Form 114a	Form 114a Record of Authorization to								
Department of the Treasury									
Financial Crimes Enforcement Network (FinCEN)		nstructions below							
	, , , , , , , , , , , , , , , , , , ,			n for your records.					
May 2015		orm 114a may be				UN	ITED	R20220001	
Part I Persons who have	e an obligation to file a Report of					10-11			
1. Owner last name or entity			2. Owi	ner first name				3. Owner M.I.	
	UNITED RELIGIONS								
4. Spouse last name (if jointly filing FBAR - see instructions below) 5. Spouse first name							6. Spouse M.I.		
I/we declare that I/we have p	rovided information concerning	1 (ent	ter num	ber of accounts) foreig	n bank an	d finan	cial acc	ount(s) for the	
and complete; that I/we auth Report of Foreign Bank and I listed in Part II to receive info	filing year ending December 31, <u>2022</u> to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law								
7. Owner signature (Authoriz	zed representative if entity)	8. Date		9. Owner or entity TI	N	10. TIN type	Ē	X EIN SSN/ITIN	
		MM DD YY	YYY	680369482		.yp.	c [Foreign	
11. Spouse signature		12. Date		13. Spouse TIN		14. TIN	a [EIN	
			/YY			type	e b∟ c「	SSN/ITIN	
Part II Individual or Ent	ity Authorized to File FBAR on b	•		nave an obligation to f	file.				
15. Preparer last name		16. Preparer firs	st name)	17. Prep	arer M.	I. 18	. Preparer PTIN	
FAHEY		EDWARD					P00194561		
19. Address		20. City			21. State	e	22. ZIP/postal code		
150 POST STREET	, SUITE 200	SAN FRAN	CISC	0	CA		94108		
23. Country 24. Pr	eparer's (item 15) employer's (Ent	tity) name	25. E	Employer EIN	26. Prep	arer's s	arer's signature		
US APRI	O, LLP		5	7-1157523	APRIO), LI	ΓP		
	Instructions for comple	eting the FBAR \$	Signatu						
services. The completed reco FBAR. The Preparer/filing en	ed by the individual or entity grant ord <u>must</u> be signed by the individ tity must be registered with FinCE	ual(s)/entity grant	ting the	authorization (Part I) a	nd the ind	ividual/	entity tl	nat will file the	
Read and complete the acco	ount owner statement in Part I.								
	file the Foreign Bank and Financia the document in Part I, items 7/8	•				•	Part I, i	tems 1 through	
Accounts Jointly Owned by S	Spouses (see exceptions in the Fl	BAR instructions))						
	an FBAR jointly with his/her spou	· •		•	-				
sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the									
spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as see above, or same as item									
number x).							,		
	rough 18 with the preparer's info			-					
	n employee. Record the employer y preparer must sign in item 26 (d								
by the authorizing authority.	, proparor <u>musi</u> sign in item 20 (0	ngital Signature a	σοσριαι	so, or r are in indicating					
The person(s) listed in Part I,	The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).								
220011 04-01-22	DO NOT SEND THIS REC	URD TO FINCEN		SS REQUESTED TO D	JU SU.	F	Rev. 10.	.7 May 21, 2015	

Form 8	3879-TE		IRS e-file Sign for a Tax	ature Authorization Exempt Entity	n	OMB No. 1545-0047
FUIII		For calendar vear		, 2022, and ending	. 20	0000
Dente		, or ouronaut your		e IRS. Keep for your records.	,	2022
	nent of the Treasury Revenue Service		Go to www.irs.gov/Form	18879TE for the latest information	n.	
Name	of filer				EIN or SSN	
	UNITED	RELIGIO			68-03	369482
Name	and title of officer or pe	erson subject to tax				
			EXEC DIRECTO	R		
Par	tI Type of	Return and F	Return Information			
Form or 10a which	5330 filers may ente a below, and the amo	r dollars and cen ount on that line	ts. For all other forms, enter for the return being filed with	and enter the applicable amount, i whole dollars only. If you check the this form was blank, then leave lin- n the return, then enter -0- on the a	box on line 1a, 2a, 1b, 2b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check h	nere 🛛 🕅	b Total revenue, if any	y (Form 990, Part VIII, column (A), li	ine 12)	1ь 3,493,333.
2a	Form 990-EZ che			y (Form 990-EZ, line 9)		
3a	Form 1120-POL			0-POL, line 22)		3b
4a	Form 990-PF che	ck here		tment income (Form 990-PF, Part		4b
5a	Form 8868 check	here		8868, line 3c)		5b
6a	Form 990-T chec	_		T, Part III, line 4)		6b
7a	Form 4720 check	_		0, Part III, line 1)		7b
8a	Form 5227 check	_	_	nd of tax year (Form 5227, Item D)		8b
9a	Form 5330 check	here	b Tax due (Form 5330	, Part II, line 19)		9b
10a	Form 8038-CP ct		b Amount of credit pa	ayment requested (Form 8038-CP)	, Part III, line 22)	10b
Par	t II Declarat	tion and Sign	ature Authorization or	f Officer or Person Subject	t to Tax	
Under	penalties of perjury,	, I declare that [\underline{X} I am an officer of the abo	ove entity or 🔲 I am a person su	bject to tax with resp	ect to (name
of ent	ity)			, (EIN)	and that I have	examined a copy of the
later ti payme persoi	han 2 business days ent of taxes to receiv	prior to the pay confidential in	ment (settlement) date. I also formation necessary to answ	ent, I must contact the U.S. Treasu authorize the financial institutions er inquiries and resolve issues relat eturn and, if applicable, the consen	involved in the proce ted to the payment. I	ssing of the electronic have selected a
	\overline{X} I authorize AP	RTO LLP			to enter my P	18029
L			ERO firm n	ame		Enter five numbers, but
				anie		do not enter all zeros
[with a state age on the return's c As an officer or return. If I have i	ncy(ies) regulatin disclosure conse person subject to indicated within	ng charities as part of the IRS nt screen. o tax with respect to the entit	n. If I have indicated within this retu Fed/State program, I also authoriz ty, I will enter my PIN as my signatu return is being filed with a state age closure consent screen.	the aforementioned ure on the tax year 20	d ERO to enter my PIN 22 electronically filed
Signatur					Date	1
Par	t III Certifica	tion and Aut	hentication			
ERO's	s EFIN/PIN. Enter yo	our six-digit elect	ronic filing identification			
numb	er (EFIN) followed by	your five-digit se	elf-selected PIN.	9479842 Do not enter		
submi	itting this return in ac ess Returns.	ccordance with t		on the 2022 electronically filed retur 3, Modernized e-File (MeF) Informa	ation for Authorized IF	
ER0's	signature <u>APR</u>	IO, LLP		Date	11/14/23	
			FRO Must Rotain Th	nis Form - See Instructions	3	
		Do Not		the IRS Unless Requested		
I HA	For Privacy Act and		duction Act Notice, see ins			Form 8879-TE (2022)
- 173	. S. T. Huoy Act and					
202521	12-16-22					

149381_1

FINANCIAL CRIMES ENFORCEMENT NETWORK

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

FinCEN Form 114

UNITEDR20220001

Filing Name UNITED RELIGIONS

Submission Type NEW

PIN NOT REQUIRED

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

NOTE: The FBAR must be received by the Department of the Treasury on or before April 18, 2023. An automatic extension to October 16, 2023 is available.

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

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

223151 01-31-23

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 2022 Amended

											Amenaea		
Part I F	iler information		UNI	ΓEDR	2022	0001							
2 Type of filer													
a 🔄 Individ	dual b 🔄 Partnershi	p c 🚺 Corp	oration	d 🗌	Consolio	dated e	E Fidu	uciary or of	her - Ente	er type _			
3 U.S. Taxpay	er Identification Number	3a TIN type	4 Fore	ign ider	ntificatior	ר (Compl	ete only if i	tem 3 is not	applicable	e) 5	Individual's	date	of birth
6803694	82	SSN/ITIN	a Type		Passpor	+	Foreign T		ther	-	MM/DI	D/YY	ΥY
	U.S. Identification		a iype		rasspor	ι <u> </u>	Foreign			-			
	complete item 4		b Num	ber		c Cour	ntry of Issu	le					
6 Last name o	or organization name		•				rst name			8 1	Middle initia	il 8	a Suffix
UNITED	RELIGIONS												
9 Mailing add	ress (number, street, and	apt. or suite no) .)										
P.O. BO	v 20212												
10 City	A 49444		1 State	12 71	P/Postal	Code	13 Coun	tni					
To only					171 03121	oouc		li y					
SAN FRA	NCISCO		CA	941	2902	42	USA						
14 a) Does th	e filer have a financial inte	erest in 25 or m	ore financ	cial acco	ounts?								
Yes 🗌	Enter number of acco	unts		Do not	complet	te Part I	or Part III	, but maint	ain recor	ds of the	informatior	۱.	
No X													
· ·	e filer have signature auth												
Yes No X	Enter number of acco	unts		Comp. I	Part IV, ite	ems 34 tr	rough 43 f	or each pers	ion on who	ose behalf	the filer has	sign.	authority.
	nformation on finan	cial accoun	t(s) owi	ned s	eparat	ely							
	alue of account during ca		15a Amo				a B	ank b	Securit	ties c	Other - E	nter t	vpe below
	0		unknow	'n									
17 Name of fina	ancial institution in which	account is held	b										
40.4												<u> </u>	
18 Account nui	mber or other designatior	n 19 Mailing	address (numbe	r, street,	apt. or	suite no.) (of financial	institutio	n in whic	h account i	s hel	d
20 City		21 State, i	f known	2	2 Foreio	in nosta	l code if k	nown 23	Country				
				-		in poord			oountry				
Signature	44a Check here X	if this report i	s complet	ed by a	third pa	rty prep	arer and c	omplete th	e third pa	arty prep	arer section	۱.	
44 Filer signatu The report w		r title, if not rep									e (MM/DD/Y is date will auto)
signed	d when filed							T		FE	BAR is electroni	ically s	igned
	47 Preparer's last name				49 MI			51 TIN	1 5 6 1		TIN type	X	PTIN
Third Party	FAHEY	EDWARI				self	employed	P0019			SSN/ITIN		Foreign
Preparer	52 Contact phone no. 415-777-4488	52a Ext. 53	Pirm's n PRIO,					54 Firm' 57–11			TIN type		EIN Foreign
Use Only	55 Mailing address (nu	· · ·			56 Citv			57 State			ode	<u> </u>	Country
	1				- Jointy		1.5					55 1	y

150 POST STREET, SUITE 200 SAN FRANCISCO

223141 04-01-22

94108

CA

US

	ion on finand / but no finar				iler has signature or other count(s)			FinCEN Form 114		
Complete a separate block for each account										
Add an additional Part IV	/ page as many t	imes as nece	ssary in o	rder to	provide information on all account	s				
1 Filing for calendar year	3-4 Check approp	oriate identificat	ion numbe	er	6 Last name or organization name)				
2022		dentification Netrification Nu			UNITED RELIGIONS					
	-	tification num								
15 Maximum value of a	account during c $17,118.$	alendar year	15a Am unkno		16 Type of account a X Bank	b Sec	curities c	Other - Enter type below		
17 Name of financial in	-	n account is h	eld.							
HOUSING BAN										
18 Account number or 00055311002	other designatio	n 19 Mailin			ber, street, apt. or suite no.) of final	ncial institu	ution in which	n account is held		
20 City AMMAN		21 State	if known		22 Foreign postal code, if known 11118	23 Cour JORDA				
34 Last name or organ				35 T	ax identification number of accoun	t owner	35a TIN ty EI EI			
36 First name		37 Middle ini	tial 37a	Suffix	38 Mailing address (number, strew WADI SAQRAH STREE		t. or suite no.)		
39 City AMMAN		40 State			41 ZIP/Postal Code	42 Count				
43 Filer's title with this	owner									
15 Maximum value of a	account during c	alendar year	15a Am unkno		16 Type of account a Bank	b Sec	curities c] Other - Enter type below		
17 Name of financial ir	stitution in whicl	n account is h	eld							
18 Account number or	other designatio	on 19 Mailin	g addres	s (num	ber, street, apt. or suite no.) of final	ncial institu	ution in which	n account is held		
20 City		21 State	if known		22 Foreign postal code, if known	23 Cour	ntry			
34 Last name or organ	ization name of a	account owne	r	35 T	ax identification number of accoun	t owner	35a TIN ty EI EI			
36 First name		37 Middle ini	tial 37a	Suffix	x 38 Mailing address (number, stre	et, and apt	t. or suite no.)		
39 City		40 State			41 ZIP/Postal Code	42 Count	try			
43 Filer's title with this	owner					-				

