco, CA 94129-0242
Prepared by	RINA accountancy corporation 100 Montgomery St., #2075 San Francisco, CA 94104
Amount due or refund	Balance due of \$150.00
Make check payable to	Attorney General Registry of Charitable Trusts
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	August 15, 2016
Special Instructions	The report should be signed and dated by the authorized individual(s).

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

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

State Charity Registration Number: CT <u>99867</u> UNITED RELIGIONS <small>Name of Organization</small> <u>P.O. BOX 29242</u> <small>Address (Number and Street)</small> <u>SAN FRANCISCO, CA 94129-0242</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1947803</u> Federal Employer I.D. No. <u>68-0369482</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2015 ending 12/31/2015) list:
 Gross annual revenue \$ 2,968,891. Total assets \$ 7,021,274.

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

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet 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, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 415-561-2300

Organization's e-mail address PBANKS@URI.ORG

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

**REV. VICTOR H. KAZANJIAN,
 JR. EXECUTIVE DIRECTOR**

Signature of authorized officer _____ Printed Name _____ Title _____ Date _____