19. Address       20. City       21. State       22. ZIP/postal code         150 POST STREET, SUITE 200       SAN FRANCISCO       CA       94108         23. Country code       24. Preparer's (item 15) employer's (Entity) name       25. Employer EIN       26. Preparer's signature         23. Country code       APRIO, LLP       57-1157523       APRIO, LLP         Instructions for completing the FBAR Signature Authorization Record         This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record <u>must</u> be signed by the individual(s/entity draming the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registration).         Read and complete the account owner statement in Part I.         To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.         Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)         If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 10 this case, both spouses must complete Part I, items 4 through 6. The spouse must also	Form 114a	a <b>Record of Authorization to</b>										
Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to File CEN, answer requires and escouting to the submission. Use advantage that and financial account(s) to the escouting of the esc	-		Elect	ronically	File	FBARs						
Mag 2015         Do not send to FinCEN. Retain this form for your records. The form 114a may be digitally signed         UNITEDR20210001           Part1         Percent who have an obligation to file a Report of Foreign Bank and Financial Account(s)         3. Owner M.I.           1. Owner lists name or entity's legal name INTTED RELIGIONS         2. Owner first name         3. Owner M.I.           4. Spouse last name (if pirity fling FBAR- see instructions below)         5. Spouse first name         6. Spouse M.I.           Vere declare that (we have provided information concerning1 (enter number of accounts) foreign bank and financial account(s) for the rand complete; that live authorize the propert island in Part II to complete and submit to the Financial Accounts (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/ve have provided; and that live authorize the propert islad in Part II to nearly environment (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/ve have provided; and that I/ve authorize the propert islad in Part II to nearly environment from FINCEN, inswer inquines and resolve issues relating to this authinisator. I/ve authorize the propert islad in Part II to nearly environment (FinCEN) a Retor of Partity III to nearly environment (FinCEN) a Retor of Partity III III to recove information from FINCEN, inswer inquines and resolve issues realing to this authinisator. I/ve authorize the propert islad in Part III to nearly environment (FinCEN) and III. Spouse Signature (Authorized to FIE FBAR on behaff of Parenea Mohave en a bilgation to file.         10. This a [X] EIN type b SINTIN Foreign           11. Spouse Signature (Dig)         10. This a Signature III. Proper				-								
Image Direction         Image Direction         UNITEDR20210001           Part II         Persons who have an obligation to the a Report of Foreign Bank and Financial Account(s)         3. Owner MLL           I. Owner is at name or entity's legal name INITED RELIGIONS         2. Owner first name         6. Spouse ML           4. Spouse last name (f jointly filing FBAR - see instructions below)         5. Spouse first name         6. Spouse ML           4. Spouse last name (f jointly filing FBAR - see instructions below)         5. Spouse first name         6. Spouse ML           accomplets the properties taked in parts II, that this information is to the best of my/our knowledge true, correct, and complets the proparer listed in Part II to complete ad submit to the Financial Crimes Encodered true, correct, and complets the proparer listed in Part II to complet ad submit to the Financial Crimes Encodered that I/we authorize the preparer listed in Part II to coceve information non FinCEN at sweet magines and resolve issues relating to the Southinisson. Were acconculoge true, correct, and complets the dire decaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to theney list an ENAH if required by law to do so.           7. Owner signature (Authorized representation II of the III to complete ad submit to the Financial Crimes Encodered true, correct, and the preparer list in an OV to the preparer first name         10. This a ENN the PO194561           10. Address         20. City         21. State         22. Difference ML           11. Spouse signature         10. Ovnery is an ovne or entity TIN         10. Th	, ,	/				. ,						
Pert II         Dersons who have an obligation to file a Boort of Foreign Bank and Financial Account(s)         3. Owner M.I.           IN Owner is its name or entity's logal name INTTED RELIGIONS         2. Owner first name         3. Owner M.I.           A Spouse last name (if jointly filing FBAR - see instructions below)         5. Spouse first name         6. Spouse M.I.           If you declare that I/we have provided information concerting         1. (enter number of accounts) foreign bank and financial account(s) for the filing year anding December 31. 2021. to 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 Dead on the information is to the best of my/our knowledge true, notwither and complete, that I/we authorize the preparer listed in Part II to accel in the preparer listed in Part II.         10. Th a [X] EIN to accel in Part II to accel in Information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge true, notwither and the declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR II required by law to do so.           7. Owner signature         10. Th a [X] EIN type b SSN/TIN type b	May 2015							UN	ITE:	DR	20210001	
1. Owner last name or entity i legal name       2. Owner first name       3. Owner M.I.         1. Spouse last name (if jointly filing FBAR - see instructions below)       5. Spouse first name       6. Spouse M.I.         4. Spouse last name (if jointly filing FBAR - see instructions below)       5. Spouse first name       6. Spouse M.I.         1. We declare that I/we alway provided information concerning1 (enter number of accounts) foreign bank and financial account(i) for the information is to the best of m/Vur Movedge true, correct, and complets that We authorize the preparer itset on Part II to complete and submit to the Financial Cincense Enforcement Network (FINCEN) a mathematication that I/we have provided; and that I/we authorize the preparer itset in Part II to complete and submit to the Financial Cincense Information from FinCEN, and part in accounties the preparer itset in Part II. To mathematication that I/we have provided; and that I/we authorize the preparer istetil and Part II to complete that, netwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II. To mathematication that I/we have provided; and that I/we authorize the preparer is interving the preparer list in Part II. To mathematication to the set on the interving the preparer list in Part II. To mathematication to the preparer list in Part II. To mathematication to the preparer list in Part II. Complexity i Part II. The Par	Part I Persons who	o have										
4. Spouse last name (if jointly filing FBAR - see instructions below)       5. Spouse first name       6. Spouse M.I.         4. Spouse last name (if jointly filing FBAR - see instructions below)       5. Spouse first name       6. Spouse M.I.         Vive declare that I/we have provided information concerning1 (enter number of accounts) foreign bank and financial account(s) for the preparer lasted In Part II to ornelize the Financial Cincense Enforcement Network (FIOCR) a and complete three preparer lasted In Part II to ornelize and submit to the Financial Cincense Enforcement Network (FIOCR) a mover inquires and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is mylour legal responsibility, not that of the preparer lasted in Part II. to timely file an FDAR interquired by law to do so.         7. Owner signature (Authorized representative if entity)       8. Date       9. Owner or entity TIN       10. TIN a Z/ EIN         11. Spouse signature       12. Date       9. Owner or entity TIN       10. TIN a Z/ EIN         12. Date       9. Owner or entity TIN       10. TIN a Z/ EIN       EIN         13. Spouse first name       11. Preparer ML       18. Preparer PTIN         Part III       Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.       18. Preparer ML       18. Preparer ML       18. Preparer ML         14. Orthogon STREET, SUITE 200       SAN FRANCISCO       CA       94108       22. ZiP/postal code         150 POST STREET, SUITE 200 <td>1. Owner last name or</td> <td>entity's</td> <td>s legal name</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3. Owner M.I.</td>	1. Owner last name or	entity's	s legal name								3. Owner M.I.	
Uve declare that I/we have provided information concerning1 (enter number of accounts) foreign bank and financial account(s) for the fining year ending December 31, 2021, to the preparer listed in Part II: that this information is to the best of my/our involvedge true, correct, and complete, that Wea 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, haraver inquines and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.           7. Owner signature (Authorized representative if entity)         8. Date         9. Owner or entity TIN         10. TIN         a IX         EIN           11. Spouse signature         12. Date         9. Owner or entity TIN         10. TIN         a IX         EIN           12. Date         13. Spouse TIN         14. TIN         a EIN         type b         SSIN/TIN           13. Preparer list name         16. Preparer list name         17. Preparer MI.         18. Preparer PTIN           PAHEY         EDWARD         21. State         22. ZIP/postal code           14. TIN B the individual or entity partiting such authorization Recor         57-1157523         APRIO, LLP            24. Preparer's (fintth FInCEN BSA E-F												
tiling year ending December 31, 2021 to the preparer listed in Part II: that this information is to the best of myour knowledge true, correct, and complete frau Submit to the Financial Crimes Enforcement Network (FinCEN) a and complete inter that the submission. I/we acknowledge that, network of sinCEN) a more inquiries and resolve issues relating to this submission. I/we acknowledge that, network sinCEN) a submission. I/we acknowledge that, network sinCEN) a more inquiries and resolve issues relating to this submission. I/we acknowledge that, network sinCEN) a more instant in Part II. to true yile and FBAR II required by law to do so.  7. Owner signature (Authorized representative if entity)  8. Date  12. Date  13. Spouse TIN  14. TIN  a EIN  type b SSN/TIN  c Foreign  11. Spouse signature  12. Date  13. Spouse TIN  14. TIN  a EIN  type b SSN/TIN  c Foreign  15. Preparer last name  16. Preparer first name  17. Preparer M.I.  18. Preparer PTIN  PAREY  EDWARD  19. Address  20. City  21. State 22. ZIP/postal code  23. Contry  24. Preparer's (tem 15) employer's (Entity) name  25. Employer EIN  24. Preparer's signature  25. Employer EIN  26. Preparer's signature  27. Order as the individual or entity granting such authorization (Part I) (PGL the individual/entity authorized to perform such services. The completed by the individual system. See http://sseeffing.fincent.ress.gov/main.thm tor registration).  Read and complete the account owner statement in Part I.  To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, tems 1 through 3 (as required), sign and date the document in Part I.  To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, tems 1 th	4. Spouse last name (if	f jointly	filing FBAR - see instructions be	elow)	5. Spo	ouse first name				6	6. Spouse M.I.	
tiling year ending December 31, 2021 to the preparer listed in Part II: that this information is to the best of myour knowledge true, correct, and complete frau 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 creative information from FinCEN, answer inquiries and resolve issues relating to this submission. Uve acknowledge that, notwhite side distanciant, it is my/our legal responsibility, not that of the preparer listed in Part II. to timely file an FBAR II required by law to do so.  7. Owner signature (Authorized representative if entity)  8. Date  12. Date  13. Spouse TIN  10. TIN  a   C  Foreign  11. Spouse signature  12. Date  13. Spouse TIN  14. TIN  a   C  Foreign  15. Preparer last name  16. Preparer first name  17. Preparer M.I.  18. Preparer M.I.  19. Post STREET, SUITE 200  SAN FRANCTSCO CA  94108  20. City  21. State  22. City  21. State  23. Cuty  24. Preparer's (tem 15) employer's (Entity) name  25. Employer EIN  24. Preparer's ignature  25. Employer EIN  24. Preparer's ignature  25. Employer EIN  26. Preparer is signature  16. Preparer is a name  17. Preparer M.I.  18. Preparer is a name  19. Outry  24. Preparer's (tem 15) employer's (Entity) name  25. Employer EIN  26. Preparer's signature  27. Outry  28. PRIO, LLP  19. DISTURES O  29. City  21. State  20. City  21. State  22. City  23. Canver Completed by the individual or entity granting such authorization (Part I) QB, the individual/entity authorized to perform such services. The completed by the individual or entity granting such authorization (Part I) QB, the individual/entity authing the registration).  Read and complete the account owner statement in Part I.  To whorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner statement in Part I.  To authorize a third party to file the Foreign Bank and Financial Accounts Report (F	I/we declare that I/we h	nave pr	ovided information concerning	1 (en	ter num	ber of accounts) foreig	n bank ar	nd finan	cial ac	cou	nt(s) for the	
Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorized the preparer listed in Part II to receive information from FinCEN, answer inquines and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR If required by law to do so.         7. Owner signature (Authorized representative if entity)       8. Date       9. Owner or entity TIN       10. TIN       a [X] EIN         11. Spouse signature       12. Date       13. Spouse TIN       14. TIN       a [X] EIN         15. Preparer last name       12. Date       13. Spouse TIN       14. TIN       a [X] Preparer PTIN         PART III       Individual or Entity Authorized to FIIE FBAR on behalf of Persons who have an obligation to file.       15. Preparer IAI.       18. Preparer PTIN         PAREY       EDWARD       P00194561       19. Orogin 94561         15. O POST STREET, SUITE 200       SAN FRANCISCO       CA       94108         23. Country       24. Preparer ISI) employer's (Entity) name       25. Employer EIN       26. Preparer's signature         Us record may be completed the document in Part I.       To TSTS23       APRIO, LLP       ID         Inservices       Completed record must be signed by the individual entity granting the authorization (Part I) GHE individual/entity authorized to perform such services. The completed record must be				ted in Part II; that	t this inf	formation is to the best	of my/ou	r knowl	edge 1	true,	correct,	
listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. <i>Uwe acknowledge</i> that, notwithstanding this declaration, it is mylour legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so. 7. Owner signature (Authorized representative if entity) 8. Date 9. Owner or entity TIN 10. TIN a EX EN type b SSN/TIN 11. Spouse signature 12. Date 12. Date 13. Spouse TIN 14. TIN a EIN type b SSN/TIN 15. Preparer list anne 16. Preparer first name 17. Preparer list anne 17. Preparer list anne 18. Preparer first name 17. Preparer list anne 18. Preparer first name 18. Preparer first name 19. Preparer list anne 10. Preparer first name 10. Preparer first name 17. Preparer NI. 18. Preparer V 19. 00194561 19. Address 20. City 21. State 22. ZIP/postal code 94108 23. County code 24. Preparer's (tem 15) employer's (Entity) name 25. Employer EIN 24. Preparer's signature 57-1157523 PAPTIO, LLP Instructions for completing the FBAR Signature Authorization Record This record may be completed by the individual/equival parting such authorization (Part I) 0.9 the individual/entity authorized to partorm such services. The completed results and FincENSAE.File system. (See http://bsaefiling.fincen.treas.gov/main.thml for registration). Read and complete the account owner statement in Part I. To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, tems 5 Hand complete tems 9 and 10. Item 7 may be digitally signed. Accounts Jointy With file.The FBAR and complete tems 9 and 10. Item 7 may be digitally signed. Accounts Jointy Owned foreign account. In this case, both spouses must also complete Part I, tems 4 through 5. The spouse must also complete Part II, tems 15. The outparter's information. The address, items 9 and 10. Item 7 may be digitally signed. Accounts Jointy Owned foreign account. In this case, both spouses must complete Part I, tems 5 through 6	• •		• •	•						•	,	
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Part II       Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.         15. Preparer last name       16. Preparer first name       17. Preparer M.I.       18. Preparer PTIN         PAHEY       EDWARD       P00194561         19. Address       20. City       21. State       22. ZiP/postal code         150 POST STREET, SUITE 200       SAN FRANCISCO       CA       94108         23. Country code       24. Preparer's (item 15) employer's (Entity) name       25. Employer EIN       26. Preparer's signature         0 S       APRIO, LLP       57-1157523       APRIO, LLP         Instructions for completing the FBAR Signature Authorization Recod         This record may be completed by the individual (sylentity granting such authorization (Part I) ORt in edividual/entity authorized to perform such services. The completed record must be signed by the individual(sylentity granting the authorization (Part I) ORt in edividual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registration).         Read and complete the account owner statement in Part I.       To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed. <td (see="" by="" cobsponse="" exceptions="" i<="" jointy="" of="" owned="" spouses="" td="" the=""><td></td><td></td><td></td><td></td><td colspan="3"></td><td>typ</td><td></td><td></td><td></td></td>	<td></td> <td></td> <td></td> <td></td> <td colspan="3"></td> <td>typ</td> <td></td> <td></td> <td></td>								typ			
15. Preparer last name       16. Preparer first name       17. Preparer M.I.       18. Preparer PTIN         FAHEY       EDWARD       P00194561         19. Address       20. City       21. State       22. ZIP/postal code         150       POST STREET, SUITE 200       SAN FRANCISCO       CA       94 108         23. Country       24. Preparer's (item 15) employer's (Entity) name       25. Employer EIN       26. Preparer's signature       20. City         77-1157523       APRIO, LLP       57-115753       APRIO, LLP       57-115753       APRIO, LLP         Instructions for completed precord must be signed by the individual or entity granting such authorization (Part I) Off the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)(entity granting the authorization (Part I) and the individual/entity authorized to perform such services and complete the account owner statement in Part I.         To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (a required), sign and date the document in Part I.         Complete To y Spouse (see exceptions in the FBA instructions)         If the preparer is infling an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the document in Part I.         Complete Part II, items 15 through 18 with the preparer is information. The ad	Part II Individual o	or Entit	v Authorized to File FBAR on b			have an obligation to f	file.		U		Foreign	