223143 04-01-22

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	or Name of exempt organization or other filer, see instructions. Tax					on number (TIN)		
print	UNITED RELIGIONS					69482		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se	Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instruction								
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)					
Applica	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	00 or Form 990-EZ	01	Form 1041-A			08		
Form 47	720 (individual)	03	Form 4720 (other than individual)			09		
Form 99	90-PF	04	Form 5227			10		
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	90-T (trust other than above)	06	Form 8870			12		
Form 99	00-T (corporation) PAMELA H. BANKS	07						
• If the • If this box • 1 In th 2 If [the tax year entered in line 1 is for less than 12 months, ch	Aroup Exe and atta NOVE1 anization's , an neck reaso	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>MBER 15, 2023</u> , to file return for: d ending on: Initial return	f this is fo all membe	r the whole gers the externation of the externation	group, check this nsion is for.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069, ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.		
b lf						0.		
	alance due. Subtract line 3b from line 3a. Include your pagising EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.		
instruct	 If you are going to make an electronic funds withdrawal ions. For Privacy Act and Paperwork Reduction Act Notice. 			153-TE and		9-TE for payment 3868 (Rev. 1-2022)		

11331114 795476 149381

Form 990	
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Т

AF	or th	e 2022 calendar year, or tax year beginning and	ending				
	Check if pplicab	e: C Name of organization		D Employer identific	cation number		
	Addre	UNITED RELIGIONS					
	Name	THE THE PROPERTY AND THE TAXABLE PROPERTY AND THE PROPERT	68-036948	32			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	 Final return	P O BOX 29242		415-561-2			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,494,697.		
	Amen return			H(a) Is this a group re			
	Applic distance	^{a-} F Name and address of principal officer: GERALD B. WHITE		for subordinates'			
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
1 1	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions		
	Nebsi			H(c) Group exemption			
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1995 N	State of legal domicile: CA		
Pa	art I	Summary					
Ø	1	Briefly describe the organization's mission or most significant activities: WITH					
Governance		PEACE, JUSTICE AND HEALING, URI'S NETWORK					
erné	-	Check this box if the organization discontinued its operations or dispos	sed of more				
Ň					32		
		Number of independent voting members of the governing body (Part VI, line 1b)			32		
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			19		
Activities &		Total number of volunteers (estimate if necessary)			0		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0 . Current Year		
				Prior Year 2,368,142.	3,480,901.		
ne		Contributions and grants (Part VIII, line 1h)	2,300,142.	<u> </u>			
Revenue		Program service revenue (Part VIII, line 2g)		29,115.	12,646.		
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-13,319.	-214.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,383,938.	3,493,333.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		690,096.	620,274.		
				0.	0.		
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,579,143.	1,748,890.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ben	b	Total fundraising expenses (Part IX, column (D), line 25)212, 8	07.				
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		831,110.	713,358.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,100,349.	3,082,522.		
		Revenue less expenses. Subtract line 18 from line 12		-716,411.	410,811.		
or			Be	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		19,667,907.	14,605,974.		
Ass	21	Total liabilities (Part X, line 26)		1,490,736.	529,757.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		18,177,171.	14,076,217.		
Pa	art II	Signature Block					
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is		
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.			

Sign	Signature of officer			Date				
Here	GERALD B. WHITE, EXEC. D	IRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	EDWARD FAHEY	EDWARD FAHEY	11/14	/23 self-employed P00194561				
Preparer	Firm's name APRIO, LLP			Firm's EIN 57-1157523				
Use Only	Firm's address 150 POST STREET,	SUITE 200						
	SAN FRANCISCO, CA	94108		Phone no. 415 - 777 - 4488				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

т

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	090 (2022) UNITED RELIGIONS 68-0369482 Page	2
Par		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: FOUNDED IN 2000, UNITED RELIGIONS INITIATIVE (URI) IS A 501(C)(3)	
	INTERNATIONAL ORGANIZATION REGISTERED IN THE STATE OF CALIFORNIA. ITS	
	PURPOSE IS TO PROMOTE ENDURING, DAILY INTERFAITH COOPERATION, END	
	RELIGIOUSLY MOTIVATED VIOLENCE AND CREATE CULTURES OF PEACE, JUSTICE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	-
	brior Form 990 or 990-EZ?	0
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	•
U	f "Yes," describe these changes on Schedule O.	Ū
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 \$1,769,520. including grants of \$615,276.) (Revenue \$))
	GLOBAL NETWORK DEVELOPMENT: IN 21 YEARS, URI HAS GROWN FROM 83 FOUNDING	
	MEMBER ORGANIZATIONS, CALLED COOPERATION CIRCLES (CCS), TO OVER 1,100	
	MEMBER GROUPS IN OVER 110 COUNTRIES. URI'S UNIQUE GLOBAL NETWORK OF	
	GRASSROOTS CCS CALLS FORTH LOCALLY-INITIATED ACTIONS BY SELF-SUPPORTING	
	GROUPS AND ORGANIZATIONS. CCS CAN BE SMALL GROUPS ORGANIZING FOR THE FIRST TIME, OR WELL-ESTABLISHED ORGANIZATIONS. EVERY CC MUST HAVE AT	—
	LEAST SEVEN MEMBERS, AND MUST REPRESENT AT LEAST THREE DIFFERENT	—
	RELIGIONS, SPIRITUAL EXPRESSIONS OR INDIGENOUS TRADITIONS.	—
	MELICIOND, DIIMITCHE EMINEDDIOND ON INDICEMOOD IMEDIIIOND.	—
	URI'S ORGANIZATIONAL STRUCTURE INCLUDES EIGHT REGIONS WHICH ARE STAFFED	—
	BY 18 REGIONAL COORDINATORS WHO SERVE CCS THROUGH PROGRAMMATIC	_
	APPROACHES, SUPERVISE REGIONAL TEAM MEMBERS, COORDINATE REGIONAL	_
4b	Code:) (Expenses \$221,107. including grants of \$) (Revenue \$))
	THE GLOBAL COUNCIL IS URI'S GOVERNING BOARD OF TRUSTEES. THREE GLOBAL	
	COUNCIL TRUSTEES ARE ELECTED BY URI'S MEMBER CCS FROM EACH OF EIGHT	
	REGIONS OF THE WORLD. THE GLOBAL COUNCIL CAN APPOINT AT-LARGE TRUSTEES	
	TO ENSURE GENDER, FAITH AND EXPERIENCE DIVERSITY. THE GLOBAL COUNCIL'S	
	PRIMARY RESPONSIBILITIES INCLUDE BEING THE GOVERNING BODY OF URI;	
	CARRYING OUT URI'S MISSION AND PURPOSE; SELECTING, SUPPORTING AND	
	EVALUATING THE EXECUTIVE DIRECTOR; ENSURING EFFECTIVE PLANNING AND ADEQUATE FINANCIAL RESOURCES; PROTECTING THE ORGANIZATION'S ASSETS AND	—
	PROVIDING FINANCIAL VERSIGHT; AND ENSURING LEGAL AND ETHICAL	—
	INTEGRITY. WITH TRUSTEES FROM 22 COUNTRIES REPRESENTING DIVERSE	—
	RELIGIOUS AND INDIGENOUS TRADITIONS, THE GLOBAL COUNCIL BRINGS ITS	—
	GRASSROOTS EXPERIENCE TO URI'S ONGOING STRATEGIC PLANNING, NETWORK	—
4c	(Code:) (Expenses \$228,701. including grants of \$) (Revenue \$)	_)
	COMMUNICATIONS: URI'S INTERNATIONAL NETWORK RELIES ON A ROBUST	
	COMMUNICATION SYSTEM. URI'S GLOBAL WEBSITE, URI.ORG, IS DESIGNED TO	
	MAGNIFY URI'S IMPACT, HIGHLIGHT CC SUCCESSES, CONNECT CCS, PROVIDE	
	RESOURCE INFORMATION TO CCS, AND ENCOURAGE GLOBAL CAMPAIGNS FOR	
	COLLECTIVE GLOBAL ACTION AND MORE. ADDITIONALLY, URI PRODUCES AN ANNUAL	
	IMPACT REPORT, AS WELL AS OTHER PRINT, ONLINE AND MULTIMEDIA COLLATERAL FOR THE NETWORK. IN THE DIGITAL MEDIA DOMAIN, URI IS ENHANCED BY	—
	ENGAGING AUDIENCES ON FACEBOOK, TWITTER, INSTAGRAM, LINKEDIN, AND	—
	YOUTUBE. GIVEN FAST-PACED TECHNOLOGICAL CHANGE, URI'S COMMUNICATIONS	—
	TEAM STUDIES NEW SYSTEMS, MAKES RECOMMENDATIONS TO URI, AND RECENTLY	—
	LAUNCHED AN UPDATED WEBSITE.	
		_
4d	Other program services (Describe on Schedule O.)	_
	Expenses \$ 274,594. including grants of \$ 4,998.) (Revenue \$)	
4e	Total program service expenses 2,493,922.	_
	Form 990 (202	22)
232002	12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)	
	3	

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Form	990	(2022)

 Form 990 (2022)
 UNITED
 RELIGIONS

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		х
•	Schedule D, Part III	8		
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?			
		9		х
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10	-73	
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>
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 UNITED RELIGIONS

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If yes, complete Schedule N, Part I</i>	51		
52		32		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>	- 25	
D		25h		х
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Vac	
4 -	Enter the number reported in her 2 of Form 1006. Enter 0, if not enables		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c		
23200			990	(2022)
232004	- 12-13-22 5	FOUL		(2022)
	✓			

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				<u>u</u>
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	Х	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	C C	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		1		
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	<u> </u>
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120		
C		12c	x	
10	on Schedule O how this was done	13	X	
13	Did the organization have a written desument retention and destruction policy?	13	X	
14 45	Did the organization have a written document retention and destruction policy?	14		
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?	45.	x	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
200	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	s only)	availal	ble
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: The section of the sec			ble
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: The section of the sec			ble
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: Image: Section 6104 requires an organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.			ble
17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: Imag			ble
17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization for the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	d finan	cial	
17 18 19 20	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: Imag	d finan		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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UNITED RELIGIONS

Form 990 (2022)

Form 990 (2022)	UNITED RELIGIONS	68-0369482	Page 7							
Part VII Compen	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employe	Employees, and Independent Contractors									
Check if So	chedule O contains a response or note to any line in this Part VII									
Section A. Officers,	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 										

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

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

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

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	upens		1099-NEC)	1099-NEC)	organization and related
	below	lual ti	tiona		nploy	st cor yee	L	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) REV. WILLIAM E. SWING	39.00	_	_				-			
BOARD MEMBER, EX-OFFICIO	1.00	х						143,945.	0.	9,309.
(2) BAILEY S. BARNARD SR	39.00									
SENIOR ADVISOR	1.00			Х				144,772.	0.	7,808.
(3) GERARD B. WHITE	39.00									
EXECUTIVE DIRECTOR	1.00			Х				108,245.	0.	2,001.
(4) PREETA BANSAL	30.00									
CHAIR		Х		Х				0.	0.	0.
(5) DANIEL EROR	30.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(6) PULIN SANGHVI	30.00									
TREASURER		Х		Х				0.	0.	0.
(7) ISSAC S THOMAS	30.00									
SECRETARY		Х		Х				0.	0.	0.
(8) ABELARDO A. MOYA	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ANWAR DEHAQ	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ANNE JARCHOW	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ASHWANI KUMAR	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) BARBARA SHANNON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(13) BUTMAO SOURN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(14) CHINTAMANI NATH YOGI	5.00									
BOARD MEMBER		Х						0.	0.	0.
(15) DAISY BEREXA	5.00									
BOARD MEMBER		Х						0.	0.	0.
(16) DEVI RAJ S	5.00									
BOARD MEMBER		Х						0.	0.	0.
(17) NAOUFAL EL HAMMOUMI	5.00									
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

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orm 990 (2022) UNITED RELIGIONS 68-0369482 Page 8											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C)								(D)	(E)	(F)	
Name and title	Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	Reportable compensation	Reportable compensation	Estimated amount of	
	week (list any hours for related organizations below	ndividual trustee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations	
(18) ERIC ROUX	line)	lnd	lns	Offi	Key	Hig em	For				
BOARD MEMBER	5.00	х						0.	0.	0.	
(19) FRED FIELDING	5.00	Δ						0.	0.	<u> </u>	
BOARD MEMBER	5.00	х						0.	0.	0.	
(20) FAREENA MARIA	5.00									.	
BOARD MEMBER		х						0.	0.	0.	
(21) FRANCISCO MORALES	5.00										
BOARD MEMBER		х						0.	0.	0.	
(22) GENEVA BLACKMER	5.00										
BOARD MEMBER		х						0.	0.	0.	
(23) JAUME DE MARCOS	5.00										
BOARD MEMBER		Х						0.	0.	0.	
(24) KATENDE ABDU	5.00										
BOARD MEMBER		Х						0.	0.	0.	
(25) KELSEY RAMSDEN	5.00								•		
BOARD MEMBER	_ _ _ _ _ _ _ _ _ _	Х						0.	0.	0.	
(26) MORGANA SYTHOVE	5.00	x						0.	0.	0	
BOARD MEMBER								396,962.	0.	0.	
	1b Subtotal c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
<u>d Total (add lines 1b and 1c)</u>							•	396,962.	0.	19,118.	
2 Total number of individuals (including but) wh	0 re	,			
compensation from the organization						,		,		3	
										Yes No	
3 Did the organization list any former office	, director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for	such individual									3 X	
4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	nsa	tion	and	oth	er compensation from the	ne organization		
and related organizations greater than \$15	,		•							4 X	
5 Did any person listed on line 1a receive or											
rendered to the organization? <i>If "Yes." col</i>	nplete Schedule	e J fo	or su	ch r	pers	on .				5 X	
Section B. Independent Contractors									100 000 of company		
 Complete this table for your five highest co the organization. Report compensation for 											
(A)	the calendar ye		nuin	y w				(B)		(C)	
Name and busines	s address	NC	ONE	3				Description of s	ervices C	Compensation	
							\rightarrow				
							+				
2 Total number of independent contractors	including but p	ot lin	nited	l to t	thos	e lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organ					0			,e : e sont ou mo			
SEE PART VII, SECTIO		IN	UΑ	TI	ON	S	ΗE	ETS		Form 990 (2022)	

SEE PART VII, SECTION A CONTINUATION SHEETS
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Form 990 UNITED RELIGIONS								68-0369482						
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest							est (Compensated Employees (continued)						
(A)	(B)		(C)					(D)	(E)	(F)				
Name and title	Average		Position					Reportable	Reportable	Estimated				
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of				
	per							from	from related	other				
	week	_				oyee		the	organizations	compensation				
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the				
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related				
	organizations	rustee	I trus		ee,	npen				organizations				
	below	dual ti	tiona		(old n	stcor	_			organizations				
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former							
(27) OMAR TAYEH	5.00	-	-		-	-	-							
BOARD MEMBER		х						0.	0.	0.				
(28) P. K. MCCARY	5.00													
BOARD MEMBER		Х						0.	0.	0.				
(29) RADIA BAKKOUCH	5.00													
BOARD MEMBER		Х						0.	0.	0.				
(30) ROSA DELIA QUIZHPE MACAS	5.00													
BOARD MEMBER		х						0.	0.	0.				
(31) SALETTE AQUINO	5.00													
BOARD MEMBER		х						0.	0.	0.				
(32) SALIKA DASA	5.00													
BOARD MEMBER		х						0.	Ο.	0.				
(33) STEPHEN VILLAESTER	5.00													
BOARD MEMBER		Х						0.	0.	0.				
(34) VALERIA VERGANI	5.00													
BOARD MEMBER		Х						0.	Ο.	0.				
(35) WAMBUI NGIGE	5.00													
BOARD MEMBER		Х						0.	0.	0.				
		1												
	1													
		1												
Total to Part VII, Section A, line 1c														

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		Check if Schedule O c	contains a respo	onse or note	to any lin	e in this Part VIII			
					to any mi		<u> </u>		
						(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	b c d f g	Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in I	ibutions) 1e grants, and above 1f lines 1a-1f 1g		, <u>438.</u> ,397.	2 400 001			
<u>o</u> ē	h	Total. Add lines 1a-1f				3,480,901.			
Program Service Revenue		All other program service i	revenue						
	g	Total. Add lines 2a-2f							
	3 4	Income from investment o	of tax-exempt bo	ond proceeds		14,004.			14,004.
	5	Royalties	(i) Rea		ersonal				
	6a b c	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c						
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis) (i) Securi 7a	ties (ii) (Other				
anu			7b	0.1,	<u>,364.</u> ,364.				
Revenue		Gain or (loss)	7c			1 250	1.264		
Other Re	d 8 a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on Part IV, line 18	ng events (not of line 1c). See			-1,358.	-1,364.		6.
	b	Less: direct expenses		8b					
	9 a	Net income or (loss) from t Gross income from gamin Part IV, line 19	g activities. See	9a					
		Less: direct expenses							
	10 a	Net income or (loss) from a Gross sales of inventory, la and allowances Less: cost of goods sold	ess returns						
	С	Net income or (loss) from	sales of invento						
Miscellaneous Revenue	11 a b	MISCELLANEOUS		900	ess Code	-214.	-214.		
cells leve	с								
Misc		All other revenue				014			
	<u>е</u> 12	Total. Add lines 11a-11d				-214. 3,493,333.	-1,578.	0.	14,010.
232000	12 9 12-13-	Total revenue. See instructio	סווע			5,25,555.	, <i>5</i> , 5, 6 •		Form 990 (2022)

UNITED RELIGIONS

Form 990 (2022)

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Part IX Statement of Functional Ex	•	· · · · · · · · · · · · · · · · · · ·		
Section 501(c)(3) and 501(c)(4) organizations mus			nplete column (A).	Г
Check if Schedule O contains a		this Part IX (B)	(C)	<u>(</u> D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organiz				
and domestic governments. See Part IV, line 21	21,000.	21,000.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	70,866.	70,866.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and fo	oreign			
individuals. See Part IV, lines 15 and 16 $_{\odot}$	528,408.	528,408.		
4 Benefits paid to or for members				
5 Compensation of current officers, director	s,			
trustees, and key employees	416,080.	397,142.		18,93
6 Compensation not included above to disqualifie	d			
persons (as defined under section 4958(f)(1)) a	ind			
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,051,222.	747,832.	199,337.	104,05
8 Pension plan accruals and contributions (includ	le			
section 401(k) and 403(b) employer contributio	ins)			
9 Other employee benefits		137,864.	24,307.	21,42
I0 Payroll taxes		75,428.	11,201.	11,36
I1 Fees for services (nonemployees):				
a Management				
b Legal	1 6 9 4 9		16,349.	
c Accounting		28,700.	2,800.	3,50
d Lobbying				
e Professional fundraising services. See Part IV, I				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line				
column (A), amount, list line 11g expenses on S		182,207.	17,869.	13,43
2 Advertising and promotion	<i>'</i>		-	-
I3 Office expenses		40,720.	30,068.	9,56
I4 Information technology			-	-
I5 Royalties				
6 Occupancy		88,763.	8,659.	10,82
17 Travel	1/5 227	122,811.	17,602.	4,81
18 Payments of travel or entertainment exper		·		•
for any federal, state, or local public officia				
I9 Conferences, conventions, and meetings		3,170.	1,263.	94
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization			38,109.	
		10.010		

22,339.

25,763.

9,225.

3,950. 3,752.

6,157.

3,082,522.

Check here if following SOP 98-2 (ASC 958-720) 232010 12-13-22

PAYROLL FEE

SEED GRANTS

All other expenses

23

24

а

b

С

d

е

25

26

Insurance

Other expenses. Itemize expenses not covered

EVENTS/PROGRAMS/COL

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

TAXES, LICENSES AND FEES

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

Form 990 (2022)

2,233.

2,308.

9,225.

212,807.

180.

1,787.

2,684.

1,798.

1,960.

375,793.

18,319.

20,771.

3,950.

1,954.

4,017.

2,493,922.

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					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,494,543.	1	567,292
	2	Savings and temporary cash investments				2	,
	3	Pledges and grants receivable, net			39,217.	3	66,650
	4	Accounts receivable, net			•• / = = / •	4	,
	5	Loans and other receivables from any current or for					
	Ŭ	trustee, key employee, creator or founder, substant					
		controlled entity or family member of any of these p				5	
	6	Loans and other receivables from other disqualified		defined			
		under section 4958(f)(1)), and persons described in				6	
	7					7	
Assets		Notes and loans receivable, net				8	
Ass	8	Inventories for sale or use Prepaid expenses and deferred charges			87,496.	0 9	97,774
`	9		·····		07,450.	9	57,774
	IUa	Land, buildings, and equipment: cost or other		196 937			
	L	basis. Complete Part VI of Schedule D 1		196,937. 180,402.	9,428.	10c	16 535
		Less: accumulated depreciation			399,992.		<u> 16,535</u> 606,778
	11	Investments - publicly traded securities			9,663.	11	2,767
	12	Investments - other securities. See Part IV, line 11			9,005.	12	2,707
	13	Investments - program-related. See Part IV, line 11			36,814.	13	27,013
	14	Intangible assets		17,590,754.	14	13,221,165	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal lines 1)			19,667,907.	16	14,605,974
	17	Accounts payable and accrued expenses			210,001.	17	222,009
	18	Grants payable			E 000	18	E 000
	19	Deferred revenue		5,000.	19	5,000	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part		21			
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substant		r, or 35%			
lap.		controlled entity or family member of any of these p				22	
-	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated th			24		
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17	7-24). Comple	te Part X	1 075 705		202 740
		of Schedule D			1,275,735.		302,748
	26				1,490,736.	26	529,757
s		Organizations that follow FASB ASC 958, check	here X				
S		and complete lines 27, 28, 32, and 33.			12 004 715		
alar	27			·····	13,924,715.	27	9,080,958
ñ	28			····· _	4,252,456.	28	4,995,259
un		Organizations that do not follow FASB ASC 958,					
r F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equip				30	
Ä	31	Retained earnings, endowment, accumulated incon				31	14 000 010
Se	32	Total net assets or fund balances		····· -	18,177,171.	32	14,076,217
	33	Total liabilities and net assets/fund balances			19,667,907.	33	14,605,974 Form 990 (202

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Form 990 (2022)
Part X Balance Sheet

Form	990 (2022) UNITED RELIGIONS	68-0	369482	Pac	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,493	3,33	33.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,082	2,52	22.
3	Revenue less expenses. Subtract line 2 from line 1	3	410		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,177	7,1	71.
5	Net unrealized gains (losses) on investments	5	-142	2,17	77.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,369	9,58	88.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14,076	5,21	<u>17.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	aan /	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ne of t	the organization						Employer	r identification number
			ED RELIGIO						8-0369482
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					ne general j	public described in
		section 170(b)(1)(A)(vi). (C	-		•			.	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org			-	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	-			-		-	-
		university:						•	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	veness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	۷.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supportion	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) to the error	nization listed			
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o support (see ir	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)

Schedule A (Form 990) 2022

UNITED RELIGIONS

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3233481.	3336543.	2987535.	2368145.	3480901.	15406605.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	3233481.	3336543.	2987535.	2368145.	2490001	15406605.
	Total. Add lines 1 through 3	3233401.	3330343.	290/555.	2300143.	3400901.	15400005.
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)						1508425.
6	Public support. Subtract line 5 from line 4.						13898180.
	ction B. Total Support						H 20 20 100.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3233481.	3336543.	2987535.	2368145.		15406605.
	Gross income from interest,	01001011				01000011	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,286.	28,210.	9,641.	33,842.	14,004.	86,983.
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.)	166,205.	240,677.	52,397.	100.	-214.	459,165.
11	Total support. Add lines 7 through 10						15952753.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	87.12 %
	Public support percentage from 2021					15	82.16 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		-		• •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
J	are not an unrelated trade or bus-							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
	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							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	022	(f) Total
9	Amounts from line 6							
	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							
с	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) or	ganizatio	n,
-							<u></u>	
Sec	tion C. Computation of Publi	ic Support Per	rcentage					
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15		%
<u>16</u> Sec	Public support percentage from 2021 tion D. Computation of Invest					16		%
	Investment income percentage for 20			ne 13. column (fi)		17		%
	Investment income percentage from					18		%
	33 1/3% support tests - 2022. If the					· · · · · · · · · · · · · · · · · · ·	nd line 17	
	more than 33 1/3%, check this box a							
h	33 1/3% support tests - 2021. If the						3 1/3% ar	nd
5	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
	3 12-09-22			<u>, , , , , , , , , , , , , , , , , , , </u>			hedule A	(Form 990) 2022
	- · 		17					

UNITED RELIGIONS

Yes No

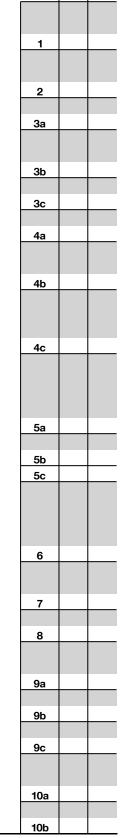
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

	(Form 990) 2022		RELIGIONS
Part IV	Supporting Org	anizations _{(con}	tinued)

2

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

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

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

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Section C.	Type II S	upporting	Organi	zations	

 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
 Image: Control organization was vested in the same persons that controlled or managed
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Section D.	All Typ	e III Supportin	g Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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Sche	dule A (Form 990) 2022 UNITED RELIGIONS			68-0369482 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2022

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UNITED RELIGIONS

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	dule A (Form 990) 2022 UNITED RELIGIO			6	8-0369482 Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2022				
-					

Schedule A (Form 990) 2022

	(Form 990) 2022	UNITED RELIGIONS	68-0369482 _{Pa}
Part VI	Part IV, Section A, line line 1; Part IV, Section	es 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 D, lines 2 and 3; Part IV, Section E, lines 1c, 2	ed by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 1b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Also complete this part for any additional information.