19. Address       20. City       21. State       22. ZIP/postal code         150 POST STREET, SUITE 200       SAN FRANCISCO       CA       94108         23. Country code       24. Preparer's (item 15) employer's (Entity) name       25. Employer EIN       26. Preparer's signature         23. Country code       APRIO, LLP       57-1157523       APRIO, LLP         Instructions for completing the FBAR Signature Authorization Record         This record may be completed by the individual(s)/entity granting the authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registration).         Read and complete the account owner statement in Part I.         To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I.         Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)         If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete IPart I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf o								oarer M.	I. 1	8. P	reparer PTIN	
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Part I       Ype of Return and Return Information         Deck the box for herm fur within you are using this Form 8378.7E and enter the applicable amount, if any, from the neturn. Form 8038.0P and orm 5330 Dires may enter dollars and cents. For all other forms, enter whole dollars only, if you check the box on line 1, az, as, dx, 56, 68, 7, 68, 89, or 100, hock were is applicable, blank (do not enter 4-b). But, if you entered 0- on the return, then enter 4-b on the applicable line below. Bo not complete more han one line in Part 1.         10       Form 9900 check here				D	I	
back the box for the return for which you are using this Form 8070 TE and other the applicable answert, If any, from the runn. Form 8030 CE and 5m 530 Deter forms, each which delians conft, I you check the box on the fau 2a, 3a, 4a, 5a, 6a, 7a, 5a, 9b, 7b, 7b, 8b, 9b, 7b, 7b, 7b, 9b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7				IRECTOR		
Soft Biss may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line Ta, 2a, 3a, 4a, 5a, 6a, 7a, ea, 5a         or to below, and the amount on that line for the network bank its form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 5b, 8b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7	Part I Type o	f Return and Ret	urn Information			
2 more spot-EZ check here       b       total revenue, if any form spot-EZ, line 8)       a         2 more spot-EZ check here       b       total tax (form 1120-POL, line 22)       a         3 more spot-EZ check here       b       Total tax (form 1120-POL, line 22)       a         4 more spot-PC check here       b       D tax based on investment income (form 990-PF, Part V, line 5)       b         5 more spot-PC check here       b       D tata tax (form 300-PC, Part II, line 4)       b       b         7 more spot-PC check here       b       D tax based on investment income (form 920-PF, Part V, line 5)       b       d         6 more spot-Check here       b       D tax based on investment income (form 920-PF, Part V, line 5)       d       d       d         7 more spot-Check here       b       D tax due (form 5300, Part II, line 1)       d       d       d         10a form 4303-CP check here       b       A more of credit payment requested (Form 6303-CP, Part II, line 22)       more more spot-Come         10a form 6303-CP check here       b       A more of credit payment requested (Form 6303-CP, Part II, line 1)       more more spot-Come         10a form 6303-CP check here       b       A more of credit payment requested form 6303-CP, Part II, line 102       more spot-Come         10a form 6303       D form 6303       D form 6303	Form 5330 filers may en or <b>10a</b> below, and the ar	ter dollars and cents. mount on that line for	For all other forms, enter with the return being filed with t	hole dollars only. If you check the box his form was blank, then leave line <b>1b</b>	on line 1a, 2a, 3a , 2b, 3b, 4b, 5b, 6l	, 4a, 5a, 6a, 7a, 8a, 9a b, 7b, 8b, 9b, or 10b,
3a       Form 1120-POL check here       b       Total tax (Form 1120-POL, Ine 22)       3b         4a       Form 990-PF check here       b       Tax based on income (Form 990-PF, Part V, Ine 5)       4b         5a       Form 690-PF check here       b       Tat based on income (Form 990-PF, Part V, Ine 5)       4b         5a       Form 7900-PF check here       b       Total tax (Form 1900-P, Part III, Ine 1)       7b         5a       Form 5320 check here       b       D Total tax (Form 7220, Part III, Ine 1)       7b         5a       Form 5320 check here       b       Amount of credit payment requested (Form 8038-CP, Part III, Ine 22)       10b         Part II       Declaration and Signature Authorization of Officer or Person Subject to tax with respect to (name form)       (Fin)       Ima a person subject to tax with respect to (name form)       (Fin)       Ima a person subject to tax with respect to (name form)       (Fin)       (F	1a Form 990 check	here 🚬 🕨 🗶	b Total revenue, if any (	Form 990, Part VIII, column (A), line 12	2) <b>1</b> 1	ь <u>2,383,938.</u>
3a       Form 1300-POL check here       b       Total tax (Form 1120-POL, line 22)       3b         4a       Form 990-PF check here       b       Tax based on investment income (Form 990-PF, Part V, line 5)       4b         5a       Form 690-PF check here       b       Tat based on investment income (Form 990-PF, Part V, line 5)       4b         5a       Form 7300 check here       b       Tatal tax (Form 1800, Part III, line 1)       7b         5a       Form 5320 check here       b       D       HW of assets at end of tax year (Form 5227, Item D)       8b         5a       Form 5320 check here       b       HW of assets at end of tax year (Form 5030-CP, Part III, line 22)       1bc         7a       Form 4720 check here       b       Amount of credit payment requested (Form 8038-CP, Part III, line 22)       1bc         7a       Form 5300 check here       b       Amount of credit payment requested (Form 8038-CP, Part III, line 22)       1bc         7a       Form 5300 check here       b       Tax up tars on bubbet to tax with respect to (name intermost on an officer of the above entity or (Ian a pareating intermost on an officer of the adove intermost on an other and the interwe correct, and on other and accompanying schedules and statements, and to the entity of this account. I consent to all with the entity of this account. To revoke a payment (Internot intermost on intervect on the IAS (S) an acchorone the IAS (S) an acchorone the IAS (S) an acchorone the IAS			b Total revenue, if any (	Form 990-EZ, line 9)		b
4a Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part V, Ine 5) 4b   5a Form 8886 check here b b b Total tax (Form 920, Part III, Ine 4) 6b   7a Form 4720 check here b b Total tax (Form 920, Part III, Ine 4) 7b   7a Form 4720 check here b b Total tax (Form 920, Part III, Ine 4) 7b   7b Form 4730 check here b b Total tax (Form 4720, Part III, Ine 1) 7b   9a Form 8332 check here b b Tax due (Form 5330, Part III, Ine 19) 9b   9a Form 8332 check here b b Tax due (Form 5330, Part III, Ine 19) 9b   9a Form 8332 check here b b Tax due (Form 5330, Part III, Ine 19) 9b   9b Form 6338 check here b b Tax due (Form 5330, Part III, Ine 19) 9b   10a Form 838-CP check here b b Tax due of crossity and tax (Form 4220, Part III, Ine 22) 10b   Part III Declaration and Signature Authorization of Officer or Person Subject Io Tax Inder Form 4700 check here Inder Form 4700 c	3a Form 1120-POL	. check here 🕨				
50       Form 8868 check here       b       b Balance due (Form 8868, line 30)       50         6a       Form 8907 check here       b       b       Total tax (Form 4720, Part III, line 1)       70         7a       Form 4720 check here       b       b       Total tax (Form 4720, Part III, line 1)       70         7a       Form 3023 CP check here       b       b       Total cax (Form 3030, Part I, line 19)       70       70         7bm 100       Form 3030 CP check here       b       b       Anount of credit payment requested (Form 8038 CP, Part III, line 22)       10b         7cm 100       Signature Authorization of Office or Person Subject to Tax       motion of the above entity or in an a person subject to tax with respect to (name in an accompanying schedules and statements, and, to be doey of the eldectronic return. I consent to allow my thermedida service provider, transmitter, or electronic return on allow (FiRO) to send only of the eldectronic return. I consent to allow my thermedida service provider, transmitter, or electronic return on allow (FiRO) to send only of the eldectronic return. Consent to allow my thermedida service provider, transmitter, or electronic return on allow (FiRO) to send an another the SiS and to receive form the ISS (grad to receive for the setvice correct, and transmitter, or electronic return and accompanying schedules and statement, and, to be allow of the eldectronic ether an allow of the eldectronic ether an allow of the eldectronic return and second provement the set setvice return is being allow (file detail taxes eldectronic trutheseldectronic ether an allow (file detail taxes	4a Form 990-PF cl	neck here 🕨				
6a Form 990-T check here b D Total tax (Form 990.T, Part III, line 1) 6b   7a Form 4720 check here b D Form 5330, Part III, line 1) 7b   9a Form 5330 check here b D FWW of assets at end of tax year (Form 5327, Itam D) 8b   9a Form 3330 check here b D FWW of assets at end of tax year (Form 8038, CP, Part III, line 22) 10b   PartII Declaration and Signature Authorization of Officer or Person Subject to Tax   Inder penalties of perjury, I declare that [] an an officer of the above entity or in a person subject to tax with respect to (name of entity)   of entity	5a Form 8868 chee	ck here 🕨	b Balance due (Form 88	368, line 3c)		
To Form 4720 check here b b Total tax (Form 4720, Part III, line 1) To   Ba Form 5327 check here b b Tax due (Form 5330, Part III, line 19) Bb   10a Form 3030 check here b b Tax due (Form 5330, Part III, line 19) Bb   10a Form 3030 check here b b Amount of credit payment requested (Form 6330, CP Part III, line 22) 10b   10a Form 3030 check here b b Amount of credit payment requested (Form 6330, CP Part III, line 22) 10b   10a Form 3030 check here b b Amount of credit payment requested (Form 6330, CP Part III, line 22) 10b   10a Permatilities of perjury, 1 declare that III, line 10)	6a Form 990-T che	eck here 🕨				
as form 5227 check here b FMV of assets at end of tax yeer (Form 5227, Item D) bb   ba form 5030 check here b Tax due (Form 5330, Pat II, line 19) bb   Da form 5030 CP check here b Amount of credit payment requested (Form 5038-CP Pat III, line 22) 100   Part II Declaration and Signature Authorization of Officer or Person Subject to tax with respect to (name internet second to pay internet requested (Form 5038-CP Pat III, line 22) 100   Part II Declaration and Signature Authorization of Officer or Person Subject to tax with respect to (name internet second to pay i	7a Form 4720 chee	ck here 🕨				
berrow 8038-CC check here >       b. Amount of credit payment reguested (Form 8038-CP, Part III, line 22)       100         Part II       Declaration and Signature Authorization of Officer or Person Subject Tax.         Inder penalties of perjury, I declare that I I am an officer of the above entry or im a person subject to tax with respect to (name fertity) and that I have examined a coopy of the declaronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are the, correct, and companying schedules and statements, and, to the best of my knowledge and belief, they are the, correct, and and the applicable. I authorize the US. Treasury and its designated Financial Agent to 1 Asses 353:453 no concented of any return. If applicable, authorize the US. Treasury and its designated Financial institution solved in the processing of the electronic thurds withdrawal.         PMI check one box only	8a Form 5227 che	ck here 🔜 🕨	b FMV of assets at end	of tax year (Form 5227, Item D)	8	b
Part II       Declaration and Signature Authorization of Officer or Person Subject to Tax         Inder penalties of perjury, I declare that XI I am an officer of the above entity or entity       I am a person subject to tax with respect to (name entity)         0201 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are tue, correct, and ongoingele. Intriver declare that the amount in Power on the coxy of the selectronic trunt. I consent to allow my thermediate service provider, transmitter, or electronic return on on the coxy of the reason for any electronic return and account indicated in the tax preparation software for payment to the selectronic turds withdrawal (direct debit), intrive to the financial listitution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent ta 1:889:353:4537 no atter than 2 business days prior to the payment (settlement) data. I also authorize the financial institutions involved in the processing in the processing in the processing of the electronic runds withdrawal.         VIN: check one box only       I authorize the super status of the electronic rund and (if applicable, the consent to electronic funds withdrawal.         VIN: check one box only       I authorize the super status of the electronic rund and if applicable, the consent to electronic funds withdrawal.         VIN: check one box only       I authorize the super status of the electronic return and, if applicable, the account discusse consent screen.         As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is be	9a Form 5330 chee	ck here 📖 🕨	<b>b</b> Tax due (Form 5330, I	Part II, line 19)	9	b
Inder penalties of perjury, I declare that			b Amount of credit pay	ment requested (Form 8038-CP, Part	t III, line 22) <b>1</b>	0b
<pre>identity</pre>				-		
M21 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and onpolet. Further declare that the anount in PAR1 1 above is the anount shown on the copy of the electronic return. I consent to allow my increasing the return to return is consent to allow my increasing the return to return is consent to allow my increasing the return to return is consent of legitic of reason for reason for relaxing on reason and (6) the data on the lefts and to receive from the lifts (6) and increasing the return to the lifts and to receive from the lifts. (6) and increasing the return to return is consent of legitic returns in the the decire that and electronic funds withdrawal (direct debit) in anotal institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1888-353.4537 not ater that 2 business days prior to the payment (settle-entry) during that. Labs authorize the financial institution withdrawal.         MX: check one box only       Image: Image	Under penalties of perju	ry, I declare that 🛛 🗶	I am an officer of the above			
I authorize APRIO, LLP       to enter my PIN       18029         ERO firm name       Enter five numbers, but do not enter all zeros         as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.         As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.         argument of officer or person subject to tax.       Date         Part III       Certification and Authentication         ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. <u>67921311111</u> Do not enter all zeros         certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am ubmitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for ausiness Returns.         R0's signature ▶       APRIO, LLP       Date ▶       11/115/22         ERO Must Retain This Form to the IRS Unless Requested To Do So       ERO Must Retain This Form to the IRS Unless Requested To Do	payment of taxes to rece personal identification n	eive confidential inforn umber (PIN) as my sig	nation necessary to answer	inquiries and resolve issues related to	the payment. I ha	ve selected a
ERO firm name       Enter five numbers, but do not enter all zeros         as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.         As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.         Bate ►         Part II         Certification and Authentication         Bro SEFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.         Of 2021311111         Date ►         Part II         Certification and Authentication         Bro Not State program, I will enter my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am ubmitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.         R0 Must Retain This Form - See Instructions         Date L       11/1					to enter my PIN	18029
as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  as an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  agenture of officer or person subject to tax <b>Part III</b> Certification and Authentication <b>FOY BEFIN/PIN</b> . Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. <b>FOY BEFIN/PIN</b> . Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. <b>FOY BEFIN (DIN)</b> Enter your six-digit self-selected PIN. <b>FOY BEFIN (DIN)</b> Enter your six-digi			ERO firm nan	10		
return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Ignature of officer or person subject to tax  Part III Certification and Authentication  FRO's EFIN/PIN. Enter your six-digit electronic filing identification  mumber (EFIN) followed by your five-digit self-selected PIN.  Certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am  ubmitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.  R0's signature ▶ APRIO, LLP  Date ▶ 11/15/22  ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So  HA For Privacy act and Paperwork Reduction Act Notice, see instructions.  Form 8879-TE (2021)	with a state ag on the return's	gency(ies) regulating c disclosure consent s	harities as part of the IRS F creen.	ed/State program, I also authorize the	aforementioned E	turn is being filed RO to enter my PIN
Part III       Certification and Authentication         IRO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.       6792131111         Do not enter all zeros       Do not enter all zeros         certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.         iRO's signature ▶       APRIO, LLP       Date ▶ _11/15/22         ERO Must Retain This Form - See Instructions         Do Not Submit This Form to the IRS Unless Requested To Do So         HA For Privacy act and Paperwork Reduction Act Notice, see instructions.	return. If I hav	e indicated within this	return that a copy of the re	turn is being filed with a state agency(	-	•
RO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.       6792131111         Do not enter all zeros       Do not enter all zeros         certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am ubmitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.         iRO's signature ▶ APRIO, LLP       Date ▶ 11/15/22         ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So         HA For Privacy act and Paperwork Reduction Act Notice, see instructions.					Date	•
humber (EFIN) followed by your five-digit self-selected PIN.       6792131111         Do not enter all zeros         certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.         IRO's signature ▶ APRIO, LLP       Date ▶ 11/15/22         ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So         HA For Privacy act and Paperwork Reduction Act Notice, see instructions.	Part III Certific	ation and Authe	ntication			
Bubmitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for         Business Returns.         BRO's signature ► APRIO, LLP         Date ► 11/15/22         ERO Must Retain This Form - See Instructions         Do Not Submit This Form to the IRS Unless Requested To Do So         HA For Privacy act and Paperwork Reduction Act Notice, see instructions.			•			
ERO Must Retain This Form - See Instructions         Do Not Submit This Form to the IRS Unless Requested To Do So         HA For Privacy act and Paperwork Reduction Act Notice, see instructions.         Form 8879-TE (2021)	-			-		
Do Not Submit This Form to the IRS Unless Requested To Do So         .HA       For Privacy act and Paperwork Reduction Act Notice, see instructions.       Form 8879-TE (2021)	ERO's signature <b>AP</b>	RIO, LLP		Date <b>&gt;</b> 1	1/15/22	
					Do So	
	LHA For Privacy act a					Form 8879-TE (2021)
02521 01-11-22	102521 01-11-22					