Schedule A (Form 990) 2022

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

2022

Employer identification number

68-0369482

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2022)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$268,493.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

Name of organization

Part I

(a)

Schedule B (Form 990) (2022)

UNITED RELIGIONS

Employer identification number

(d)

68 - 0369482

(c)

Schedule B (Form 990) (2022)

2022.05000 UNITED RELIGIONS

223452 11-15-22

149381_1

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Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

UNITED RELIGIONS

Page 3

Employer identification number

68-0369482

Schedule B (Form 990) (2022)

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223453 11-15-22

2022.05000 UNITED RELIGIONS

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Name of organization		Employer identification number
UNITED RELIGIONS		68-0369482
from any one contributor. Complete	columns (a) through (e) and the following line ent ely religious, charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	it
Transferee's name, a	address, and ZIP + 4	Relationship of transferor to transferee
	[
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
Transferee's name, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	[
Transferee's name, a	address, and ZIP + 4	Relationship of transferor to transferee
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
Transferee's name, a	(e) Transfer of gif	t Relationship of transferor to transferee
223454 11-15-22		Schedule B (Form 990) (2022

11331114 795476 149381

2022.05000 UNITED RELIGIONS

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SCHEDULE	D
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(Form 990))
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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



Department of the Treasury Internal Revenue Service

Name	of the organization UNITED RELIGIONS			Emp	-	entification n -0369482	
Par		ed Funds or Other Similar Funds	or Ac	coun			_
	organization answered "Yes" on Form 990, Part IV, I						
		(a) Donor advised funds	()	b) Fun	ds and o	ther accounts	
1	Total number at end of year			-,			
	Aggregate value of contributions to (during year)						
	Aggregate value of grants from (during year)						
	Aggregate value at end of year		ad fund				
5	Did the organization inform all donors and donor advisors in	-				Maa	Na
~	are the organization's property, subject to the organization's					Yes	No
	Did the organization inform all grantees, donors, and donor			-			
	for charitable purposes and not for the benefit of the donor			Ũ		Ma a	NI -
Par	impermissible private benefit?					Yes	No
			Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the organiza						
	Preservation of land for public use (for example, recre						
	Protection of natural habitat	Preservation o	t a certif	ied his	storic stru	ucture	
-	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	of a con	iservat		ment on the la he End of the Ta	
	day of the tax year.			-			ax teal
				2a			
				2b			
	Number of conservation easements on a certified historic st			2c			
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a					
				2d			
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the	e organiz	ation	during th	e tax	
	year						
	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the p				_		
	violations, and enforcement of the conservation easements					Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	servatior	1 ease	ments du	uring the year	
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conserva	ation eas	ement	ts during	the year	
8	Does each conservation easement reported on line 2(d) abo						
	and section 170(h)(4)(B)(ii)?					Yes	No
9	In Part XIII, describe how the organization reports conserva						
	balance sheet, and include, if applicable, the text of the foo	tnote to the organization's financial statem	ents tha	t desc	ribes the		
Dor	organization's accounting for conservation easements. III Organizations Maintaining Collections of	of Art. Historical Tracquires or Ot	thar Si	milo	* 1000+		
Par			iner Si	mia	ASSel	.5.	
	Complete if the organization answered "Yes" on For						
1a	If the organization elected, as permitted under FASB ASC 9					S	
	of art, historical treasures, or other similar assets held for pu			ce of p	oublic		
_	service, provide in Part XIII the text of the footnote to its fina						
b	If the organization elected, as permitted under FASB ASC 9						
	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furth	herance	of pub	olic servic	ce,	
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1				\$		
					\$		
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financia	al gain, p	rovide	•		
	the following amounts required to be reported under FASB	ASC 958 relating to these items:					
а	Revenue included on Form 990 Part VIII line 1				¢		

b Assets included in Form 990, Part X

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Schedule	D	(Form	990)	2022
ochedule	-	(10111	550,	LOLL

\$

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Sche		RELIGIONS					<u>58-03</u>		Page	, 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Si	milar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	signif	icant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d		hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other simil	ar ass	ets		-		
	to be sold to raise funds rather than to be ma							Yes		lo
Par	t IV Escrow and Custodial Arrange		te if the organizatio	n answered "Yes" o	on For	m 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1 a	Is the organization an agent, trustee, custodi							7		_
	on Form 990, Part X?						L	Yes		lo
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:		ſ			A		
					ŀ	-		Amount		
C.	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
T	Ending balance				[1f		Vee		
	Did the organization include an amount on Fo				•			Yes		lo
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						<u></u>			
		(a) Current year	(b) Prior year	(c) Two years back	-	Three v	ears back	(e) Four	vears bac	
1a	Beginning of year balance	16,244,855.	15,855,584.		_		16,054.		861,05	
h	Contributions	1,992,438.	500,000.		_		54,179.		986,44	_
c c	Net investment earnings, gains, and losses	-4,497,754.	1,368,154.		_		39,528.		, 129,67	_
b b	Grants or scholarships	1,488,463.	1,401,432.		_		, .		,	
e	Other expenditures for facilities	, , -	, , ,	, ,	-					
Ū	and programs									
f	Administrative expenses	35,855.	77,451.	107,239		29	90,959.		1,77	1.
a	End of year balance	12,215,221.	16,244,855.		_		18,802.	2,	716,05	_
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)							
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for	the			_		
	organization by:								Yes N	
	(i) Unrelated organizations							3a(i)	X	ζ
	(ii) Related organizations							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b	X	
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part 2	X, line	10.				
	Description of property	(a) Cost or ot basis (investm	• • •			mulate	d	(d) Book	value	
1a	Land									
b	Buildings									
с	Leasehold improvements			1,747.		1,74).
d	Equipment			0,381.	168	8,65	55.		.,726	
е	Other			4,809.					1,809	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 1	0c.)				16	5,535	

Schedule D (Form 990) 2022

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	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	on Form 000 Dort IV/ line	11a Cas Form 000 Dart V line 12	
Complete if the organization answered "Yes"			1.6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-ot-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.	
	Description		(b) Book value
(1) DEPOSITS			17,094.
(1) DITOSTID (2) INTEREST IN NET ASSETS OF		אר	13,204,071
	OKI FOONDAII		15,204,071
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		13,221,165.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	·
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CARES ACT PPP LOAN			275,735.
(3) LEASE LIABILITY			27,013
(4)			
(5)			
			1
(6)			
(7)			
(7) (8)			
(7)			302,748.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 UNITED RELIGIONS			68-	0369482 _{Page} 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	-990,022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-142,17		
b	Donated services and use of facilities	2b	28,409).	
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-4,369,58	7.	
е	Add lines 2a through 2d			. 2e	-4,483,355. 3,493,333.
3	Subtract line 2e from line 1			3	3,493,333.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
-					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,493,333.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.)</i>	ents Wi	th Expenses pe		<u>3,493,333.</u> n.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expenses pe		n.
	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses pe	r Retur	3,493,333. n. 3,110,931.
Pa	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	ith Expenses pe	r Retur	n.
Pa 1	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wi	th Expenses pe	r Retur	n.
Pa 1 2	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	ith Expenses pe	r Retur	n.
Pa 1 2 a	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wi	ith Expenses pe	r Retur	n.
Pa 1 2 a	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	ith Expenses pe	r Retur	n. <u>3,110,931</u> .
Par 1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents Wi 2a 2b 2c 2d	28,409	r Return	n. <u>3,110,931.</u> 28,409.
Par 1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents Wi	28,409	r Returi	n. <u>3,110,931</u> .
Par 1 2 a b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents Wi	28,409	r Returi	n. <u>3,110,931.</u> 28,409.
Par 1 2 b c d e 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents Wi	28,409	r Returi	n. <u>3,110,931.</u> 28,409.
Par 1 2 d c 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wi	28,409	r Returi	n. <u>3,110,931.</u> 28,409.
Par 1 2 d c 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wi	28,409	r Returi	n. <u>3,110,931.</u> <u>28,409.</u> <u>3,082,522.</u> 0.
Pa 1 2 a b c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wi 2a 2b 2c 2d 4a 4b	28,409	r Return	n. 3,110,931. 28,409. 3,082,522.

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

PART V, LINE 4:

THE ENDOWMENT FUND IS HELD BY THE RELATED ORGANIZATION, UNITED RELIGIONS

INITIATIVE FOUNDATION, INC. FUNDS ARE USED FOR VARIOUS STRATEGIC

INITIATIVES AND IN ACCORDANCE WITH DONOR RESTRICTIONS.

PART X, LINE 2:

UNITED RELIGIONS IS RECOGNIZED AS A PUBLIC CHARITY EXEMPT FROM FEDERAL

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

RECOGNIZED AS A PUBLIC CHARITY EXEMPT FROM STATE INCOME TAXES UNDER

SECTION 23701 OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, NO

31

PROVISION HAS BEEN MADE FOR SUCH TAXES IN THE ACCOMPANYING FINANCIAL

STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCREASE IN BENEFICIAL INTEREST IN URI FOUNDATION

PART XI, LINE 9

THIS AMOUNT REPRESENTS THE CURRENT YEAR NET INCREASE IN THE BENEFICIAL

INTEREST IN UNITED RELIGIONS FOUNDATION.

Schedule D (Form 990) 2022

Department of the Treasury Internal Revenue Service	Go to w	ww.irs.aov/Form	Attach to Form 990. 1990 for instructions and the latest i	nformation.		pen to Public Ispection
Name of the organization					Employer ide	ntification number
UNITED RELIGION	C				68-0369	182
		ctivities Out	side the United States. Compl	ete if the organ		
 Form 990, Part I\				5		
•	•		ds to substantiate the amount of its gra he selection criteria used to award the			X Yes No
United States.			procedures for monitoring the use of its		ner assistance c	outside the
			an be duplicated if additional space is r		vity listed in (d)	(f) Total
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
				INTERFAITH	COOPERATION,	
				COMMUNICATI		
			PROGRAM SERVICES, GRANTS TO	REGIONAL CO		01 504
ASIA SOUTH	6	3	RECIPIENTS.		3 COOPERATION,	81,524.
				COMMUNICATI		
			PROGRAM SERVICES, GRANTS TO	REGIONAL CO		
EAST ASIA & PACIFIC	3		RECIPIENTS.	LIST 64	3	39,066.
				INTERFAITH	COOPERATION,	
CENTRAL				COMMUNICATI	ON, AND	
AMERICA/SOUTH			PROGRAM SERVICES, GRANTS TO	REGIONAL CO	ORDINATION.	
AMERICA/CARRIBEAN	2	1	RECIPIENTS.	LIST 69 _	3	53,106.
			DROCRAM CERVICES CRANMS MO		COOPERATION,	
MIDDLE EAST, NORTH AFRICA	1		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	COMMUNICATI REGIONAL CO	•	51,842.
		1			COOPERATION,	<i>'</i>
				COMMUNICATI		
			PROGRAM SERVICES, GRANTS TO	REGIONAL CO	•	
AFRICA	6	6	RECIPIENTS.	LIST 59	3	182,859.
				INTERFAITH	COOPERATION,	
			PROGRAM SERVICES, GRANTS TO	COMMUNICATI	•	
EUROPE	1	3	RECIPIENTS.	REGIONAL CO	ORDINATION.	120,011.
3 a Subtotal	19	17				528,408.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a)	1					

Statement of Activities Outside the United States

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

.

and 3b) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

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Schedule F (Form 990) 2022

OMB No. 1545-0047

2022

232071 10-17-22

SCHEDULE F (Form 990)

17

528,408.

UNITED RELIGIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		AFRICA	INTERFAITH COOPERATION	106 526	NTDE MDANGEEDC	56 202		
		AFRICA	COOPERATION	120,550.	WIRE TRANSFERS	56,323.		
		EAST ASIA/PACIFIC	INTERFAITH COOPERATION	15 500	WIRE TRANSFERS	23,566.		
		EAST ASTA/FACIFIC	COOPERATION	13,500.	WIRE IRANSFERS	23,300.		
		EUROPE	INTERFAITH COOPERATION	41 171.	WIRE TRANSFERS	78,840.		
				,				
		MIDDLE EAST	INTERFAITH COOPERATION	34,083.	WIRE TRANSFERS	17,759.		
				,		,		
			INTERFAITH					
		SOUTH ASIA	COOPERATION	42,226.	WIRE TRANSFERS	39,298.		
		CENTRAL AMERICA/SOUTH	INTERFAITH					
		AMERICA/CARRIBEAN	COOPERATION	28,596.	WIRE TRANSFERS	24,510.		
			recognized as charities by the or counsel has provided a sec					
3 Enter total number of	•	-	or coursernas provided a sec					

Schedule F (Form 990) 2022

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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Schedule F (Form 990) 2022

Page **3**

Schedule F (Form 990) 2022

UNITED RELIGIONS

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 UNITED RELIGIONS

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 II (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

Part V

REPORTS OF EXPENSES AND SUPPORTING DOCUMENTS ARE REQUIRED AS A CONDITION

OF GRANT. ORGANIZATION REVIEWS REPORTS AND DOCUMENTS.

PART I, LINE 3, COLUMN (E):

REGION: ASIA SOUTH

(E) SPECIFIC TYPES OF SERVICES IN REGION: INTERFAITH COOPERATION,

COMMUNICATION, AND REGIONAL COORDINATION.

.LIST 59 _ 3

NICXA.MONTOYA@APRIO.COM - 11/15/22 13:45 PM WORKSHEET SCHEDULE F -

STATEMENT OF ACTIVITIES OUTSIDE THE U.S.

GRANT

11700

STIPEND

47434

REGION: EAST ASIA & PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: INTERFAITH COOPERATION,

COMMUNICATION, AND REGIONAL COORDINATION.

.LIST 64 _ 3

NICXA.MONTOYA@APRIO.COM - 11/15/22 13:45 PM WORKSHEET SCHEDULE F -

STATEMENT OF ACTIVITIES OUTSIDE THE U.S.

GRANT

29336

STIPEND

23141

REGION: CENTRAL AMERICA/SOUTH AMERICA/CARRIBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: INTERFAITH COOPERATION,

COMMUNICATION, AND REGIONAL COORDINATION.

<u>.LIST 69 _</u>

232075 10-17-22

3

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 UNITED RELIGIONS	68-0369482 Page 5
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	
(estimated number of recipients), as applicable. Also complete this part to provid	e any additional information. See instructions.
NICXA.MONTOYA@APRIO.COM - 11/15/22 13:45 PM WOR	KSHEET SCHEDULE F -
STATEMENT OF ACTIVITIES OUTSIDE THE U.S.	
GRANT	39083
STIPEND	42967
REGION: AFRICA	
(E) SPECIFIC TYPES OF SERVICES IN REGION: INTER	FAITH COOPERATION,
COMMUNICATION, AND REGIONAL COORDINATION.	
.LIST 59 _ 3	
NICXA.MONTOYA@APRIO.COM - 11/15/22 13:46 PM WOR	KSHEET SCHEDULE F -
STATEMENT OF ACTIVITIES OUTSIDE THE U.S.	
GRANT	53218
STIPEND	65781
232075 10-17-22	Schedule F (Form 990) 2022

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SCHEDULE I (Form 990)			Grants and Oth						1545-0047			
, ,			lete if the organization					20	22			
Department of the Treasury	Treasury Attach to Form 990.											
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.												
Name of the organization	n UNITED RE	LIGIONS						Employer identificati 68-03	on number 69482			
Part I General Info	ormation on Grants a						1					
1 Does the organiza	tion maintain records t	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selection	ion				
criteria used to aw	ard the grants or assis	tance?						X Yes	No No			
2 Describe in Part IV	/ the organization's pro	cedures for monit	toring the use of grant	funds in the United	States.							
			zations and Domestic be duplicated if addition			anization answered "Y	es" on Form 990, Part	t IV, line 21, for any				
	ress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistance				
PROGRAM GRANT - UR P.O. BOX 29242 SAN FRANCISCO, CA			170(B)(1(A)(VI)	21,000.	0.			PROGRAM GRANT				

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

UNITED RELIGIONS

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ALARY	1	70,866.	0.	FMV	

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

PART I, LINE 2:

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

GRANT. ORGANIZATION REVIEWS REPORTS AND DOCUMENTS.

SC	HEDULE J	Con	npensation Information	I	OMB No.	1545-004	47
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and High					20	22)
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
	tment of the Treasury		Open to	o Publ	ic		
	al Revenue Service ne of the organization		/Form990 for instructions and the latest information.	Employer id			mher
INCIT		UNITED RELIGI	ONS		36948		noci
Ра	rt I Question	s Regarding Compensatio		00 0.	50540	2	
						Yes	No
1a	Check the appropri	ate box(es) if the organization prov	vided any of the following to or for a person listed on Form	990,			
			le any relevant information regarding these items.				
	First-class or c		Housing allowance or residence for perso	nal use			
	Travel for com	panions	Payments for business use of personal re	sidence			
	Tax indemnific	cation and gross-up payments	Health or social club dues or initiation fee	s			
	Discretionary	spending account	Personal services (such as maid, chauffer	ır, chef)			
b	•		panization follow a written policy regarding payment or				
			cribed above? If "No," complete Part III to explain		1 b		
2	-		mbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Di	irector, regarding the items checked on line 1a?		2	Х	
3			n used to establish the compensation of the organization's				
			check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Directo					
	X Compensation		Written employment contract				
		compensation consultant	Compensation survey or study				
	X Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, P	art VII, Section A, line 1a, with respect to the filing				
	organization or a re	• •					
а	-	e payment or change-of-control pa	ayment?		4a		X
b	Participate in or rec	ceive payment from a supplementa			41		X
с	Participate in or rec	ceive payment from an equity-base	d compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
			anizations must complete lines 5-9.				
5			ne 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r						
a	The organization?				. <u>5a</u>		X
b					. <u>5</u> b		X
		or 5b, describe in Part III.					
6			ne 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r	•					v
a	The organization?				<u>6a</u>		X X
a					. <u>6b</u>		
7		or 6b, describe in Part III.	as to did the experimetion movids around find the				
7			ne 1a, did the organization provide any nonfixed payments		-		x
0			Part III		7		
8			and or accrued pursuant to a contract that was subject to the transmission $52,4058,4(a)(2)2$ if "Yee," dependence in Part III		0		x
0					8		
9			rebuttable presumption procedure described in		. 9		
ΙЦΛ	Regulations section	eduction Act Notice, see the Inst	tructions for Form 990		le J (Forr	n 000'	0000
		saasuon not notico, see tile liist		ooneuu			, _022

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Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REV. WILLIAM E. SWING	(i)	143,945.	0.	0.	0.	9,309.	153,254.	0.
BOARD MEMBER, EX-OFFICIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BAILEY S. BARNARD SR	(i)	144,772.	0.	0.	0.	7,808.	152,580.	0.
SENIOR ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GERARD B. WHITE	(i)	108,245.	0.	0.	0.	2,001.	110,246.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

22 **/**U Open to Public Inspection

Employer identification number

68-0369482

Department of the Treasury Internal Revenue Service

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Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

UNITED RELIGIONS

Pa	rt 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	Х	1	27,397.	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 organiz	ation during	g the tax year for co	ontributions	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29	
					Yes No
30a	During the year, did the organization receive by			-	
	must hold for at least 3 years from the date of t				
	exempt purposes for the entire holding period?				
b	If "Yes," describe the arrangement in Part II.				

contributions? b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

Schedule M (Form 990) 2022

31

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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.

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



UNITED RELIGIONS

68-0369482

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

MEMBER GROUPS IN OVER 110 COUNTRIES. THESE GROUPS, CALLED COOPERATION

CIRCLES (CCS), ARE COMPRISED OF PEOPLE REPRESENTING AT LEAST THREE

DIFFERENT RELIGIONS, TRADITIONS OR BELIEFS WILLING TO ENGAGE IN

INTERFAITH DIALOGUE AND COLLABORATE ON HUMANITARIAN EFFORTS IN THEIR

COMMUNITY. UTILIZING THIS DUAL STRATEGY APPROACH, URI COOPERATION

CIRCLES PARTICIPATE IN TOPICS INCLUDING INTERFAITH DIALOGUE, CARE FOR

INDIVIDUALS IN NEED, EDUCATING CHILDREN, PREVENTING VIOLENCE AGAINST

WOMEN, IMPROVING THE ENVIRONMENT, RESOLVING CONFLICTS, AND NEGOTIATING

PEACE AMONG MANY OTHER LOCAL AND GLOBAL KEY ISSUES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND HEALING. URI ENGAGES PEOPLE AT THE GRASSROOTS LEVEL TO BUILD

BRIDGES OF UNDERSTANDING ACROSS RELIGIOUS AND CULTURAL DIFFERENCES,

WORKING TOGETHER FOR THE GOOD OF THEIR COMMUNITIES AND THE WORLD. URI

IMPLEMENTS ITS MISSION BY CREATING A VITAL TRANSFORMATIVE NETWORK THAT

CONNECTS, ENABLES, TRAINS AND AMPLIFIES THE WORK OF LOCALLY-BASED

GROUPS. URI'S NETWORK ENABLES GRASSROOTS LEADERS TO SELF-ORGANIZE IN

ACCORDANCE WITH URI'S PURPOSE AND PRINCIPLES, IMPLEMENT LOCAL

INITIATIVES, EXCHANGE INSPIRING IDEAS AND KNOWLEDGE, AND DEEPEN MUTUAL

UNDERSTANDING AND RESPECT THROUGH STRONG INTERPERSONAL RELATIONSHIPS.

URI'S NETWORK STRENGTHENS THE CAPACITY OF MEMBER GROUPS AND

ORGANIZATIONS TO ENGAGE IN COMMUNITY ACTIONS.