### FINANCIAL CRIMES ENFORCEMENT NETWORK

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

FinCEN Form 114

UNITEDR20210001

Filing Name UNITED RELIGIONS

Submission Type NEW

PIN NOT REQUIRED

Check here  $\boxed{X}$  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 15, 2022. An automatic extension to October 17, 2022 is available.

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

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

123151 05-20-21

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 2021

											Amended	
Part I F	iler information		UNI	FEDF	20210	001						
2 Type of file	r											
a Indivi	dual b 🗌 Partnersh	ip c 🚺 Corp	oration	d 🗌	Consolida	ited e	e 📃 Fidi	uciary o	r other - E	inter ty	/pe	
3 U.S. Taxpa	yer Identification Number	3a TIN type	4 Fore	ign ide	ntification	(Comp	lete only if i	tem 3 is	not applica	ıble)	5 Individual's	
6803694	82	SSN/ITIN	a Type	e:	Passport		Foreign T	IN 🗌	Other		MM/D	D/YYYY
	o U.S. Identification complete item 4	X EIN	b Num	ıber	с	Cou	ntry of Issu	le				
	or organization name RELIGIONS					7F	irst name				8 Middle initia	Il 8a Suffix
9 Mailing add	lress (number, street, and	l apt. or suite n	0.)								-	
P.O. BC	X 29242											
10 City			11 State	12 Z	IP/Postal C	ode	13 Coun	try				
SAN FRA	NCISCO		CA	941	L29024	2	USA					
Yes No	he filer have signature aut	hority over but	no financi	al inter Comp.	est in 25 or Part IV, item	r more 1s 34 tl	e financial a	account	ts?		of the information	
	value of account during c		• •		Type of a	-	+ 0 P	ank b	Soci	urities	o Othor E	nter type below
	alue of account during ca	aleridar year	unknow		Type of ac	Couri	la D	ank D	360	unues	C Otherse	nter type below
17 Name of fin	ancial institution in which	n account is hel	d									
18 Account nu	mber or other designatio	n 19 Mailing	g address	(numbe	er, street, a	pt. or	suite no.) o	of financ	cial institu	tion in	which account i	s held
20 City		21 State,	if known	:	22 Foreign	posta	Il code, if k	nown 2	23 Count	ry		
Signature	44a Check here X	if this report	is complet	ed by	a third part	y prep	arer and c	complete	e the third	l party	preparer section	l.
	ure 45 File 45 kile 45	er title, if not rep	porting a p	ersona	al account					46	Date (MM/DD/Y This date will auto FBAR is electron	-fill when the
	47 Preparer's last name				49 MI 5	50 Che		51 TI			51a TIN type	X PTIN
Third Party	FAHEY	EDWARI				self	-employed			1	SSN/ITIN	Foreign
Preparer	52 Contact phone no. 415-777-4488		3 Firm's r		<b>`</b>				rm's TIN L1575:	<u></u>	54a TIN type	X EIN
Use Only	<u>413-111-4400</u>	A.	PRIO,					57-1	12/2	4J		Foreign

123141 04-01-21

55 Mailing address (number, street, apt. or suite no.) 56 City

150 POST STREET, SUITE 200

57 State

CA

SAN FRANCISCO

58 ZIP/Postal Code

94108

59 Country

US

Part IV Information	tion on financ	cial accour	nt(s) wh	ere f	iler has signature or other			FinCEN	Form 114
authorit	y but no finar	ncial intere	st in the	e acc	count(s)			THIOLIN	
Complete a separa									
Add an additional Part I	V page as many t	imes as nece	ssary in or	der to	provide information on all account	ts			
1 Filing for calendar year	3-4 Check approp	priate identificat	tion numbe	r	6 Last name or organization name	e			
	X Taxpayer I	dentification I	Number		UNITED RELIGIONS				
2021	Foreign Ide	entification Nu	umber						
	Enter ident	tification num 82	ber here:						
15 Maximum value of	account during c	alendar year	15a Am unkno		16 Type of account a X Bank	b Sec	curities c	Other - E	nter type below
17 Name of financial in	-	h account is h	l Jeld						
HOUSING BAN									
18 Account number o 00055311002			ig address	•	ber, street, apt. or suite no.) of fina 93	incial institi	ution in which	account	is held
20 City AMMAN		21 State	, if known		22 Foreign postal code, if knowr 11118	JORDA			
34 Last name or organ	nization name of a	account owne	er	35 T	ax identification number of accour	nt owner	35a TIN typ	е	
							EIN	I	SSN/ITIN
UNITED RELIG	IONS INIT	TIATIVE			1			eign	
36 First name		37 Middle ini	tial 37a	Suffix	38 Mailing address (number, stree WADI SAQRAH STREE		t. or suite no.)		
39 City AMMAN		40 State			41 ZIP/Postal Code	42 Coun JORDA			
43 Filer's title with this	sowner								
15 Maximum value of	account during c	alendar year	15a Am unkno		16 Type of account a Bank	b Sec	curities c	Other - E	nter type below
17 Name of financial in	nstitution in which	h account is h	held						
18 Account number o	r other designatio	on 19 Mailin	ig address	s (num	ber, street, apt. or suite no.) of fina	incial institi	ution in which	account	is held
20 City		21 State	, if known		22 Foreign postal code, if knowr	1 23 Coui	ntry		
34 Last name or organization name of account owner 35				35 T	ax identification number of accour	nt owner	35a TIN typ EIN For		SSN/ITIN
36 First name		37 Middle ini	tial 37a	Suffix	38 Mailing address (number, stre	eet, and ap	t. or suite no.)		
39 City		40 State			41 ZIP/Postal Code	42 Coun	try		
43 Filer's title with this	sowner	•			•				

123143 04-01-21

Form <b>990</b>
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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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



Ar	or the	2021 Calendar year, or tax year beginning and	i enaing						
B c	Check if applicable:	C Name of organization		D Employer identific	cation number				
	Address change	UNITED RELIGIONS							
	Name change	Doing business as UNITED RELIGIONS INITIATIVE	Ξ	68-036948	32				
	Initial	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	2300				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,436,234.				
	Amende return	SAN FRANCISCO, CA 94129-0242		H(a) Is this a group return					
	Applica	F Name and address of principal officer: DALLET DANNARD		for subordinates	? Yes X No				
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		mpt status: 🔀 501(c)(3) 🗌 501(c) ( )◀ (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions				
		e: ▶ WWW.URI.ORG		H(c) Group exemption					
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1995 N	State of legal domicile: CA				
Pa		Summary							
đ	1 E	Briefly describe the organization's mission or most significant activities:							
ũ	<u>I</u>	PEACE, JUSTICE AND HEALING, URI'S NETWORK	C HAS G	BROWN TO OVE	r 1,100				
Activities & Governance	2 0	Check this box 🕨 📃 if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass					
0 Vě	3 N				35				
5	<b>4</b> №	Number of independent voting members of the governing body (Part VI, line 1b)		31					
es	<b>5</b> T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		17					
viti	<b>6</b> T	Total number of volunteers (estimate if necessary)			0				
Acti	7a⊺	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_		Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.				
				Prior Year	Current Year				
ē	8 0	Contributions and grants (Part VIII, line 1h)		2,987,535.	2,368,142.				
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0.	0.				
se	<b>10</b> li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		10,269.	29,115.				
	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,254.	-13,319.				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,006,058.	2,383,938.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		640,840.	690,096.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,669,630.	1,579,143.				
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ďX	b T	Total fundraising expenses (Part IX, column (D), line 25)		0.05 0.45	0.01 110				
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		805,845.	831,110.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,116,315.	3,100,349.				
		Revenue less expenses. Subtract line 18 from line 12		-110,257.	-716,411.				
S OF			Be	ginning of Current Year	End of Year				
Assets	<b>20</b> T	Total assets (Part X, line 16)	······	18,484,247.	19,667,907.				
Net A:	1	Total liabilities (Part X, line 26)		485,554.	1,490,736.				
ž		Net assets or fund balances. Subtract line 21 from line 20		17,998,693.	18,177,171.				

Part II Signature Block

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

Sign		Signature	e of officer						Date			
Here		BAIL	EY BA	RNARD,	ACTING	EXEC.	DIRECTOR					
		Type or p	rint name a	ind title								
	Prin	nt/Type prep	arer's nam	е		Preparer's s	ignature	Date		Check	PTIN	
Paid	EDV	WARD 1	FAHEY			EDWARD	FAHEY	11/15	5/22	ii self-employed	P001945	561
Preparer	Firm	n's name	APR	IO, LLI	2				Firm's	EIN ▶ 57	-115752	23
Use Only	Firm	n's address	150	POST S	STREET,	SUITE	200					
			SAN	FRANC	ISCO, C	A 94108	8		Phone	no.415-	777-448	88
May the IF	May the IRS discuss this return with the preparer shown above? See instructions											
132001 12-0	32001       12-09-21       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2021)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) UNITED RELIGIONS 68-0369482 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FOUNDED IN 2000, UNITED RELIGIONS INITIATIVE (URI) IS A 501(C)(3)
	INTERNATIONAL ORGANIZATION REGISTERED IN THE STATE OF CALIFORNIA. ITS
	PURPOSE IS TO PROMOTE ENDURING, DAILY INTERFAITH COOPERATION, 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?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,565,698. including grants of \$ 690,096. ) (Revenue \$ )
чи	GLOBAL NETWORK DEVELOPMENT: IN 21 YEARS, URI HAS GROWN FROM 83 FOUNDING
	MEMBER ORGANIZATIONS, CALLED COOPERATION CIRCLES (CCS), TO OVER 1,100
	MEMBER GROUPS IN OVER 110 COUNTRIES. URI'S UNIQUE GLOBAL NETWORK OF
	GRASSROOTS CCS CALLS FORTH LOCALLY-INITIATED ACTIONS BY SELF-SUPPORTING
	GROUPS AND ORGANIZATIONS. CCS CAN BE SMALL GROUPS ORGANIZING FOR THE
	FIRST TIME, OR WELL-ESTABLISHED ORGANIZATIONS. EVERY CC MUST HAVE AT
	LEAST SEVEN MEMBERS, AND MUST REPRESENT AT LEAST THREE DIFFERENT
	RELIGIONS, SPIRITUAL EXPRESSIONS OR INDIGENOUS TRADITIONS.
	URI'S ORGANIZATIONAL STRUCTURE INCLUDES EIGHT REGIONS WHICH ARE STAFFED
	BY 18 REGIONAL COORDINATORS WHO SERVE CCS THROUGH PROGRAMMATIC
	APPROACHES, SUPERVISE REGIONAL TEAM MEMBERS, COORDINATE REGIONAL
4b	(Code:) (Expenses \$319,098. including grants of \$) (Revenue \$)
	THE GLOBAL COUNCIL IS URI'S GOVERNING BOARD OF TRUSTEES. THREE GLOBAL
	COUNCIL TRUSTEES ARE ELECTED BY URI'S MEMBER CCS FROM EACH OF EIGHT
	REGIONS OF THE WORLD. THE GLOBAL COUNCIL CAN APPOINT AT-LARGE TRUSTEES
	TO ENSURE GENDER, FAITH AND EXPERIENCE DIVERSITY. THE GLOBAL COUNCIL'S PRIMARY RESPONSIBILITIES INCLUDE BEING THE GOVERNING BODY OF URI;
	CARRYING OUT URI'S MISSION AND PURPOSE; SELECTING, SUPPORTING AND
	EVALUATING THE EXECUTIVE DIRECTOR; ENSURING EFFECTIVE PLANNING AND
	ADEQUATE FINANCIAL RESOURCES; PROTECTING THE ORGANIZATION'S ASSETS AND
	PROVIDING FINANCIAL OVERSIGHT; AND ENSURING LEGAL AND ETHICAL
	INTEGRITY. WITH TRUSTEES FROM 22 COUNTRIES REPRESENTING DIVERSE
	RELIGIOUS AND INDIGENOUS TRADITIONS, THE GLOBAL COUNCIL BRINGS ITS
	GRASSROOTS EXPERIENCE TO URI'S ONGOING STRATEGIC PLANNING, NETWORK
4c	(Code:) (Expenses \$273,521. including grants of \$) (Revenue \$)
	COMMUNICATIONS: URI'S INTERNATIONAL NETWORK RELIES ON A ROBUST
	COMMUNICATION SYSTEM. URI'S GLOBAL WEBSITE, URI.ORG, IS DESIGNED TO
	MAGNIFY URI'S IMPACT, HIGHLIGHT CC SUCCESSES, CONNECT CCS, PROVIDE
	RESOURCE INFORMATION TO CCS, AND ENCOURAGE GLOBAL CAMPAIGNS FOR
	COLLECTIVE GLOBAL ACTION AND MORE. ADDITIONALLY, URI PRODUCES AN ANNUAL
	IMPACT REPORT, AS WELL AS OTHER PRINT, ONLINE AND MULTIMEDIA COLLATERAL
	FOR THE NETWORK. IN THE DIGITAL MEDIA DOMAIN, URI IS ENHANCED BY
	ENGAGING AUDIENCES ON FACEBOOK, TWITTER, INSTAGRAM, LINKEDIN, AND
	YOUTUBE. GIVEN FAST-PACED TECHNOLOGICAL CHANGE, URI'S COMMUNICATIONS
	TEAM STUDIES NEW SYSTEMS, MAKES RECOMMENDATIONS TO URI, AND RECENTLY
	LAUNCHED AN UPDATED WEBSITE.
	Other program convises (Describe on Schedule O)
40	Other program services (Describe on Schedule O.)         (Expenses \$ 308, 507. including grants of \$ ) (Revenue \$ )
40	(Expenses \$ 308,507. including grants of \$ ) (Revenue \$ )         Total program service expenses ► 2,466,824.
-48	Form 990 (2021)
132002	12-09-21 SEE SCHEDULE O FOR CONTINUATION(S) 2

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⊢orm	990	(2021)

 Form 990 (2021)
 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- /		
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		X
	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		v	
45	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	45	v	
16	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	46		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u></u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 43
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	х	
132003	12-09-21			(2021)

132003 12-09-21

Form	990	(2021)
	000	

Form 990 (2021) UNITED RELIGIONS
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	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		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		056		x
06	Schedule L, Part I	25b		
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%			x
~-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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		X
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? If			l
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096 Enter -0- if not applicable		.03	

	(gambling) winnings to prize winners?			1c					
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0						
٦а	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1						

132004 12-09-21

Form	990 (2021) UNITED RELIGIONS 68-0369	482	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	<u> </u>
b	If "Yes," enter the name of the foreign country  JORDAN			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		V
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	7c		X
	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 contract?	7e		├──
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
100005	If "Yes," complete Form 6069. 12-09-21 5	Eorm	990	(2021)
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	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3!	5		
	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 <b>1b</b> 31	L		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
b		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		0-	X	
a L	The governing body?	8a	X	
-	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<b>S</b> 00	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		37	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	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?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	id finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PAMELA H. BANKS - (415)561-2300			
	POST OFFICE BOX 29242, SAN FRANCISCO, CA 94129			
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Part 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.

UNITED RELIGIONS

Form 990 (2021)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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

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

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

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

(A) Name and title         (B) PostBorn (Morrage Hours per rest description and setters when ment mode (Name and title         (B) PostBorn (Marrage Hours per rest description (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage PostBorn (Marrage Po		T	T	mzu		0011	npor	Jour	I		·
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PORMER ACTING EXECUTIVE DIRECTORX0.0.0.(4) SWAMINI ADITYANANDA SARASWATI0.00X0.0.PORMER EXECUTIVE DIRECTORX0.0.0.CHAIRPERSONXX0.0.0.CHAIRPERSONXX0.0.0.(6) BECKY BURAD25.00X0.0.0.TERASURERXX0.0.0.(7) BARBARA SHANNON25.00X0.0.0.SECRETARYXX0.0.0.(8) PREETA BANSAL25.00X0.0.0.AT-LARGE TRUSTEEX0.0.0.0.(10) MILKA WAMEUI NGIGE5.00X0.0.0.AT-LARGE TRUSTEEX0.0.0.0.(11) SOK SIDON5.00X0.0.0.AT-LARGE TRUSTEEX0.0.0.0.(12) FR, JOIN NGMA, MALAWI5.00X0.0.0.TRUSTEEX0.0.0.0.0.(14) THE HONCABLE ELISHA BUBA YERO,5.00X0.0.0.TRUSTEEX0.0.0.0.0.(15) RAVINGRA KANDAGE, SRI LANKA10.00X0.0.0.(16) REV. KALYAN KUMAR KISKU, PAKIST25.00X0.0.0.(17) DR. C.N.N. RAJU, INDIA5.00X0.0.0. <t< td=""><td>FORMER EXECUTIVE DIRECTOR</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Х</td><td>42,101.</td><td>0.</td><td>48,971.</td></t<>	FORMER EXECUTIVE DIRECTOR							Х	42,101.	0.	48,971.
(4) SWAMINI ADITYANANDA SARASWATI       0.00       X       0.00       0.0.0.0.         FORMER EXECUTIVE DIRECTOR       X       X       0.00.0.0.0.       0.00.0.0.         (5) KIRAN BALI       25.00       X       X       0.00.0.0.       0.00.0.         (6) BECKY BURAD       25.00       X       X       0.00.0.0.       0.00.0.         (7) BARBAR SHANNON       25.00       X       X       0.00.0.0.       0.00.0.         (7) BARBAR SHANNON       25.00       X       X       0.00.0.0.       0.0.0.         (7) BARBAR SHANNON       25.00       X       X       0.00.0.0.       0.0.0.         (8) PREETA BANSAL       25.00       X       X       0.00.0.0.       0.0.0.         (9) HEREDITARY CHIEF PHIL LANE JR.       5.00       X       0.00.0.0.       0.0.0.         (10) MILKA WAMBUI NGIGE       5.00       X       0.00.0.0.       0.0.0.         (11) SOK SIDON       5.00       X       0.00.0.0.0.       0.0.0.         (12) FR. JOHN NGOMA, MALANI       5.00       X       0.00.0.0.0.       0.0.0.0.         (13) THE RIGHT REV. MACLEORD BAKER 0       5.00       X       0.00.0.0.0.       0.0.0.0.         (14) THE HONORABLE ELISHA BUBA YERO, TRUSTEE	(3) BAILEY S. BARNARD SR.	0.00									
FORMER EXECUTIVE DIRECTOR         X         0.         0.         0.         0.           (5) KIRAN BALI         25.00         X         X         0.         0.         0.           CHAIRPERSON         X         X         0.         0.         0.         0.           CHAIRPERSON         Z5.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           AT-LARGE TRUSTEE         X         X         0.         0.         0.         0.           (1)         MILA WAMBUI NGIGE         5.00         X         0.         0.         0.           AT-LARGE TRUSTEE         X         0.         0.         0.         0.         0.           (10)         MILA WAMBUI NGIGE         5.00         X         0.         0.         0.           AT-LARGE TRUSTEE         X         0.         0.         0.         0.         0.           (11) SOK SIDON         5.00         X         0.         0.         0.         0.	FORMER ACTING EXECUTIVE DIRECTOR		Х						0.	0.	0.
(5) KIRAN BALI       25.00       X       X       0.       0.       0.         (6) BECKY BURAD       25.00       X       X       0.       0.       0.         (7) BARBARA SHANNON       25.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.         (8) PREETA BANSAL       25.00       X       0.       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.       0.         (10) MILKA WAMBUI NGIGE       5.00       X       0.       0.       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.<	(4) SWAMINI ADITYANANDA SARASWATI	0.00									
CHAIRPERSON         X         X         X         X         0.         0.         0.           (6)         BECKY BURAD         25.00         X         X         0.         0.         0.         0.           (7)         BARBARA SHANNON         25.00         X         X         0.         0.         0.         0.           (7)         BARBAR SHANNON         25.00         X         X         0.         0.         0.           (8)         PREETA BANSAL         25.00         X         X         0.         0.         0.           (9)         HEREDITARY CHIEF PHIL LANE JR.         5.00         X         0.         0.         0.           AT-LARGE TRUSTEE         X         0.         0.         0.         0.         0.           AT-LARGE TRUSTEE         X         0.         0.         0.         0.         0.           AT-LARGE TRUSTEE         X         0.         0.         0.         0.         0.           (11) SOK SIDON         5.00         X         0.         0.         0.         0.           (12) FR. JOHN NGOMA, MALAWI         5.00         X         0.         0.         0.			Х						0.	0.	0.
(6)         BECKY BURAD         25.00         X         X         X         0.         0.         0.           (7)         BARBARA SHANNON         25.00         X         X         0.         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           AT-LARGE TRUSTEE         X         0.         0.         0.         0.         0.           (10)         HEREDTRARY CHIEF PHIL LANE JR.         5.00         X         0.         0.         0.           AT-LARGE TRUSTEE         X         0.         0.         0.         0.         0.           (10)         MILK WAMBUL NGIGE         5.00         X         0.         0.         0.           (11)         Sok SIDON         5.00         X         0.         0.         0.         0.           (12)         FR. JOHN NGOMA, MALAWI         5.00         X         0.         0.         0.         0.           (13)         TRE RIGHT REV. MACLEORD BAKER O         5.00         X         0.         0.         0.         0.           TRUSTEE         X         0.0         0.         0. <td< td=""><td></td><td>25.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		25.00									
TREASURER         X         X         X         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0			Х		Х				0.	0.	0.
(7)       BARBARA SHANNON       25.00       X       X       X       0.       0.       0.         SECRETARY       X       X       X       0.       0.       0.       0.         (8)       PREETA BANSAL       25.00       X       X       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.       0.         (10)       HEREDITARY CHIEF PHIL LANE JR.       5.00       X       0.       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.       0.         (11)       SOK SIDON       5.00       X       0.       0.       0.       0.       0.         (11)       SOK SIDON       5.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		25.00									-
SECRETARY         X         X         X         X         0.         0.         0.           (8) PREETA BANSAL         25.00         X         0.         0.         0.         0.           AT-LARGE TRUSTEE         X         0.         0.         0.         0.         0.           (9) HEREDITARY CHIEF PHIL LANE JR.         5.00         X         0.         0.         0.         0.           AT-LARGE TRUSTEE         X         0.         0.         0.         0.         0.           AT-LARGE TRUSTEE         X         0.         0.         0.         0.         0.           AT-LARGE TRUSTEE         X         0.         0.         0.         0.         0.           (11) SOK SIDON         5.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (12) FR. JOHN NGOMA, MALAWI         5.00         X         0.         0.         0.         0.         0.           (13) THE RIGHT REV. MACLEORD BAKER O         5.00         X         0.         0.         0.         0.           TRUSTEE         X			Х		Х				0.	0.	0.
(8) PREETA BANSAL       25.00       X       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.         (9) HEREDITARY CHIEF PHIL LANE JR.       5.00       X       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.         (10) MILKA WAMBUI NGIGE       5.00       X       0.       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.       0.         (11) SOK SIDON       5.00       X       0.       0.       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.       0.         (11) SOK SIDON       5.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (13) THE RIGHT REV. MACLEORD BAKER 0       5.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.0       0.       0.       0.       0.       0.       0.		25.00									
AT-LARGE TRUSTEE         X         0.         0.         0.           (9) HEREDITARY CHIEF PHIL LANE JR. AT-LARGE TRUSTEE         5.00 X         X         0.         0.         0.           (10) MILKA WAMBUI NGIGE         5.00 AT-LARGE TRUSTEE         X         0.         0.         0.           (11) SOK SIDON         5.00 AT-LARGE TRUSTEE         X         0.         0.         0.           (12) FR. JOHN NGOMA, MALAWI         5.00 (13) THE RIGHT REV. MACLEORD BAKER O         5.00 S.00         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.           (14) THE HONORABLE ELISHA BUBA YERO, (14) THE HONORABLE ELISHA BUBA YERO, S.00         5.00 X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (14) THE HONORABLE ELISHA BUBA YERO, (15) RAVINDRA KANDAGE, SRI LANKA         10.00         X         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (16) REV. KALYAN KUMAR KISKU, PAKIST         25.00         X         0.         0.         0.         0.         0.			Х		Х				0.	0.	0.
(9)HEREDITARY CHIEF PHIL LANE JR.5.00X0.0.0.AT-LARGE TRUSTEEX0.0.0.0.0.(10)MILKA WAMBUI NGIGE5.00X0.0.0.0.AT-LARGE TRUSTEEX0.0.0.0.0.(11)SOK SIDON5.00X0.0.0.0.AT-LARGE TRUSTEEX0.0.0.0.0.(12)FR. JOHN NGOMA, MALAWI5.00X0.0.0.TRUSTEEX0.0.0.0.0.(13)THE RIGHT REV. MACLEORD BAKER O5.00X0.0.0.TRUSTEEX0.0.0.0.0.(14)THE HONORABLE ELISHA BUBA YERO, TRUSTEE5.00X0.0.0.(15)RAVINDRA KANDAGE, SRI LANKA10.00X0.0.0.0.TRUSTEEX0.0.0.0.0.0.(16)REV. KALYAN KUMAR KISKU, PAKIST25.00X0.0.0.0.(17)DR. C.N.N. RAJU, INDIA5.00X0.0.0.0.0.TRUSTEEX0.0.0.0.0.0.0.0.		25.00									
AT-LARGE TRUSTEE       X       0       0.       0.       0.         (10) MILKA WAMBUI NGIGE       5.00       X       0.       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.       0.         (11) SOK SIDON       5.00       X       0.       0.       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.       0.         (11) SOK SIDON       5.00       X       0.       0.       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.       0.         (12) FR. JOHN NGOMA, MALAWI       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (13) THE RIGHT REV. MACLEORD BAKER 0       5.00       X       0.       0.       0.       0.       0.         (14) THE HONORABLE ELISHA BUBA YERO,       5.00       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0			Х						0.	0.	0.
(10) MILKA WAMBUI NGIGE       5.00       X       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.         (11) SOK SIDON       5.00       X       0.       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.       0.       0.         (12) FR. JOHN NGOMA, MALAWI       5.00       X       0.       0.       0.       0.       0.         (13) THE RIGHT REV. MACLEORD BAKER 0       5.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td></td><td>5.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		5.00									
AT-LARGE TRUSTEE       X       0.       0.       0.       0.         (11) SOK SIDON       5.00       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .			Х						0.	0.	0.
(11) SOK SIDON       5.00       X       0.       0.       0.         AT-LARGE TRUSTEE       X       0.       0.       0.       0.         (12) FR. JOHN NGOMA, MALAWI       5.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (13) THE RIGHT REV. MACLEORD BAKER O       5.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (14) THE HONORABLE ELISHA BUBA YERO,       5.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) RAVINDRA KANDAGE, SRI LANKA       10.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) REV. KALYAN KUMAR KISKU, PAKIST       25.00       X       0.       0.       0.       0.         (17) DR. C.N.N. RAJU, INDIA       5.00       X       0.       0.       0.       0.       0.		5.00									
AT-LARGE TRUSTEE       X       0.       0.       0.       0.         (12) FR. JOHN NGOMA, MALAWI       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13) THE RIGHT REV. MACLEORD BAKER 0       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) THE HONORABLE ELISHA BUBA YERO,       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (15) RAVINDRA KANDAGE, SRI LANKA       10.00       X       0.       0.       0.       0.       0.       0.         (16) REV. KALYAN KUMAR KISKU, PAKIST       25.00       X       0.       0.       0.       0.       0.         (17) DR. C.N.N. RAJU, INDIA       5.00       X       0.       0.       0.       0.       0.			Х						0.	0.	0.
(12) FR. JOHN NGOMA, MALAWI       5.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (13) THE RIGHT REV. MACLEORD BAKER O       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) THE HONORABLE ELISHA BUBA YERO,       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) RAVINDRA KANDAGE, SRI LANKA       10.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) REV. KALYAN KUMAR KISKU, PAKIST       25.00       X       0.       0.       0.       0.         (17) DR. C.N.N. RAJU, INDIA       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.		5.00									-
TRUSTEE       X       0.       0.       0.       0.         (13) THE RIGHT REV. MACLEORD BAKER O       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) THE HONORABLE ELISHA BUBA YERO,       5.00       X       0.       0.       0.       0.         (14) THE HONORABLE ELISHA BUBA YERO,       5.00       X       0.       0.       0.       0.         (14) THE HONORABLE ELISHA BUBA YERO,       5.00       X       0.       0.       0.       0.         (15) RAVINDRA KANDAGE, SRI LANKA       10.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (16) REV. KALYAN KUMAR KISKU, PAKIST       25.00       X       0.       0.       0.       0.         (17) DR. C.N.N. RAJU, INDIA       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.			Х						0.	0.	0.
(13) THE RIGHT REV. MACLEORD BAKER 0       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) THE HONORABLE ELISHA BUBA YERO,       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) RAVINDRA KANDAGE, SRI LANKA       10.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (16) REV. KALYAN KUMAR KISKU, PAKIST       25.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (17) DR. C.N.N. RAJU, INDIA       5.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.		5.00									
TRUSTEE       X       0.       0.       0.       0.         (14) THE HONORABLE ELISHA BUBA YERO,       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (15) RAVINDRA KANDAGE, SRI LANKA       10.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) REV. KALYAN KUMAR KISKU, PAKIST       25.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (17) DR. C.N.N. RAJU, INDIA       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.			Х						0.	0.	0.
(14) THE HONORABLE ELISHA BUBA YERO,       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) RAVINDRA KANDAGE, SRI LANKA       10.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) REV. KALYAN KUMAR KISKU, PAKIST       25.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (17) DR. C.N.N. RAJU, INDIA       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.		5.00									_
TRUSTEE       X       0.       0.       0.       0.         (15) RAVINDRA KANDAGE, SRI LANKA       10.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) REV. KALYAN KUMAR KISKU, PAKIST       25.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (17) DR. C.N.N. RAJU, INDIA       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.			Х						0.	0.	0.
(15) RAVINDRA KANDAGE, SRI LANKA       10.00       X       0.       0.       0.       0.         TRUSTEE       X       25.00       X       0.       0.       0.       0.         (16) REV. KALYAN KUMAR KISKU, PAKIST       25.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (17) DR. C.N.N. RAJU, INDIA       5.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.	(14) THE HONORABLE ELISHA BUBA YERO,	5.00									
TRUSTEE       X       0.       0.       0.         (16) REV. KALYAN KUMAR KISKU, PAKIST       25.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (17) DR. C.N.N. RAJU, INDIA       5.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.			Х						0.	0.	0.
(16) REV. KALYAN KUMAR KISKU, PAKIST       25.00       X       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(15) RAVINDRA KANDAGE, SRI LANKA	10.00									-
TRUSTEE         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <th< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td><u> </u></td><td><b> </b></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х				<u> </u>	<b> </b>	0.	0.	0.
(17) DR. C.N.N. RAJU, INDIA 5.00 X 0. 0. 0.		25.00								-	_
TRUSTEE X 0. 0. 0.			Х					L	0.	0.	0.
	•	5.00								-	
	TRUSTEE		Х						0.	0.	0 . Form <b>990</b> (2021)