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

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

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED RELIGIONS	Employer identification number 68-0369482
PROVIDE DIRECT COMMUNICATION WITH AND NETWORK SUPPORT FOR	CCS. NETWORK
BENEFITS INCLUDE: HELPING CCS BUILD CAPACITY, RAISING VIS	BILITY FOR
CC WORK, ASSISTING CCS IN CREATING PARTNERSHIPS, CONNECTIN	IG WITH LOCAL
OFFICIALS, ORGANIZING LOCAL AND REGIONAL GATHERINGS AND TR	AININGS, AND
INSPIRING THE DEVELOPMENT OF NEW CCS. CCS ARE INSPIRED AND	SUSTAINED IN
THEIR WORK BY ACTIVE PARTICIPATION IN URI'S VITAL NETWORK	WITH OTHER
CCS WITH WHOM THEY GENERATE CONNECTION, COMMUNICATION, CO-	MENTORING AND
SHARED LEARNING. URI'S GLOBAL SUPPORT OFFICE, WHICH IS BAS	ED IN SAN
FRANCISCO, PROVIDES ACCOUNTABILITY, TRAINING AND CONSULTAT	ION FOR
REGIONAL COORDINATORS, AND REGIONAL TEAM MEMBERS.	
URI'S GLOBAL SUPPORT OFFICE OVERSEES THE OPERATIONS OF THE	URI NETWORK,
ENERGIZING THE NETWORK BY SUPPORTING REGIONAL LEADERSHIP T	'EAMS,

CREATING A FLOW OF QUALITY INFORMATION, MAINTAINING A CC MEMBER

DATABASE, MANAGING FINANCE, PUBLICIZING CC IMPACT WORLDWIDE, ENGAGING

IN FUNDRAISING, AND PROVIDING FOCUSED RESOURCE SUPPORT AND TRAINING IN

AREAS SUCH AS CONFLICT TRANSFORMATION, THE ENVIRONMENT, WOMEN'S

EMPOWERMENT, AND YOUTH LEADERSHIP. THE EXECUTIVE DIRECTOR, CHAIR OF THE

URI GLOBAL COUNCIL AND URI'S PRESIDENT, WORKING ON BEHALF OF AN ELECTED

30 MEMBER GLOBAL COUNCIL, LEAD THE URI NETWORK AND ARE SUPPORTED BY 15

GLOBAL SUPPORT STAFF.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DEVELOPMENT AND GLOBAL ENGAGEMENT AND SERVES TO INCREASE URI'S PRESENCE ALL OVER THE WORLD. THE GLOBAL COUNCIL TYPICALLY MEETS ONCE A YEAR IN PERSON, AND THREE TIMES A YEAR BY VIDEO CONFERENCE CALL. IN BETWEEN THESE MEETINGS, THE GLOBAL COUNCIL OPERATES THROUGH WORKING COMMITTEES THAT ACTIVELY PARTICIPATE VIA EMAIL AND ZOOM MEETINGS. MEMBERS OF THE Schedule O (Form 990) 2022 232212 10-28-22 47

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2022.05000 UNITED RELIGIONS

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Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED RELIGIONS	Employer identification number 68-0369482
GLOBAL COUNCIL ALSO REPRESENT REGIONS, AND SIT ON REGIONAL	LEADERSHIP
TEAMS THAT PLAN AND IMPLEMENT REGIONAL STRATEGIES TO BUILD	NETWORK
BENEFITS TO MEMBER CCS AND DEVELOP COLLECTIVE GLOBAL CAMPA	IGNS, SUCH AS
MOBILIZING CCS AROUND THE WORLD TO PARTICIPATE IN THE INTE	RNATIONAL DAY
OF PEACE ON SEPTEMBER 21.	

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EDUCATION AND OUTREACH: TO STRENGTHEN THE EFFECTIVENESS OF CCS TO ACCOMPLISH THEIR GOALS, EXCHANGES OF VARIOUS KINDS OF EXPERTISE TAKE PLACE AMONG CC MEMBERS. URI PROVIDES TRAINING TO HELP CCS EFFECTIVELY TAKE PART IN A GLOBAL NETWORK OF SUPPORT AND PROVIDES CCS WITH IN-DEPTH INTERVIEWS THAT DEEPEN UNDERSTANDING OF THEIR IMPACT AND POTENTIAL. URI DESIGNS LOCAL, NATIONAL AND REGIONAL GATHERINGS FOR CCS TO MEET FACE-TO-FACE TO SHARE RESOURCES, RECEIVE TRAINING, AND GIVE AND RECEIVE MUTUAL SUPPORT. URI COLLABORATES WITH MEMBER GROUPS WORLDWIDE TO ASSESS THE IMPACT OF BELONGING TO THE URI NETWORK AS BOTH CONTRIBUTORS TO THE NETWORK AND RECEIVERS OF BENEFITS.

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

R	FOR	CURRICULUM	TEACHERS'	INTERFAITH	AN	INCLUDES	WEBSITE	<u>URI'S</u>
Schedule O (Form 990) 2022	9						-22	232212 10-28-
			48					

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED RELIGIONS	Employer identification number 68-0369482
ELEMENTARY AND MIDDLE SCHOOL STUDENTS, AS WELL AS AN EXTEN	SIVE RESOURCE
SECTION. IN ADDITION TO EDUCATIONAL SUPPORT, CC MEMBERS, S	TAFF AND THE
GLOBAL COUNCIL ENGAGE IN STRATEGIC NETWORKING, BOTH TO SHA	RE URI'S WORK
AND TO PROMOTE NEW PARTNERSHIPS TO SUPPORT THE DEVELOPMENT	OF THAT
WORK. EXTENSIVE WORK IS UNDERWAY IN SEVERAL REGIONS TO INC	REASE
PARTNERSHIPS BETWEEN CCS, OTHER NGOS, GOVERNMENT AND CIVIC	GROUPS TO
STRENGTHEN NETWORK SUPPORT AND RESOURCE SHARING. URI ACTIV	ELY WORKS
WITH SEVERAL UNITED NATIONS AGENCIES AND OTHER LIKE-MINED	NON-PROFITS
TO BUILD EFFECTIVE PARTNERSHIPS BETWEEN UN DEVELOPMENT GOA	LS AND THE
WORK OF CCS THROUGHOUT THE WORLD. URI NOW HAS FORMAL MOUS	(MEMORANDUMS
OF UNDERSTANDING) WITH THE OFFICE OF GENOCIDE PREVENTION A	T THE UNITED
NATIONS, UNFPA (THE UNITED NATIONS POPULATION FUND), WEA (WOMEN'S EARTH
ALLIANCE), LAUNCHING LEADERS, THE WORLD TOLERANCE SUMMIT,	AND UNITY
EARTH. URI HOSTED AN ACCELERATE PEACE CONFERENCE HELD ON J	UNE 26 AND
27, 2019 AT THE HOOVER INSTITUTION ON THE STANFORD UNIVERS	ITY CAMPUS IN
CALIFORNIA, USA. IT BROUGHT TOGETHER PEACEBUILDERS FROM AR	OUND THE
WORLD TO DISCUSS CHALLENGES TO PEACE, BOTH IN THEIR LOCAL	COMMUNITIES
AND ON AN INTERNATIONAL LEVEL, AND ALSO TO DISCUSS ACTION-	ORIENTED
SOLUTIONS TO BENEFIT ALL OF HUMANITY. A COMPLETE SET OF TH	E CONFERENCE
VIDEOS ARE ON THE URI WEBSITE.	
EXPENSES \$ 274,594. INCLUDING GRANTS OF \$ 4,998. REVENU	E\$0.
FORM 990, PART VI, SECTION A, LINE 6:	
GROUPS CALLED "COOPERATION CIRCLES" ARE MEMBERS AND MUST E	E APPROVED BY A
COMMITTEE OF THE BOARD. COOPERATION CIRCLES ARE THE ONLY C	LASS OF MEMBERS
THAT HAVE THE RICHTS TO FIFOT MEMBERS OF THE COVERNING BOA	DD THE MEMDEDC

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. 232212 10-28-22 49

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2022.05000 UNITED RELIGIONS

Name of the organization

UNITED RELIGIONS

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

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

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

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

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

AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING THE RETURN.

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

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

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

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

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

ANY DOCUMENTS, INCLUDING GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST

POLICY, AND PAST FINANCIAL STATEMENTS, ARE AVAILABLE UPON REQUEST TO ANY

REVIEWER OR ON URI'S WEBSITE .

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11331114 795476 149381

Schedule O (Form 990) 2022

Name of the organization UNITED RELIGIONS	Employer identification number 68-0369482
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INCREASE IN BENEFICIAL INTEREST IN URI FOUNDATION	-4,369,588.
FORM 990, PART XII, LINE 2C	
THERE IS NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.	
232212 10-28-22	Schedule O (Form 990) 2022
51 31114 795476 149381 2022.05000 UNITED REL	

Page 2

Schedule O (Form 990) 2022

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

68-0369482

22

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

UNITED RELIGIONS

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

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

(a) Name, address, and EIN	(b) Drimony activity	(c)	(d)	(e) Public charity	(f) Direct controlling		g) 512(b)(13)
of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	status (if section	•		rolled ity?
5		loreigh country)		501(c)(3))		Yes	No
THE UNITED RELIGIONS INITIATIVE FOUNDATION,							
INC 20-8008593, P.O. BOX 29242, SAN	SUPPORT UNITED RELIGIONS						
FRANCISCO, CA 94129	INITIATIVE	CALIFORNIA	501(C)(3)	LINE 12A, I	SELF	x	
	7						
	7						
	7						
	7						
	7						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 UNITED RELIGIONS

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)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	-										
	-										
										+ +	
	1										
										+	+
	4										
	1										
	l					1		1	l		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) b)(13) rolled tity?	
		country)			400010		Yes	No	

Schedule R (Form 990) 2022 UNITED RELIGIONS

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THE UNITED RELIGIONS INITIATIVE (1) FOUNDATION, INC.	С	1,488,463.	FMV
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2022 UNITED RELIGIONS

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

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

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

Schedule R (Form 990) 2022

UNITED RELIGIONS

Part VII Supplemental Information

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

232165 09-14-22

Schedule R (Form 990) 2022 56 2022.05000 UNITED RELIGIONS

For (Rev	m 8938 v. November 2021)	ign Financial Assets tions and the latest information.		OMB No. 1545-2195								
Dep	artment of the Treasury nal Revenue Service	For calendar year	Attach to your ta 2022 or tax year beginning	and ending		Attachment Sequence No. 938						
inter	If you	statement										
1		ion number (TIN)										
3	3 Type of filer											
-	a Specified in	ndividual b	Partnership c [Corporation	d 🗌	Trust						
4			ou checked box 3b or 3c, enter the		ividual who							
	partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust.											
	(See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)											
	a Name			b TIN	····,							
F		eposit and Custo	dial Accounts Summary									
5	Number of deposit a	ccounts (reported in F	Part V)			1						
6	Maximum value of al		,		\$	17,118.						
7	Number of custodial	accounts (reported in		N	•	-						
8	Maximum value of al			·	\$							
9	Were any foreign der		′es X No									
Ρ	art II Other Fore	eign Assets Sum	mary		•							
10	Number of foreign as	ssets (reported in Part	VI)		•							
11	Maximum value of al	I assets (reported in P	art VI)		\$							
12	Were any foreign ass	sets acquired or sold c	during the tax year?		<u> </u>	′es 🚺 No						
P	art III Summary	of Tax Items Attr	ibutable to Specified Forei	gn Financial Assets (see	instructio	ons)						
	(a) Asset category	(b) Tax item	(c) Amount reported on	Where	reported							
	(a) Assel calegoly		form or schedule	(d) Form and line	(e) Schedule and line							
13	Foreign deposit and	a Interest	\$									
	custodial accounts	b Dividends	\$									
		c Royalties	\$									
		d Other income	\$									
		e Gains (losses)	\$									
		f Deductions	\$									
		g Credits	\$									
14	Other foreign assets	a Interest	\$									
		b Dividends	\$									
		c Royalties	\$									
		d Other income	\$									
		e Gains (losses)	\$									
_		g Credits	\$									
P	art IV Excepted	Specified Foreig	n Financial Assets (see inst	ructions)								
lf y	ou reported specified f	oreign financial assets	s on one or more of the following for	ms, enter the number of such forr	ns filed. Yo	ou do not need to						
inc	include these assets on Form 8938 for the tax year.											
15	15 Number of Forms 3520 16 Number of Forms 3520-A 17 Number of Forms 5471											
18	Number of Forms 862	21	19 Number of Forms 8865									

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

Form 8938 (Rev. 11-2021)