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132007 12-09-21

Form 990 (2021)

Form	990	(2021)
	000	

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			_ (C				(D)	(E)		(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Estimat	ted
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation		amount	t of
	week		cer an I	ıd a di	recto	or/trus	tee)	from	from related		othe	r
	(list any	rector						the	organizations		ompens	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)		from tl	
	organizations	ustee	trustee		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela	
	below	ual tr	tional		ploye	t con		1099-INEC)			organizat	
	line)	Individual trustee or director	In stitutional 1	Officer	Key employee	Highest compensated employee	Former			`	Jiganiza	10113
(18) DANIEL EROR, BOSNIA AND HERZEGO	5.00	-	=	0	¥	Ξ	ш.					
TRUSTEE	5.00	x						0.	C			Ο.
(19) REV. HIERODEACON PETAR GRAMATIK	5.00	Δ				$\vdash$		0.		•		0.
TRUSTEE	5.00	x						0.	C			0.
(20) MARIANNE HORLING, GERMANY	5.00	Λ						0.	0	•		0.
TRUSTEE	5.00	x						0.	C			0.
	E 00	Λ				-		0.	0	•		0.
(21) SALETTE AQUINO, BRAZIL	5.00							0	•			0
TRUSTEE		Х				-		0.	0	•		0.
(22) ROSA DELIA QUIZHPE MACAS, ECUAD	5.00							0	•			•
TRUSTEE		Х						0.	0	•		0.
(23) FRANCISCO MORALES VENTOSA, ARGE	5.00											•
TRUSTEE		Х						0.	0	•		0.
(24) ANWAR DAHAK, YEMEN	5.00								_			
TRUSTEE		Х						0.	0	•		0.
(25) NAOUFAL EL HAMMOUMI, MOROCCO	5.00											
TRUSTEE		Х						0.	0	•		0.
(26) DR. OMAR TAYEH, JORDAN	5.00											
TRUSTEE		Х						0.	0	•		0.
1b Subtotal								181,775.	0	•	51,6	571.
c Total from continuation sheets to Part VI								0.	0	•		0.
d Total (add lines 1b and 1c)								181,775.	C		51,6	71.
2 Total number of individuals (including but n							o re		000 of reportable			
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·				1
											Yes	No
3 Did the organization list any former officer,	director, trust	ee. k	ev e	empl	ove	e. or	hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for si	-		-	•	-		Ŭ		2		3 X	
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4	x
5 Did any person listed on line 1a receive or a										· -		
, i	•				,			0			5	x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J 1	or sl	icn p	bers	on .					5	1 23
•								• • • • • • • • • • • • • • • • • • •	100 000 of common		- fra	
1 Complete this table for your five highest con										satior	1 Irom	
the organization. Report compensation for t	ine calendar ye	ear e	enair	ig wi		or wi	<u>tnin</u>		ear.		(0)	
(A) Name and business	address	NIC	ONE	7				<b>(B)</b> Description of s	ervices	Con	(C) npensatio	าท
		INC						Decemption of e		0011	iponoan	
							_					
2 Total number of independent contractors (in	•	ot lir	nitec	d to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					(	)						
SEE PART VII, SECTION	I A CONT	ΊN	UA	TI(	ON	S	HE	ETS		Fo	rm <b>990</b>	(2021)

Form 990 UNITED RI									68-036	9482
	t Compensated Employees (continued)									
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cł	(check all that apply) c		compensation	compensation	amount of			
	per week					e		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	· direc				ed em		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee			Highest com pen sated em ployee		, , ,		and related
	organizations	al trus	nal tr		Key employee	dwoo				organizations
	below	ividua	titutio	Officer	/ emp	hest o	Former			
	line)	pul	Ins	0#U	Key	Ηġ	For			
(27) PERRI (P.K.) MCCARY, USA TRUSTEE	5.00	x						0.	0.	0
	25.00	~						0.	0.	0.
(28) MORGANA SYTHOVE, NETHERLANDS TRUSTEE	25.00	х						0.	0.	0.
(29) ISSAC THOMAS, INDIA	5.00	~						0.	0.	0.
TRUSTEE	5.00	x						0.	0.	0.
(30) GENEVA BLACKMER, USA	5.00							0.	0•	
TRUSTEE	5.00	x						0.	0.	0.
(31) FRED FIELDING, USA	5.00								••	
TRUSTEE		x						0.	0.	0.
(32) VALERIA VERGANI, CANADA	5.00									
, TRUSTEE		x						0.	0.	0.
(33) DR. POTRE DIRAMPTAN-DIAMPUAN, P	5.00									
TRUSTEE		x						0.	0.	0.
(34) PETER MOUSAFERIADIS, AUSTRALIA	5.00									
TRUSTEE		х						0.	0.	0.
(35) BISHOP STEPHEN L. VILLAESTER, P	5.00									
TRUSTEE		Х						0.	0.	0.
		1								
Total to Part VII, Section A, line 1c										