223021 04-01-22

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

(see instructions)

lf you	have more than one	acco	unt to i	report in F	Part V, attach a separat	te staten	nent for	each addit	ional account.	See instruction	s.		
20	Type of account	a [b [X De	eposit ustodial					Account numb		0		
22	Check all that apply	a [Ad	ccount op	ened during tax year	b [count close	ed during tax ye	ear			
		c	A	ccount joi	ntly owned with spous	e d	No	tax item re	ported in Part I	II with respect	to this as		
23	Maximum value of ac	ccour	nt durir	ng tax yea	r					\$		<u> </u>	,118.
24	Did you use a foreigr	n curr	rency e	xchange r	ate to convert the valu	e of the	account	t into U.S.	dollars?	Х ү	'es		No
25	If you answered "Yes	s" to	line 24,	, complete	all that apply.				-				
	(a) Foreign currency is maintained	in w	hich ac	count	(b) Foreign currency convert to U.S. dollar		ge rate ι	used to	Treasury Depa	exchange rate artment's Burea	au of the l	Fiscal S	Service
JOF	RDAN, DINAR								HTTPS:	//WWW.XE	.COM/	<u>'CUR</u>	RENC
26a	6a Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Optional) HOUSING BANK TRADE & FINANCE c												
27	Mailing address of fir P.O. BOX 76			tution in w	hich account is mainta	ained. Nu	umber, s	treet, and	room or suite n	ю.			
28		r prov	vince, c	country, ar	nd ZIP or foreign posta	l code			11110				
Do	AMMAN	for	motio	n for Er	JORDAN ach "Other Foreig	ID 100	ot" Inc	Judad ir	11118	<u> Cummon</u>	(000 100		
					-						(see ins	tructi	ons)
		assei	t to rep	ort in Pan	VI, attach a separate	statemer							
29	Description of asset						30	dentifying	number or othe	er designation			
					or reporting of multiple								
					licable								
b	Date asset disposed	of du	uring ta	x year, if a	applicable		<u></u>						
C	Check if asse	t join	tly own	ed with s	oouse	d	Che	ck if no tax	titem reported	in Part III with r	espect to	this as	set
32		sset o			heck box that applies)	_	_						
а	· · · ,		b		001 - \$100,000	c 🗌		0,001 - \$15	,		0,001 - \$2	.00,000)
e													
33					ate to convert the valu	e of the	asset in	to U.S. do	llars?		. 🛄 Y	es	
34	If you answered "Yes												
	(a) Foreign currency	in w	hich as	set is	(b) Foreign currency		ge rate ι	used to	. ,	exchange rate			
	denominated				convert to U.S. dolla	rs			Treasury Depa	artment's Burea	au of the l	Fiscal S	Service
35	If assat reported on l	lino 2	Q is sto	ock of a fo	reign entity or an intere	oct in a f	oroian o	ntity onto	the following it	oformation for t	the accet		
	Name of foreign entit		3 15 510		reight entity of all intere	551 11 4 1	oreigire		(Optional)		<u>110 85501.</u>		
a	Name of foreign entit	Ly							(Optional)				
с	Type of foreign entity	v		(1)	Partnership	(2)		prporation	(3)	Trust	(4)	\square	Estate
			n entitv.		street, and room or su			peratient					
-	inaling address of is	. e.g.											
е	City or town, state or	r prov	vince, c	ountry, ar	nd ZIP or foreign posta	l code							
36					a foreign entity or an ir								
	Note: If this asset ha or counterparty. See				er or counterparty, atta	ach a sep	parate st	tatement v	vith the same in	formation for e	ach addit	ional is	suer
а	Name of issuer or co	ounter	rparty										
	Check if information	is for				Counterp	oarty						
b	Type of issuer or course (1) Individual		oarty	(2)	Partnership	(3)		orporation	(4)	Trust	(5)		Estate
<u>،</u>	Check if issuer or co		marty is		U.S. person		-oreign		(+)		(0)		Lotate
					Number, street, and ro			0010011					
u		.0001	01 0000	noiparty.									
e	City or town, state or	r prov	vince. c	ountry, ar	nd ZIP or foreign posta	ll code							
5	,,		_ , ,	, <i>j</i> , u									
223022	2 04-01-22									Fc	orm 8938	k (Rev.	11-2021)
						58							,

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

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

Prepared By:

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

To be Signed and Dated By:

Not applicable

Amount of Tax:

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

Overpayment:

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

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

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

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

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

Prepared By:

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

Amount of Tax:

Balance due of \$200

Make Check Payable To:

Department of Justice

Mail Tax Return To:

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

Return must be mailed on or before:

November 15, 2023

Special Instructions:

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

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

California Exempt Organization TAXABLE YEAR 2022

Annual Information Return	

Cale	endar Year	2022 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yyy	y)			
Corp	oration/Org	anization name		Cali	fornia corp	oration nu	mber	
UN	ITED	RELIGIONS			1947	803		
Addi	tional inforn	nation. See instructions.		FE	IN			
					68-0	3694	82	
Stree	et address (suite or room)			PMB no.			
Р.	о. в	OX 29242						
City				State	ZIP code			
SA	N FR	ANCISCO		CA	9412	9 - 02	242	
	ign country					ostal code		
A	First retu	rn Yes X No I Did	the organization have	a any chang	ne to ite	quideling	00	
B			reported to the FTB?			-		No
-		ion 4947(a)(1) trust Yes X No J If e.						.10
D			aged in political activ					No
U			ne organization exem					
			•	•			•	10
F			'es," enter the gross r ne organization a limi	-				— No
E			•					10
F			the organization file				• Yes X	No
^		group filing? See instructions	ort taxable income?	dit by th				10
G							• Yes X	Na
н			audited in a prior yea					
	IT Yes, V		ederal Form 1023/102				Yes X	NO
			e filed with IRS					
D	artlo	hemalate Dart Lunions not required to file this form. One Consul Information	Dand C					
		complete Part I unless not required to file this form. See General Information			•		13,796	
		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8				1		
		2 Gross dues and assessments from members and affiliates		стмт	1	2	3,480,901	00
				STMT	. <u>∔</u> ●	3	5,400,901	00
R	eceipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3			_	4	3,494,697	
	and	This line must be completed. If the result is less than \$50,000, see Ge				4	5,494,097	00
Re	evenues	5 Cost of goods sold		1 2	00 64 00	-		
		6 Cost or other basis, and sales expenses of assets sold					1,364	
		7 Total costs. Add line 5 and line 6				7	3,493,333	
		8 Total gross income. Subtract line 7 from line 4				8		
E>	penses	9 Total expenses and disbursements. From Side 2, Part II, line 18			•••••	9	<u>3,082,522</u> 410,811	
		10 Excess of receipts over expenses and disbursements. Subtract line 9 fro			•	10	410,011	
		11 Total payments				11		00
		12 Use tax. See General Information K			-	12		00
		13 Payments balance. If line 11 is more than line 12, subtract line 12 from			••••	13		00
Fi	ling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from lin	e 12		• • •	14		00
						15		00
		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the re Under penalties of perjury, I declare that I have examined this return, including accompanyin	Sult	nts, and to the) e best of m	y knowled	lge and belief,	00
Sigi	ı	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	information of which prep	arer has any	knowledge		<u> </u>	
Her		Signature Title	Date			Telephone	~ ~	
		Signature of officer	EC. DIRECT	ĽÖ		,	(415) 561-230 • PTIN	01
		Preparer's EDWADD EALLEY		Check				
			11/14/2	3 self-em	ployed		200194561	
Paid	d	Firm's name					Firm's FEIN	
Pre	parer's	(or yours, if self-					57-1157523	
Use	Only	employed) 150 POST STREET, SUITE 200 and address					Telephone	
		SAN FRANCISCO, CA 94108					115-777-4488	
		May the FTB discuss this return with the preparer shown above? See instruct	ions		• X	Yes	No	

022

UNITED RELIGIONS

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

1 Gross saids or reacipts from all business activities. See instructions 1 2 1 2 1 2 3 3 3 3 3 4 3 3 4 3 4 3 3 4														-		
Becelpts 3 Dividends 4 1 4 0.03 model Other 6 Gross romalities 5 6 0.00 model 6 6 0.00 model 6 6 0.00 model 7 7 2.14 (0.00 model 0 0.00 model 7 7 2.14 (0.00 model 0 0.00 model 0			1	Gross sales or receipts from all	busines	s activ	vities. S	See instr	uctions				•			
Seciely is a gross routile is a gross routile is a gross routile is a gross routile 00her 6 Gross routiles STATEMENT 3 is 6 Gross 8 Total gross saids or receipts from other sources. Add then Through thin 7. Enter here and 0.5di, r.Hm 1 the 1 is 1.3, 7.96 Gross 0 Distansments for of members SEE STATEMENT 3 0 Distansments for of members SEE STATEMENT 4 0 Contributions, directors, and trastees SEE STATEMENT 5 10 Compensation of officers, directors, and trastees SEE STATEMENT 5 11 Compensation of officers, directors, and trastees SEE STATEMENT 6 11 Toxes 14 97.0922 00 State St			2	Interest									•	2		
trom 5 Gross roughles STATEMENT 5 000 Source To the income SEE STATEMENT 4 6 6 6 6 000 Source To the income SEE STATEMENT 4 13 7.796 00 Source To the income SEE STATEMENT 4 13.7796 00 Compensation of fines, directs, and thus and using aid 0 20.2714 00 00 10 Compensation of fines, directs, and thus anouths aid 0 14 13.7996 00 20 Debursements SEE STATEMENT 5 11 14.16.0.800 00 11 12.051.2221 00 14 197.750.599 15 18 3.025.2522 10 3.025.2522 10 3.025.2522 10 3.025.2522 10 3.025.2522 10 3.052.552 5.099.00 11 1.750.599.00 11 1.750.599.00 11 2.750.599.00 11 2.750.599.00 11			3	Dividends									•	3		<u> 14,003 ₀₀ </u>
Other 6 Gross amount received from sale of assets (See instructions) STATEMENT 3 6 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 9 10	Recei	pts	4	Gross rents									•	4		00
Sources 7 0 Ther income SEE STATEMENT 4 7 1 <t< th=""><th>from</th><th></th><th>5</th><th>Gross royalties</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>•</th><th>5</th><th></th><th></th></t<>	from		5	Gross royalties									•	5		
Sources 7 Other income SEE STATEMENT 4. 7 214 goo to algoos seles or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 7 9 6 200, 274 do to algoos seles or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 6 200, 274 do to algoos seles or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 9 6 200, 274 do to algoos seles or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 9 6 200, 274 do to algoos seles or receipts from other sources. Add line 2 through line 17. Enter here and on Side 1, Part I, line 2 11 4 16, 0.80 do to algo seles or receipts from other sources. Expense 14 Taxes 14 97, 992 aoo 12 1000 100 1000	Other		6	Gross amount received from sal	e of ass	ets (S	ee inst	ructions)		ST	AЛ	CEMENT 3 •	6		
8 Total gross sales or recepts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 a 13, 796 (o.g.) 9 Orbitrations, off, argents, and similar sources had line 1 through line 7. Enter here and on Side 1, Part I, line 1 ind 620, 274 (o.g.) 10 Disbursements to of for members ind 10 20 10 Oppression of officers, directors, and trustees SEE STATEMENT 5 int 11 416, 080 (o.g.) 11 Taxes int 10 00 10 00 12 1, 051, 222 (o.g.) 12 1, 051, 222 (o.g.) 12 1, 051, 222 (o.g.) 13 108, 246 (o.g.) 15 108, 246 (o.g.) 15 108, 246 (o.g.) 13 108, 246 (o.g.) 13 108, 246 (o.g.) 17 750, 599 (o.g.) 13 750, 2592 (o.g.) 13 750, 2592 (o.g.) 13 760, 2522 (o.g.) 14 9, 062, 522 (o.g.) 14 9, 062, 937 (o.g.) 14 750, 292 (o.g.) 14 13, 412, 602 (o.g.) 16 13 142, 273 (o.g.) 16 16 16 16 16 16	Sourc	es	7	Other income							SEE STA	AΤ	EMENT 4 •	7		
10 Diskursements to or for members 0 <			8	Total gross sales or receipts fro	m other	sourc	ces. Ad	d line 1	through	n line 7	7. Enter here and	on S	Side 1, Part I, line 1	8		<u>13,796 oo</u>
10 Disbursements to of romembes 10 00 11 Compensation of offers, directors, and tustes SEE STATEMENT 1 1 1 0 0 0 1 1 1 0 1 0 0 0 1 1 1 1 1 1 0 1			9	Contributions, gifts, grants, and	similar	amour	nts pai	d					•	9	1	<u>620,274 oo</u>
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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S	TATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
			12,000.
			268,493.
			6,000.
			7,500.
			20,000.
			1,000,000.
			100,000.
			200,000.
			125,000.
			5,000.
			100,000.
			5,000.
			25,000.
			5,000.
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TOTAL INCLUDED ON LINE 3

68-0369482

25,000.

6,342.

1,910,335.

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
CONTRIBUTOR'S	CONTRIBUTOR'S ADDRESS	
PROPERTY	DATE OF GIFT FMV OF G	IFT TOTAL AMOUNT
DESCRIPTION STOCK	11/09/22 27	27,397. 27,397.
DONATION	·····	
TOTAL INCLUDED ON LINE	3 27	7,397. 27,397.