132201 04-01-21

Part VIII         Statement of Revenue         (a)         (b)         (c)         (c) </th <th>Forn</th> <th>n 990</th> <th>) (20</th> <th></th> <th>TED RE</th> <th>LIGI</th> <th>ONS</th> <th></th> <th></th> <th>68-0369</th> <th><b>482</b> Page <b>9</b></th>	Forn	n 990	) (20		TED RE	LIGI	ONS			68-0369	<b>482</b> Page <b>9</b>
and the second	Pa	rt VI		Statement of Rev	venue						
and the second				Check if Schedule O c	<u>contains</u> a re	sponse	<u>or note to </u> any lin	e in this Part VIII	<u></u>	<u></u>	
Book Membership dues       10       70,970.         Beladed organizations       10       70,970.         Book Status       10       1,3355,000.         Book Status       10       1,3355,000.         Book Status       11       1,3255,000.         Book Status       11       1,3255,000.         Book Status       11       11         Book Status       11       11       11         Book Status       11       11       11       11         Book Status       11       11       11       11       11         Book Status       11       11       11       11       11       11         Book Status       11       11								(A)	Related or exempt	Unrelated	Revenue excluded from tax under
Boold of the service revenue       10       1, 3355, 000.1         Convertion transf contributions, gits, grats, and similar amounts on finuided above       11, 3355, 000.1         Boold of the contributions, gits, grats, and similar amounts on finuided above       11, 3355, 000.1         Boold of the contributions, gits, grats, and similar amounts on finuided above       12, 172.1         Boold of the contributions, gits, grats, and similar amounts on finuided above       12, 172.1         Boold of the contributions, gits, grats, and similar amounts on finuided above       12, 172.1         Boold of the contributions, gits, grats, and similar amounts on finuided above       12, 172.1         Boold of the contributions, gits, grats, and similar amounts, grats, and other similar amounts, grats, and the control of the similar amounts, grats, and other similar amounts, grats, and the control of the similar amounts, grats, and the similar amounts, grats, and the control of the similar amounts, grats, and the control of the similar amounts, grats, and the similar amounts, grats, and the control of the similar amounts, grats, and the control of the similar amounts, grats, and the control of the similar amounts, grats, and the second of the similar amounts, grats, grats, and the control the similar amounts, grats, and the secon	ς, ω	1 a	a	Federated campaigns	1	a					
generation         Business Code         Image: Code state s	ant										
generation         Business Code         Image: Code <thimage: code<="" th=""> <thimage: code<="" th=""></thimage:></thimage:>	٦Ğ						70,970.				
generation         Business Code         Image: Code state s	ifts.						385,000.				
generation         Business Code         Image: Code state s	niG nila	e		•							
generation         Business Code         Image: Code state s	Sir	f									
generation         Business Code         Image: Code state s	her					f	912,172.				
generation         Business Code         Image: Code state s	ĞĘ										
generation         Business Code         Image: Code state s	Cor	ŀ	-				•	2,368,142.			
B								, ,			
B	¢,	2	а								
a       Total. Add lines 2a21         a       Investment income (including dividends, interest, and other similar amounts)       28,929.         4       Income from investment of tax exempt bond proceeds       28,929.         5       Royattiss       0) Personal         6 a       Gross rents       6a         7 a       Gross amount from sales of rass science from time from sales of rass as of rents       7a         3 1, 964.       7a       34, 150.         6 a       Gross income from fundralsing events       186.         7 a       Gross income from fundralsing events       -18, 332.         6 Nat ricons or of loss) from faming activities       10a         9 a       Gross sales of inventory, less returns and allowances       10a         9 b       Less: direct expenses       10a         10a       MISCELLANEOUS INCOME	vic										
a       Total. Add lines 2a21         a       Investment income (including dividends, interest, and other similar amounts)       28,929.         4       Income from investment of tax exempt bond proceeds       28,929.         5       Royattiss       0) Personal         6 a       Gross rents       6a         7 a       Gross amount from sales of rasets of rett income or (loss)       4,913.         7 a       Gross amount from sales of rasets of rett income or (loss)       7a         7 a       Gross income from fundralsing events rot (loss)       7a         7 a       Sa (rocs income from gaming activities       186.         8 a       Gross income from gaming activities       -18,332.         9 a       Gross income from gaming activities       10a         9 b       Less: direct expenses       9a         9 b       Le	Ser										
a       Total. Add lines 2a21         a       Investment income (including dividends, interest, and other similar amounts)       28,929.         4       Income from investment of tax exempt bond proceeds       28,929.         5       Royattiss       0) Personal         6 a       Gross rents       6a         7 a       Gross amount from sales of rass science from time from sales of rass as of rents       7a         3 1, 964.       7a       34, 150.         6 a       Gross income from fundralsing events       186.         7 a       Gross income from fundralsing events       -18, 332.         6 Nat ricons or of loss) from faming activities       10a         9 a       Gross sales of inventory, less returns and allowances       10a         9 b       Less: direct expenses       10a         10a       MISCELLANEOUS INCOME	E										
a       Total. Add lines 2a21         a       Investment income (including dividends, interest, and other similar amounts)       28,929.         4       Income from investment of tax exempt bond proceeds       28,929.         5       Royattiss       0) Personal         6 a       Gross rents       6a         7 a       Gross amount from sales of rass science from time from sales of rass as of rents       7a         3 1, 964.       7a       34, 150.         6 a       Gross income from fundralsing events       186.         7 a       Gross income from fundralsing events       -18, 332.         6 Nat ricons or of loss) from faming activities       10a         9 a       Gross sales of inventory, less returns and allowances       10a         9 b       Less: direct expenses       10a         10a       MISCELLANEOUS INCOME	Be		-								
g Total. Add lines 2a2t       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Pro	f		All other program service r	revenue						
3       Investment income (including dividends, interest, and other similar amounts)       >       28,929.       28,929.         4       Income from investment of tax exempt bond proceeds       >       >       >         5       Royatties       >       >       >       >         6 a Gross rents       6a       (i) Personal       >       >       >         6 b Less: rental expenses       6b       0.        >       >       4, 913.         7 a Gross amount from sales of asses other than inventory       b Less: cost or other basis and sale sepenses       7b       33, 964.         186.       186.       186.         8 a Gross income from tundraising events (not including \$											
a       income from investment of tax-exempt bond proceeds       28,929.       28,929.         4       income from investment of tax-exempt bond proceeds       income from investment of tax-exempt bond proceeds       income from investment of tax-exempt bond proceeds         6       a       Gross rents       is       intome from investment of tax-exempt bond proceeds         6       a       Gross rents       is       intome from investment of tax-exempt bond proceeds         7       B       Gross rents       is       intome from investment of tax-exempt bond proceeds         7       B       Gross rents       is       intome from investment of tax-exempt bond proceeds         8       a       Gross rents       is       intome from find failing events (not including s)       into including s)       intome from find failing events (not including s)       including s       into including s       int											
4       Income from investment of tax-exempt bond proceeds         5       Royatties         6       Gross rents         7       Gros rents         8       Gros		Ŭ			-			28,929.			28,929.
5       Royatties       6a       (0) Real       (0) Personal         6 a       Gross rents       6a       4,913.         b       Less: rental expenses       6b       0.         c       Rental income or (loss)       6c       4,913.         d       Net rental income or (loss)       4,913.       4,913.         7 a       Gross amout from sales of assess other than inventory       7a       34,150.         b       Less: cost or other basis and sales expenses       7p       33,964.         c       Gain or (loss)       7c       186.       186.         d       Net gain or (loss)       70,970. or contributions reported on line 1c). See       8a       0.         Part IV, line 18       8a       0.       8a       0.         b       Less: direct expenses       9b       9b       18.332.       -18,332.         9 a       Gross alles of inventory, less returns and allowances       9b       9b       9b       9c         10 a       Gross sales of inventory, less returns and allowances       10a       10a       10a       10a         10 a       Gross alles of inventory, less returns and allowances       9b       10a       10a       10a         10 a       Gross		4									
6 a Gross rents       6a 4 4,913.         b Less: rental expenses       6b 0.         c Rental income or (loss)       6c 4,913.         d Net rental income or (loss)       6c 4,913.         d Net rental income or (loss)       0. Securities         a Gross anount from sales of assets other than inventory       10. Securities         b Less: cost or other basis and sales expenses       7b 33,964.         c Gain or (loss)       70, 370.         d Net gain or (loss)       70, 970.         a Gross income from fundraising events (not including \$ 70,970.       70, 00.         a Gross income from fundraising events       -18,332.         e Net income or (loss) from fundraising events       -18,332.         g Gross income from gaming activities.       9b         b Less: direct expenses       9b         c Net income or (loss) from sales of inventory.       9e         g Gross sales of inventory.       9b         c Net income or (loss) from gaming activities.       9b         c Net income or (loss) from gaming activities.       9b         g Gross alos of inventory.       9b         c Net income or (loss) from gaming activities.       9c         g A di lother revenue       900099         g A di lother revenue       900099         g A di					•						
6 a Gross rents       6a       4,913.         b Less: rental expenses       6b       0.         c Rental income or (loss)       6c       4,913.         d Net rental income or (loss)       0       4,913.       4,913.         7 a Gross amount from sales of assets other than inventory       10. Securities       (ii) Other raising events (iii) Other raising events (iiii) Other raising events (iiiii) Other raising events (iiiiii) Other raising events (iiiiiii) Other raising events (iiiiiiii) Other raising events (iiiiiii) Other raising events (iiiiiiiiii) Other raising events (iiiiiiiii) Other raising events (iiiiiiiiiii) Other raising events (iiiiiiiiiiiiiii) Other raising events (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		Ŭ									
b         Less: rental expenses         6b         0.           c         Rental income or (loss)         b         4,913.         4,913.           d         Net rental income or (loss)         b         4,913.         4,913.           7         a Gross amount from sales of assets other than inventory         b         4,913.         4,913.           b         Less: cost or other basis         7         34,150.         4,913.         4,913.           c         Gain or (loss)         7         33,964.         7         186.         186.           d         Net gain or (loss)         70,970.or         rot including \$         70,970.or         rot including \$         70,970.or           ic         contributions reported on line 1c). See         Ba         0.         8b         18,332.           9         Gross income from gaming activities. See         9         9         9         9         9         9           b         Less: coirect expenses         9b         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9		6 -	-	Gross rents			(				
c       Rental income or (loss)       Gc       4,913.       4,913.         d       Net rental income or (loss)       0       Securities       4,913.         7 a       Gross amount from sales of assets other than inventory       D       Securities       0         b       Less: cost or other basis and sales expenses       7b       33,964.       7b       7b         c       Gain or (loss)       7c       186.       186.       186.         8       Gross income from fundraising events (not including \$\frac{70,970.ot}{cotributions reported on line 1c). See       8a       0.         9       Gross income from gaming activities.       -18,332.       -18,332.         9 a       Gross income from gaming activities.       9a         9 a       Gross sales of inventory, less returns and allowances       9a         9       Less: cost of goods sold       10b         0 a       Gross for come ases of inventory, less returns and allowances       10a         11 a       MISCELLANEOUS INCOME       900099       100.       00.         9       Call coher revenue       4       100.       105.         12       Total revenue.       Se instructions       2,383,938.       100.       0.       15,696.											
d Net rental income or (loss)       ▲ 4,913.       ▲ 4,913.         7 a Gross amount from sales of assets other than inventory       (i) Other       34,150.         b Less: cost or other basis       and sales expenses       7b 33,964.         c Gain or (loss)       7b 33,964.       186.         d Net gain or (loss)       70,970.       186.         a Gross income from fundraising events (not including \$70,970       186.       186.         b Less: direct expenses       Ba 18,332.       -18,332.         c Net income or (loss) from fundraising events       -18,332.       -18,332.         9 a Gross income from gaming activities. See       9a       9a         9 a Gross income from gaming activities. See       9a       -18,332.         9 a Gross income from gaming activities. See       9a       -18,332.         9 a Gross income from gaming activities. See       9a       -18,332.         9 a Gross income from gaming activities. See       9a       -18,332.         9 a Gross income from gaming activities. See       9a       -18,332.         9 a Gross income from gaming activities. See       9a       -18,332.         9 a Gross income from gaming activities. See       9a       -18,332.         9 a Gross income from gaming activities. See       9a       -18,332. <td></td>											
7 a Gross amount from sales of assets other than inventory       0 Securities       (ii) Other         7a Gross amount from sales of assets other than inventory       7a 34,150.       7b 33,964.         C Gain or (loss)       7b 33,964.       7b 33,964.         C Gain or (loss)       70,970of       70,970of         contributions reported on line 1c). See       8a 0.       8a 0.         B Less: circct expenses       8b 18,332.       -18,332.         C Net income or (loss) from fundraising events       > -18,332.       -18,332.         9 a Gross income from gaming activities. See       9a       9b       9b         Part IV, line 19       9a       9b       9b       0c         b Less: direct expenses       9b       9b       0c       -18,332.         9 a Gross ales of inventory, less returns and allowances       10a       10a       10a         10 a Gross ales of inventory, less returns and allowances       10a       10b       0c       000099       100.       0c         b Less: cost of goods sold       0b       000099       100.       0c       0c       0c         a dl other revenue       000099       100.       100.       0c       0c       0c       0c         a dl othere revenue       2,383,938.				· · ·			<b></b>	4 913.			4 913.
assets other than inventory b       ra       34,150.         b       Less: cost or other basis and sales expenses       rb       33,964.         c       Gain or (loss)       rc       186.         c       Gain or (loss)       rc       186.         d       Net gain or (loss)       rd       186.         b       Less: direct expenses       Bb       18,332.         e       Net income or (loss) from fundraising events       -18,332.       -18,332.         9 a       Gross income from gaming activities. See       9a       9a         9 b       Less: direct expenses       9b       9b       10a         10 a       Gross sales of inventory, less returns and allowances       10a       10a         10 a       Mall allowances       10a       10a       10a         b       d       Intervenue       10a       10a       10a						urities		1,5101			1/2201
But Less: cost or other basis and sales expenses       7b       33,964.         c       Gain or (loss)       7c       186.         d       Net gain or (loss)       186.       186.         8       Gross income from fundraising events (not including \$70,970.or contributions reported on line 1c). See Part IV, line 18       8a       0.         b       Less: direct expenses       8b       18,332.       -18,332.         9       Gross income from gaming activities. See Part IV, line 19       9a       9a         b       Less: direct expenses       9b       -18,332.       -18,332.         9       Gross sincome from gaming activities. See Part IV, line 19       9a       9b       -18,332.         9       Gross sales of inventory, less returns and allowances       10a       0a       0b         10       Gross sales of inventory, less returns and allowances       10a       0b       0b       0b         11       MISCELLANEOUS INCOME       Business Code       900099       100.       100.       0         12       Total revenue       -       100.       00.       0.       15,696.		, ,					(,				
and sales expenses       Th       33,964.				5	10 517	1000					
c       Gain or (loss)       7c       186.       186.         d       Net gain or (loss)       186.       186.       186.         B a       Gross income from fundraising events (not including \$70,970 of contributions reported on line 10. See       8a       0.         Part IV, line 18       8a       0.       8b       18,332.       -18,332.         c       Net income or (loss) from fundraising events       -18,332.       -18,332.       -18,332.         9 a       Gross income from gaming activities. See       9a       9a       9b       9a         b       Less: direct expenses       9b       9b       9a       -18,332.       -18,332.         9 a       Gross sincome from gaming activities       Image: Control (loss) from gaming activities       Image: Control (loss) from gaming activities       Image: Control (loss) from gaming activities         10 a       Gross sales of inventory, less returns and allowances       Image: Control (loss) from sales of inventory       Image: Control (loss) from sales of inventory       Image: Control (loss) from sales of inventory         c       Net income or (loss) from sales of inventory       Image: Control (loss) from sales of inventory       Image: Control (loss) from sales of inventory       Image: Control (loss) from sales of inventory         c       Image: Control (loss) from sales of invento	Ð				7h 33	964.					
a Net gan or (loss) 180.   8 a Gross income from fundraising events (not including \$70,970.of contributions reported on line 1c). See Part IV, line 18 8a 0.   b Less: direct expenses 8b 18,332.   c Net income or (loss) from gaming activities. See Part IV, line 19 9a   b Less: direct expenses 9b   c Net income or (loss) from gaming activities   b Less: direct expenses 9b   c Net income or (loss) from gaming activities   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Total reven	nue										
B a Gross income from fundraising events (not including \$70,970. or contributions reported on line 1c). See Part IV, line 188b 18,332.       a 0.         B a Gross income from gaming activities. See Part IV, line 198a9b       > -18,332.       -18,332.         9 a Gross income from gaming activities. See Part IV, line 199b       > -18,332.       -18,332.         9 a Gross income from gaming activities. See Part IV, line 199b       > -18,332.       -18,332.         9 a Gross sincome from gaming activities. See Part IV, line 199b       > -18,332.       -18,332.         0 a Gross sales of inventory, less returns and allowances       > 10a								186.			186.
contributions reported on line 1c). See       Ba       0.         Part IV, line 18       Ba       0.         b Less: direct expenses       Bb       18,332.         c Net income or (loss) from fundraising events       -18,332.       -18,332.         9 a Gross income from gaming activities. See       Part IV, line 19       9a         b Less: direct expenses       9b       9b       -18,332.         c Net income or (loss) from gaming activities. See       Part IV, line 19       9a         b Less: direct expenses       9b       9b       0         10 a Gross sales of inventory, less returns and allowances       10a       0a         b Less: cost of goods sold       10b       0b       0         c Net income or (loss) from sales of inventory       Business Code       900099       100.         b Less: cost of goods sold       10b       0       0       0         c All other revenue       0       0       0       0       0         c All other revenue       0       100.       0       15,696.         12       Total revenue. See instructions       2,383,938.       100.       0.       15,696.	μ							100.			100.
contributions reported on line 1c). See       Ba       0.         Part IV, line 18       Ba       0.         b Less: direct expenses       Bb       18,332.         c Net income or (loss) from fundraising events       -18,332.       -18,332.         9 a Gross income from gaming activities. See       Part IV, line 19       9a         b Less: direct expenses       9b       9b       -18,332.         c Net income or (loss) from gaming activities. See       Part IV, line 19       9a         b Less: direct expenses       9b       9b       0         10 a Gross sales of inventory, less returns and allowances       10a       0a         b Less: cost of goods sold       10b       0b       0         c Net income or (loss) from sales of inventory       Business Code       900099       100.         b Less: cost of goods sold       10b       0       0       0         c All other revenue       0       0       0       0       0         c All other revenue       0       100.       0       15,696.         12       Total revenue. See instructions       2,383,938.       100.       0.       15,696.	Ę	0.0									
Part IV, line 18       Ba       0.         b       Less: direct expenses       Bb       18, 332.         c       Net income or (loss) from fundraising events       -18, 332.       -18, 332.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -18, 332.       -18, 332.         b       Less: direct expenses       9b       -18, 332.       -18, 332.         c       Net income or (loss) from gaming activities       -       -         to a       Gross sales of inventory, less returns and allowances       10a       -         b       Less: cost of goods sold       10b       -         c       Net income or (loss) from sales of inventory       -       -         b       Less: cost of goods sold       10b       -         c       NESCELLANEOUS INCOME       900099       100.       100.         b       -       -       -       -         c       -       -       -       -         d       All other revenue       -       100.       -         c       -       100.       -       -       -         12       Total revenue. See instructions       2, 383, 938.       100.       0. <td< td=""><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	0										
b Less: direct expenses					-		0.				
c       Net income or (loss) from fundraising events <ul> <li>-18,332.</li> <li>-18,332.</li> <li>-18,332.</li> </ul> 9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a       9a         b       Less: direct expenses       9b       9b       9b       9b       9c         b       Less: direct expenses       9b       9b       9c       9c       9c         10 a       Gross sales of inventory, less returns and allowances       10a       10a       10a       10a         b       Less: cost of goods sold       10b       10b       10b       10c       10c         c       Net income or (loss) from sales of inventory       Image: Solid soli											
9 a Gross income from gaming activities. See       9a       9a       9a         9 b Less: direct expenses       9b       9b       9b         c Net income or (loss) from gaming activities       >          10 a Gross sales of inventory, less returns and allowances       10a       10a         b Less: cost of goods sold       10b           c Net income or (loss) from sales of inventory       >          b Less: cost of goods sold       10b           c Net income or (loss) from sales of inventory       >           c Net income or (loss) from sales of inventory       >           c All other revenue       900099       100.       100.         d All other revenue       100.           e Total. Add lines 11a-11d       100.        15,696.								-18.332.			-18.332.
Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   11 a MISCELLANEOUS INCOME   b Business Code   c 00099   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions											10,0011
b Less: direct expenses 9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   b Sector   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions     2,383,938.		5.									
c       Net income or (loss) from gaming activities       ▶       ■       ■         10 a       Gross sales of inventory, less returns and allowances       10a       ■       ■         b       Less: cost of goods sold       10b       ■       ■       ■         c       Net income or (loss) from sales of inventory       ▶       ■       ■       ■         solution       10b       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■											
10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   11 a MISCELLANEOUS INCOME   b   c   c   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions							└─── <b>─</b>				
and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       >         11 a MISCELLANEOUS INCOME       Business Code         b       900099       100.         c       -         d All other revenue       -         e Total. Add lines 11a-11d       >         12 Total revenue. See instructions       >											
b Less: cost of goods sold 10b ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − −		10 2				10-					
c       Net income or (loss) from sales of inventory       ▶         11 a       MISCELLANEOUS INCOME       Business Code         b       900099       100.         c       4       All other revenue         e       Total Add lines 11a-11d       100.         12       Total revenue. See instructions       2,383,938.       100.											
Business Code       Image: Code <td></td> <td></td> <td></td> <td></td> <td></td> <td>···· —</td> <td></td> <td></td> <td></td> <td></td> <td></td>						···· —					
11 a       MISCELLANEOUS INCOME       900099       100.       100.         b			<u> </u>		sales UI IIIVE						
e Total. Add lines 11a-11d       ▶ 100.         12 Total revenue. See instructions       ▶ 2,383,938.       100.	sņ	11 -	a 1	MISCELLANEOUS	INCOM	E		100.	100.		
e Total. Add lines 11a-11d       ▶ 100.         12 Total revenue. See instructions       ▶ 2,383,938.       100.	oer Nue								±00•		
e Total. Add lines 11a-11d       ▶ 100.         12 Total revenue. See instructions       ▶ 2,383,938.       100.	ilar ven										
e Total. Add lines 11a-11d       ▶ 100.         12 Total revenue. See instructions       ▶ 2,383,938.       100.	Sce		-								<u> </u>
12         Total revenue. See instructions         ▶         2,383,938.         100.         0.         15,696.	Σ						L	100			
									100	0	15 696
	1000-				uið			<u> </u>			Form <b>990</b> (2021