CA 199 GROSS AN	IOUNT FF	ROM SAL	E OF A	SSETS		S	TATEMEI	νт 3
DESCRIPTION			TE IRED	DAT SOL	.D	ACQ	THOD UIRED CHASED	
	COST OTHER		DEPR	EC.	EXPEN OF SA	SE	GRC SALES	
		0.		0.		0.		6.
DESCRIPTION			TE IRED	DAT SOL			THOD UIRED	
					I	PUR	CHASED	
	COST OTHER		DEPR	EC.	EXPEN OF SA		GRC SALES	
	1	L,364.		0.		0.		0.
TOTAL TO FORM 199, PAGE 2, LN 6	1	L,364.		0.		0.		6.

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CA 199	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
MISCELLANEOUS INCOME		-214.
TOTAL TO FORM 199, PART II, LINH	E 7	-214.

CA 199	COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND AI	DDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
P.O. BOX 29	AM E. SWING 9242 SCO, CA 94129-0242	BOARD MEMBER, EX-OFFICIO 39.00	153,254.
BAILEY S. 1 P.O. BOX 29 SAN FRANCIS		SENIOR ADVISOR 39.00	152,580.
GERARD B. V P.O. BOX 29 SAN FRANCIS		EXECUTIVE DIRECTOR 39.00	110,246.

UNITED RELIGIONS			68-0369482
PREETA BANSAL P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	CHAIR 30.00	0.
DANIEL EROR P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	VICE-CHAIR 30.00	0.
PULIN SANGHVI P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	TREASURER 30.00	0.
ISSAC S THOMAS P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	SECRETARY 30.00	0.
ABELARDO A. MOYA P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
ANWAR DEHAQ P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
ANNE JARCHOW P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
ASHWANI KUMAR P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
BARBARA SHANNON P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
BUTMAO SOURN P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
CHINTAMANI NATH YO P.O. BOX 29242 SAN FRANCISCO, CA		BOARD MEMBER 5.00	0.
DAISY BEREXA P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.

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UNITED RELIGIONS			68-0369482
DEVI RAJ S P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
NAOUFAL EL HAMMOUM P.O. BOX 29242 SAN FRANCISCO, CA		BOARD MEMBER 5.00	0.
ERIC ROUX P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
FRED FIELDING P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
FAREENA MARIA P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
FRANCISCO MORALES P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
GENEVA BLACKMER P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
JAUME DE MARCOS P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
KATENDE ABDU P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
KELSEY RAMSDEN P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
MORGANA SYTHOVE P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
OMAR TAYEH P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.

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UNITED RELIGIONS			68-0369482
P. K. MCCARY P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
RADIA BAKKOUCH P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
ROSA DELIA QUIZHPE P.O. BOX 29242 SAN FRANCISCO, CA		BOARD MEMBER 5.00	0.
SALETTE AQUINO P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
SALIKA DASA P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	BOARD MEMBER 5.00	0.
STEPHEN VILLAESTER P.O. BOX 29242 SAN FRANCISCO, CA		BOARD MEMBER 5.00	0.
VALERIA VERGANI P.O. BOX 29242 SAN FRANCISCO, CA		BOARD MEMBER 5.00	0.
WAMBUI NGIGE P.O. BOX 29242 SAN FRANCISCO, CA		BOARD MEMBER 5.00	0.

TOTAL TO FORM 199, PART II, LINE 11

416,080.

CA 199	OTHER	EXPENSES	STATEMENT	6

DESCRIPTION	AMOUNT
PAYROLL FEE	25,763.
EVENTS/PROGRAMS/COL	9,225.
SEED GRANTS	3,950.
TAXES,LICENSES AND FEES	3,752.
OTHER EMPLOYEE BENEFITS	183,596.
LEGAL FEES	16,349.
ACCOUNTING FEES	35,000.
OTHER PROFESSIONAL FEES	213,511.
OFFICE EXPENSES	80,356.
TRAVEL	145,227.
CONFERENCES AND CONVENTIONS	5,374.
INSURANCE	22,339.
ALL OTHER EXPENSES	6,157.
TOTAL TO FORM 199, PART II, LINE 17	750,599.

CA 199 OTHER	INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ASSETS HELD BY URI FOUNDATION MUTUAL FUND	399,992. 9,663.	606,778. 2,767.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	409,655.	609,545.

CA 199 OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS DEPOSITS INTEREST IN NET ASSETS OF URI FOUNDATION	39,217. 87,496. 36,814. 17,094. 17,573,660.	66,650. 97,774. 27,013. 17,094. 13,204,071.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	17,754,281.	13,412,602.

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UNITED RELIGIONS

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CA 199	OTHER LIABILITIES		STATEMENT 9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CARES ACT PPP LOAN DUE TO URI FOUNDATION LEASE LIABILITY DEFERRED REVENUE		275,735. 1,000,000. 0. 5,000.	275,735. 0. 27,013. 5,000.
TOTAL TO FORM 199, SCHEDULE L, 1	LINE 18	1,280,735.	307,748.

CA 199	EXPENSES RECORDED ON BOOKS THIS Y NOT DEDUCTED IN THIS RETURN	EAR STATEMENT 10
DESCRIPTION		AMOUNT
DECREASE IN BENEFICIA	AL INTEREST OF URI FOUNDATION	4,369,587.
TOTAL TO FORM 199, SC	CHEDULE M-1, LINE 5	4,369,587.

TAXABLE YEAF 2022	California e-file Return Authorization for Exempt Organizations	FORM 8453-EO
Exempt Organization	name	Identifying number
	ELIGIONS	68-0369482
Part I Elect	ronic Return Information (whole dollars only)	
1 Total gross	s receipts (Form 199, line 4)	1 <u>3,494,697</u>
2 Total gross	s income (Form 199, line 8)	
3 Total expe	nses and disbursements (Form 199, line 9)	3 3,082,522
Part II Settle	e Your Account Electronically for Taxable Year 2022	
4 Electr	onic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/y	ууу)
Part III Bank	ing Information (Have you verified the exempt organization's banking information?)	
5 Routing nur		
6 Account nu		Savings
Part IV Decla	aration of Officer	
I authorize the exe on line 4a.	empt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic fur	ids withdrawal for the amount listed
transmitter, or int California electror a balance due retu organization will r statements be tran	f perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my ele- ermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the ic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If t Irrn, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organiz emain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and ismitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organiz ize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	exempt organization's 2022 he exempt organization is filing ation's fee liability, the exempt d accompanying schedules and
Sign	onature of officer Date Title	
Here ^{si}	gnature of officer Date Title	
Part V Decla	ration of Electronic Return Originator (ERO) and Paid Preparer.	
am only an interm accurately reflects provided the orga 1345, 2022 Handl the exempt organ I declare that I hav	ve reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and corre tediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I decla the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting nization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requi- pook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the retu- ization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid we examined the above exempt organization's return and accompanying schedules and statements, and to the best of complete. I make this declaration based on all information of which I have knowledge.	re, however, that form FTB 8453-EO this return to the FTB; I have rements described in FTB Pub. Irn or four years from the date I preparer, under penalties of perjury,
ERO's signature	APRIO, LLP	ed D00194561
	me (or yours APRIO, LLP	Firm's FEIN 57-1157523
Sign if self-em		ZIP code 94108
	f perjury, I declare that I have examined the above organization's return and accompanying schedules and statements	
, ,	e true, correct, and complete. I make this declaration based on all information of which I have knowledge.	
Press pr	aid Date Check if self- parer's parture employed	Paid preparer's PTIN
Must Fi	rm's name (or yours self-employed)	Firm's FEIN
	d address	ZIP code
		FTB 8453-EO 2022

229021 11-10-22

RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	S 1 Failure to su organizatio minimum tax	TO ATTOR ections 12586 1 Cal. Code F ubmit this report an in's accounting peri c of \$800, plus intered	STRATION RENEW NEY GENERAL OF 6 and 12587, California (Regs. sections 301-306, nually no later than four months ar iod may result in the loss of tax ex est, and/or fines or filing penalties. t Code section 12586.1. IRS exten	CALIFO Governme 309, 311, and fifteen days temption and th t. Revenue & Ta	RNIA nt Code and 312 after the end of the assessment of ixation Code secti	ne a	DEPARTMENT		JSTICE GE 1 of 5	
UNITED RELIGIONS Name of Organization UNITED RELIGIONS	INITI	ATIVE			ange of addro nended report					
List all DBAs and names the organization us P.O. BOX 29242 Address (Number and Street)	es or has used			State Ch	arity Registra	tion Number	ст <u>99867</u>			
SAN FRANCISCO, CA94129-0242City or Town, State, and ZIP Code415-561-2300PBANKS@URI.ORG					Corporation or Organization No. <u>1947803</u> Federal Employer ID No. <u>68-0369482</u>					
Telephone Number ANNUAL REG	E-mail Addres		EE SCHEDULE (11 Cal. (Code Reg	s. sections 3	01-307, 311	, and 312)			
Total Revenue	Fee	Make Ch Total Rever	eck Payable to Departm	nent of Jus Fee	tice Total Reve	enue		Fe	e	
Iotal Nevenue ree Iotal Nevenue Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million					\$100 Between \$20,000,001 and \$100 million \$80 n \$200 Between \$100,000,001 and \$500 million \$1,0					
PART A - ACTIVITIES										
For your most recent full Total Revenue (including noncash contributions) Program Expense								5,9	74	
PART B - STATEMENTS REGA		GANIZATION I	DURING THE PERIOD O	of this re	PORT					
Note: All questions must be a		•	, ,					Vee	Na	
 providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. 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? 							Yes	No X		
 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? 									x	
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?										
L	l, were any o	rganization fur	nds used to pay any pena	alty, fine or	judgment?				x	
4. During this reporting period commercial coventurer use	d, were the se	-		-		ritable purpo	ses, or		x x	
a . a .	d, were the se ed?	ervices of a co	mmercial fundraiser, func	draising co		ritable purpo	ses, or			
commercial coventurer use	d, were the se d? d, did the org	ervices of a co anization rece	mmercial fundraiser, func	draising coundraising coundraising?		ritable purpo	ses, or		x	
commercial coventurer use 5. During this reporting period	d, were the se d? d, did the org d, did the org	anization hold	mmercial fundraiser, functive any governmental fun a raffle for charitable pur	draising coundraising coundraising?		ritable purpo	ses, or		x x	
 commercial coventurer use 5. During this reporting period 6. During this reporting period 	d, were the se d? d, did the org d, did the org duct a vehicle ict an indepen	ervices of a co anization rece anization hold e donation pro ndent audit an	mmercial fundraiser, func ive any governmental fun a raffle for charitable pur gram? nd prepare audited financi	draising cou iding? rposes?	unsel for char		ses, or	x	x x x	
 commercial coventurer use 5. During this reporting period 6. During this reporting period 7. Does the organization condu 8. Did the organization condu 	d, were the se d? d, did the org d, did the org duct a vehicle ct an indepen ting principle	ervices of a co anization rece anization hold e donation pro ndent audit an es for this repo	mmercial fundraiser, func- ive any governmental fun a raffle for charitable pur gram? nd prepare audited financi rting period?	draising countries of the second seco	nts in accord	lance with		x	x x x	
 commercial coventurer use 5. During this reporting period 6. During this reporting period 7. Does the organization conduct 8. Did the organization conduct 9. Did the organization conduct 	d, were the se d? d, did the org d, did the org duct a vehicle ct an indepenting principle period, did t ury that I hav	ervices of a co anization rece anization hold e donation pro ndent audit an as for this repo he organizatio ve examined to	mmercial fundraiser, func- ive any governmental fun a raffle for charitable pur gram? Ind prepare audited financi- rting period? In hold restricted net asse this report, including ac	draising countries of the second seco	nts in accord	lance with	cted net assets?		x x x x x x	
 commercial coventurer use During this reporting period During this reporting period During this reporting period Does the organization conduct Did the organization conduct Did the organization conduct At the end of this reporting I declare under penalty of perj 	d, were the se d? d, did the org d, did the org duct a vehicle ct an indepenting principle period, did the ury that I hav correct and GE	ervices of a co anization rece anization hold e donation pro ndent audit an as for this repo he organizatio ve examined to	mmercial fundraiser, func- ive any governmental fun a raffle for charitable pur gram? Ind prepare audited financi- rting period? In hold restricted net asse this report, including ac	draising coundraising coundraising coundraising coundrates and the second second second and the second second and the second second and the second second and the second s	nts in accord	lance with	cted net assets?	wledg	x x x x x x	