Page **9** 

68-0369482

<u>Form 990 (</u>	=======================================	RELIGIONS	6
Part IX	Statement of Functional	Expenses	
Section 50	1(c)(3) and 501(c)(4) organizations	must complete all columns. /	All other organizations must complete column (A).

0000	Check if Schedule O contains a response				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	21 000	21 000		
-	and domestic governments. See Part IV, line 21	21,000.	21,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	669,096.	669,096.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	233,446.	211,034.	9,107.	13,305.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,074,143.	816,063.	75,943.	182,137.
8	Pension plan accruals and contributions (include			· · ·	
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	184,509.	126,830.	17,252.	40,427.
10		87,045.	63,317.	8,991.	14,737.
	Payroll taxes	07,043.			<u> </u>
11	Fees for services (nonemployees):				
	Management	98,561.	56,569.	41,992.	
	Legal	38,000.	31,160.	3,040.	3,800.
	Accounting	30,000.	51,100.	5,040.	5,000.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	000 450	000 007	40.050	00 000
	column (A), amount, list line 11g expenses on Sch 0.)	293,452.	228,367.	42,252.	22,833.
12	Advertising and promotion				
13	Office expenses	35,853.	19,807.	10,580.	5,466.
14	Information technology				
15	Royalties				
16	Occupancy	118,415.	101,366.	4,687.	12,362.
17	Travel	10,292.	2,952.	6,337.	1,003.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,016.	573.	182.	2,261.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	70,005.		70,005.	
23	Insurance	19,434.	15,383.	1,498.	2,553.
24	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	79,292.	65,796.	6,748.	6,748.
h	PAYROLL FEE	23,835.	21,024.	247.	2,564.
c b	BANK FEES	20,004.	, , , , , , , , , , , , , , , , , , ,	20,004.	_,
d	INTERNET	9,014.	6,122.	2,560.	332.
	All other expenses	11,937.	10,365.	38.	1,534.
	Total functional expenses. Add lines 1 through 24e	3,100,349.	2,466,824.	321,463.	312,062.
<u>25</u> 26	Joint costs. Complete this line only if the organization	5,100,517.	2,300,0230	541, 1050	512,002.
20					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
					Form <b>990</b> (2021)
13201	0 12-09-21	11			Form <b>330</b> (2021)

33

Total liabilities and net assets/fund balances

18,484,247.

33

# UNITED RELIGIONS

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

		Check if Schedule O contains a response of not	e to an				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			782,948.	1	1,494,543.
	2	Savings and temporary cash investments			-	2	
	3	Pledges and grants receivable, net			280,839.	3	39,217.
	4	Accounts receivable, net			•	4	
	5	Loans and other receivables from any current or				_	
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				-	
	-	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net		F		7	
	8	Inventories for sale or use				8	
	9				73,147.	9	87,496.
		Land, buildings, and equipment: cost or other					· · / - · · ·
		basis. Complete Part VI of Schedule D	10a	184,251.			
	h	Less: accumulated depreciation		174,823.	7,187.	10c	9,428.
	11	Investments - publicly traded securities			539,568.	11	399,992.
	12	Investments - other securities. See Part IV, line 1			3,112.	12	9,663.
	13	Investments - program-related. See Part IV, line -		F	• /	13	
	14	Intangible assets		Г	102,803.	14	36,814.
	15	Other assets. See Part IV, line 11			16,694,643.	15	17,590,754.
	16	Total assets. Add lines 1 through 15 (must equa			18,484,247.	16	19,667,907.
	17	Accounts payable and accrued expenses			196,942.	17	210,001.
	18	Grants payable			•	18	,
	19	Deferred revenue			12,877.	19	5,000.
	20	Tax-exempt bond liabilities			•	20	
	21	Escrow or custodial account liability. Complete F				21	
,	22	Loans and other payables to any current or form	er offic	er, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				22	
í	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, page	yables <sup>.</sup>	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			275,735.	25	1,275,735.
	26	Total liabilities. Add lines 17 through 25			485,554.	26	1,490,736.
		Organizations that follow FASB ASC 958, che	ck here	e ▶ X			
		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			12,135,995.	27	13,924,715.
	28	Net assets with donor restrictions			5,862,698.	28	4,252,456.
		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨			
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
;	30	Paid-in or capital surplus, or land, building, or eq				30	
	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
	32	Total net assets or fund balances			17,998,693.	32	18,177,171.
	33	Total lighilities and net assets/fund balances			18 484 247.	22	19 667 907.

19,667,907. Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2021) UNITED RELIGIONS	68-	0369482	Pag	<sub>ge</sub> 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,38		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,10		
3	Revenue less expenses. Subtract line 2 from line 1	3	-71	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,99		
5	Net unrealized gains (losses) on investments	5	_	1,2	20.
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	89	6,1	09.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	18,17	7,1	<u>71.</u>
Par	t 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	0.			
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?		<u>2b</u>	Х	
	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 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			37	
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За			t l		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			v
	Act and OMB Circular A-133?	-	<u>3a</u>		X
b		red audit	<u>3a</u>		X

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# 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
2021
Open to Public Inspection

Name	e of t	the organization							dentification number
Der	- 1		ED RELIGIO						8-0369482
Par		Reason for Public (					ee instructions	S.	
The o	rgan	ization is not a private found							
1		A church, convention of ch				on 170(b)(1	1)(A)(i).		
2			in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative							
4		A medical research organiz city, and state:	ation operated in col	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
5		An organization operated for section 170(b)(1)(A)(iv). (0		llege or university owned	d or operat	ed by a go	overnmental ur	nit describ	ed in
6		A federal, state, or local go		oontal unit doccribod in	soction 1	70/6/(1)/4)	(v)		
_	X		•				.,	o gonoral	oublic described in
• .		section 170(b)(1)(A)(vi). (C			ioni a gove	Innonta		e general	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 )				
9		An agricultural research org			-	ed in conii	inction with a	land-orant	college
Ŭ		or university or a non-land-g							
		university:					, and class of		
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	oort from c	ontributior	ns, membershi	p fees, an	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.								
		See section 509(a)(2). (Co							
11		An organization organized a	-	•	•				
12		An organization organized a	-	-	-			•	
		more publicly supported or							Check the box on
		lines 12a through 12d that							
а		Type I. A supporting orga	-	-	• • • •	-			
		the supported organization		• • • •	a majority c	of the direc	ctors or trustee	es of the si	upporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntroi or manag	je tne supj	Dorted
•		organization(s). You mus			in connoci	tion with		vintograt	ad with
с		Type III functionally inte						y integrate	eu witti,
d		its supported organization Type III non-functionally						tod organi	zation(s)
u		that is not functionally int						Ū.	
		requirement (see instruct	<b>°</b>	<b>e</b> ,	•		-	analleni	1633
۵		Check this box if the orga	/	• •				I Type III	
Ŭ		functionally integrated, or						i, iype iii	
f	Ente	er the number of supported of							
		vide the following information							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
									ļ
Total									

### Schedule A (Form 990) 2021

UNITED RELIGIONS

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) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1736634.	3233481.	3336543.	2987535.	2368145.	13662338.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1736634.	3233481.	3336543.	2987535.	2368145.	13662338.
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)						1872657.
	Public support. Subtract line 5 from line 4.						11789681.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1736634.	3233481.	3336543.	2987535.	2368145.	13662338.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	924.	1,286.	28,210.	9,641.	33,842.	73,903.
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.)	154,295.	166,205.	240,677.	52,397.		613,674.
11	Total support. Add lines 7 through 10					<b>I</b>	14349915.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop	<u>o here</u>					
	ction C. Computation of Publi						00.10
	Public support percentage for 2021 (I		•	())		14	82.16 %
	Public support percentage from 2020					15	74.71 %
<b>1</b> 6a	33 1/3% support test - 2021. If the o	-			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual						
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	0					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

16101115 795476 0639700

Schedule A				RELIGIONS		
Part III	Support	Schedule fo	r Organizat	tions Described i	n Section 5	09(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
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						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6		(-)	(-/=	(-,		(7)
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
check this box and stop here Section C. Computation of Publi						····· •
•			(1)			0/
<b>15</b> Public support percentage for 2021 (li					15	<u>%</u>
16 Public support percentage from 2020 Section D. Computation of Inves					16	%
17 Investment income percentage for 20			ine 1.3 column (f))		17	%
18 Investment income percentage from 2					18	%
<b>19a 33 1/3% support tests - 2021.</b> If the					· · · · ·	
more than 33 1/3%, check this box an						•
<b>b 33 1/3% support tests - 2020.</b> If the						%, and
line 18 is not more than 33 1/3%, che						
<b>20 Private foundation.</b> If the organizatio						······ •
132023 01-04-22		,	. ,			ule A (Form 990) 2021
		16				. ,

1

2

3a

3b

3c

4a

4b

4c

5a

Yes No

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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) 2021

	(Form 990) 2021		RELIGIONS
Part IV	Supporting Org	anizations (con	tinued)

2

Yes No

			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			

<ul> <li>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</i> "No," <i>describe in</i> <b>Part VI</b> <i>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.</i></li> <li>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? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>how providing such benefit carried out the purposes of the supported organization(s) that operated</i></li> </ul>			
		1	ĺ
2			ĺ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated		ĺ

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

Section C. Type II Supporting	o Organizations

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

Section D. All Type III Supporting Organizations
--------------------------------------------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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	/ear (see instructions).

- 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.*

с	The organization supported a governmental entity.	Describe in Part VI how	you supported a gov	vernmental entity (see instruct	tion <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
 ...

 3a
 ...

 3b
 ...

Schedule A (Form 990) 2021

132025 01-04-22

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

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

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Sche	Schedule A (Form 990) 2021 UNITED RELIGIONS 68-0369482 Page 7					
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Yea	ar
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	3	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 ( <i>describe in</i> <b>Part VI</b> ). 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 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	1	1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributabl Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form	990	2021
Dout V/	~		

	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par (See instructions.)	, 4b, 4c, 5a, 6, 9a, 9b, 9c, d 3: Part IV. Section E. line	11a, 11b, and 11c; Part as 1c, 2a, 2b, 3a, and 3b;	IV, Section B, lines 1 an Part V. line 1: Part V. S	nd 2; Part IV, Section C, Section B. line 1e: Part V.
	(วะยากรแนะแบกร.)				
32028 01-04-2	2				Schedule A (Form 990) 202 <sup>-</sup>
			21		

# 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

# 2021

Employer identification number

68-0369482

JNITED	RELIGIONS
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
	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  $e_{XClusively}$  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  $e_{XClusively}$  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  $\dots$  b \$

**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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>			Person X Payroll
		\$ <u>10,000.</u>	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u> </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
3		\$ <u> </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_		\$22,242.	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		\$264,969.	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		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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

UNITED RELIGIONS

Part I

Schedule B (Form 990) (2021) Name of organization

68 - 0369482

Schedule B (Form 990) (2021)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$6,000.	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
8		\$ <u> </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
9		\$20,000.	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
No.		Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for
No. 10 (a)	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 10 (a) No.	Name, address, and ZIP + 4	Total contributions         \$       9,035.         (c)         Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

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

Employer identification number

68 - 0369482

Schedule B (Form 990) (2021)

06397001

25 2021.05000 UNITED RELIGIONS

16101115 795476 0639700

Schedule B (Form 990) (2021) Name of organization

UNITED RELIGIONS

Part I

Page 2

#### 13 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 14 X Person Payroll 5,187. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 Person Х Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 18 Х Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.)

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

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2021)

## UNITED RELIGIONS

Name of organization

Part I

(a)

No.

Schedule B (Form 990) (2021)

Employer identification number

(c)

**Total contributions** 

68-0369482

(d)

Type of contribution

16101115 795476 0639700

123452 11-11-21

#### No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 20 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 Х Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 22 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 х Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 24 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

06397001

# 123452 11-11-21

16101115 795476 0639700

Name of organization

Part I

(a)

Employer identification number

(d)

68-0369482

UNITED RELIGIONS

(b)

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

(c)

Schedule B (Form 990) (2021)
Name of organization

Employer identification number

68-0369482

# UNITED RELIGIONS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 26 X Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 28 Х Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 х Person Payroll 26,041. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

06397001

<u></u>		\$15,000.	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
<u>32</u>		\$300,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11-21		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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

(b)

Name, address, and ZIP + 4

06397001

UNITED RELIGIONS

Name of organization

Part I

(a)

No.

Employer identification number

(c)

**Total contributions** 

68-0369482

(d)

Type of contribution

Schedule B (Form 990) (2021)

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

Schedule B (Form 990) (2021) Name of organization

Employer identification number

68-0369482

16101115 795476 0639700

Schedule B (Form 990) (2021)

Name of or	ganization		Employer identification number		
UNTTED	RELIGIONS		68-0369482		
Part III		a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yeary. For organizations		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of gift	[		
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfe Transferee's name, address, and ZIP + 4		er of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	(e) Transfer		er of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ŀ	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
123454 11-11-:	21	31	Schedule B (Form 990) (20)		

SCHEDULE [	)
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 L **Open to Public** Inspection

Nam	e of the organization UNITED RELIGIONS			Ei	i mployer identification 68-036948	
Par		d Funds or Othe	r Similar Fund	s or Accol		2
1 41	organization answered "Yes" on Form 990, Part IV, lin					
		(a) Donor ac	lvised funds	(b) F	unds and other account	s
1	Total number at end of year			()		
	Aggregate value of contributions to (during year)					
2						
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in		- hold in denor od	iood fundo		
5					Yes	No
6	are the organization's property, subject to the organization's					NO
0	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor o					
				0	Yes	No
Par	impermissible private benefit? t II Conservation Easements. Complete if the org					No
				, i aitiv, iiic	1.	
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreation of land for public use)			of a historiaal	lly important land area	
	Protection of natural habitat	lition of education)			Ily important land area historic structure	
				or a certilleu	nisione structure	
2	Preservation of open space	fied concervation cor	atribution in the form	n of a concor	votion accoment on the	laat
2	Complete lines 2a through 2d if the organization held a qualit day of the tax year.	neu conservation cor			Held at the End of the	
•				20		
a h						
b	Number of conservation easements on a certified historic structure	ucture included in (a)				
d	Number of conservation easements included in (c) acquired a				; 	
u	listed in the National Register	•				
3	Number of conservation easements modified, transferred, rel					
U	year	icasca, extinguisrica,	or terminated by t	ie organizatio	an during the tax	
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per		pection handling o	f		
Ũ	violations, and enforcement of the conservation easements it	-	pootion, nanaing o		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
•		indiana ing or moralion	s, and enterening ee			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	d enforcina conserv	vation easeme	ents during the year	
-	► \$	, and	L emerenig eeneer		into dannig tito you	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirer	nents of section 17	0(h)(4)(B)(i)		
-	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
•	balance sheet, and include, if applicable, the text of the footr					
	organization's accounting for conservation easements.	···· ·· ··· ··· ··· ··· ··· ··· ··· ··				
Par	t III Organizations Maintaining Collections of	f Art, Historical	Treasures, or C	Other Simil	lar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	i8, not to report in its	revenue statement	and balance	sheet works	
	of art, historical treasures, or other similar assets held for put					
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these ite	ems.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and	d balance she	et works of	
	art, historical treasures, or other similar assets held for public	c exhibition, educatio	n, or research in fui	therance of p	public service,	
	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 tre					
	the following amounts required to be reported under FASB A			<b>U</b> /1		
а	Revenue included on Form 990, Part VIII, line 1	-		►	► \$	
	Assets included in Form 990, Part X				\$	
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 9	90) 2021
	10-28-21				•	-

Sche		RELIGIONS				68-03	69482	Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art,	, Historical Tre	asures, or Otl	ner Sim	ilar Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	e significa	int use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	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 e	xempt pu	rpose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical treas	sures, or other sim	ilar assets	s	_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrange		te if the organizatio	n answered "Yes"	on Form	990, Part IV,	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi		•				-		1
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:		_		<u> </u>		
							Amount		
	Beginning balance					C			
	Additions during the year					d			
e	Distributions during the year					e			
T	Ending balance				·····	lf			1
	Did the organization include an amount on Fo				• •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i					<u></u>	<u></u>		]
		(a) Current year	(b) Prior year	(c) Two years bac		ree years back	(e) Four	vears	back
1a	Beginning of year balance	15,855,584.	13,218,802.	2,716,054		1,861,056.		492,	
b	Contributions	500,000.	2,371,353.			986,445.		,	
c	Net investment earnings, gains, and losses	1,368,154.	2,023,128.	439,528		-129,676.	1,	368,	385.
d	Grants or scholarships	1,401,432.	1,650,460.	,		,	,		
e	Other expenditures for facilities		· ·						
	and programs								
f	Administrative expenses	77,451.	107,239.	290,95	۶.	1,771.			
g	End of year balance	16,244,855.	15,855,584.	13,218,802	2.	2,716,054.	1,	861,	056.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:					
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 posse	ssion of the organizat	ion that are held ar	nd administered fo	r the orga	nization	r		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza						3b	X	
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment funds.						
Fai	Complete if the organization answered		Part IV line 11a S	oo Form 000 Port	V line 10	h			
		,		,	,		(-1) D1		
	Description of property	(a) Cost or ot basis (investm	• •	or other <b>(c</b> (other)	) Accumu depreciat		(d) Book	value	e 
1a	Land								
b	Buildings								
с	Leasehold improvements			1,747.		747.			0.
d	Equipment		17	2,504.	163,	.076.	9	),42	28.
	Other								
<u>Total</u>	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part X	, column (B), line 1	0c.)		🕨	9	),42	28.

Schedule D (Form 990) 2021

16101115 795476 0639700

	(Form 990)			RELIGIONS
Part VII	Investn	ients	- Other Securi	cies.

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 en	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.			
Complete if the organization answered "Yes"	on Form 000 Part IV ling	11c Soc Form 990 Part V line 13	
(a) Description of investment			d of yoor morket yok o
	(b) Book value	(c) Method of valuation: Cost or en	d-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) DEPOSITS			17,094.
(2) INTEREST IN NET ASSETS OF	URI FOUNDATI	NC	17,573,660.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
			17,590,754.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)	·····	<u> </u>
Complete if the organization answered "Yes"	on Form 000 Port IV line	110 or 11f Son Form 000 Dart V line 05	:
(a) Description of lightlity	on Form 390, Fart IV, Ilne	THE OF THE GEE FUTTH 990, Part A, IINE 25	b. (b) Book value
1. (a) Description of liability			
(1) Federal income taxes			
(2) CARES ACT PPP LOAN			275,735.
(3) DUE TO URI FOUNDATION			1,000,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			1,275,735.

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 UNITED RELIGIONS			68-0	0369482 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	s With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,278,827.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,220.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	896,109.		
е	Add lines 2a through 2d			2e	894,889.
3	Subtract line 2e from line 1			3	2,383,938.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,383,938.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	its With	Expenses per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,100,349.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,100,349.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,100,349.
Pa	rt XIII Supplemental Information.				

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

#### PART V, LINE 4:

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

INITIATIVE FOUNDATION, INC. FUNDS ARE USED FOR VARIOUS STRATEGIC

INITIATIVES AND IN ACCORDANCE WITH DONOR RESTRICTIONS.

PART X, LINE 2:

UNITED RELIGIONS IS RECOGNIZED AS A PUBLIC CHARITY EXEMPT FROM FEDERAL

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

RECOGNIZED AS A PUBLIC CHARITY EXEMPT FROM STATE INCOME TAXES UNDER

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

35

PROVISION HAS BEEN MADE FOR SUCH TAXES IN THE ACCOMPANYING FINANCIAL

STATEMENTS.

132054 10-28-21

#### 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) 2021

132055 10-28-21

Name of the organization					Employer identifi	cation number
UNITED RELIGION	s				68-036948	2
		ctivities Out	side the United States. Comple	ete if the organ		
 Form 990, Part IV			p-			
1 For grantmakers. Does	the organization	n maintain record	Is to substantiate the amount of its gra	ints and other a	assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes No
2 For grantmakers. Desc	ribo in Part V the	organization's r	procedures for monitoring the use of its	arants and oth	or assistance outsi	do tho
United States.	nbe in Fait V the	organization s p	biocedures for monitoring the use of its	s grants and ou		
	ne following Part	L line 3 table ca	n be duplicated if additional space is n	leeded )		
(a) Region	(b) Number of	(c) Number of		1	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a prog	gram service,	expenditures
	in the region	independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				INTERFAITH	COOPERATION,	
			PROGRAM SERVICES, GRANTS TO	COMMUNICATI	ON, AND	
ASIA SOUTH	6	3	RECIPIENTS.	REGIONAL CO	ORDINATION.	178,285.
					COOPERATION,	
			,	COMMUNICATI		
EAST ASIA & PACIFIC	3	3	RECIPIENTS.	REGIONAL CO	ORDINATION.	59,134.
CENTRAL				ΤΝͲΕΡΕΔΤΨΗ	COOPERATION,	
AMERICA/SOUTH				COMMUNICATI		
AMERICA/CARRIBEAN	2		RECIPIENTS.	REGIONAL CO	•	52,477.
	2	<b>1</b>			ondimition.	52,111.
				INTERFAITH	COOPERATION,	
MIDDLE EAST, NORTH			PROGRAM SERVICES, GRANTS TO	COMMUNICATI	ON, AND	
AFRICA	1	1	RECIPIENTS.	REGIONAL CO	ORDINATION.	82,050.
				INTERFAITH	COOPERATION,	
			PROGRAM SERVICES, GRANTS TO	COMMUNICATI	ON, AND	
AFRICA	6	6	RECIPIENTS.	REGIONAL CO	ORDINATION.	178,151.
					COOPERATION,	
FUDODE	1		PROGRAM SERVICES, GRANTS TO	REGIONAL CO		110 000
EUROPE	1	3	RECIPIENTS.	REGIONAL CO	ORDINATION.	118,999.
3 a Subtotal	19	17				669,096.
<b>b</b> Total from continuation		-				
sheets to Part I	0	0				0.
c Totals (add lines 3a		1				1

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

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

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17

Schedule F (Form 990) 2021

132071 12-20-21

and 3b)

#### 16101115 795476 0639700

#### 37 2021.05000 UNITED RELIGIONS

669,096.



Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

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	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			INTERFAITH					
		AFRICA	COOPERATION	121,594.	WIRE TRANSFERS	56,557.		
			INTERFAITH					
		EAST ASIA/PACIFIC	COOPERATION	11,700.	WIRE TRANSFERS	47,434.		
			INTERFAITH					
		EUROPE	COOPERATION	53,218.	WIRE TRANSFERS	65,781.		
			INTERFAITH COOPERATION	39 083	WIRE TRANSFERS	42,967.		
						12,507.		
			INTERFAITH					
		SOUTH ASIA	COOPERATION	87,791.	WIRE TRANSFERS	90,494.		
		CENTRAL						
		AMERICA/SOUTH	INTERFAITH					
		AMERICA/CARRIBEAN	COOPERATION	29,336.	WIRE TRANSFERS	23,141.		
2 Enter total number of	recipient organization	ns listed above that are i	recognized as charities by the t	foreign country	recognized as a tax			<u>    I                                </u>
			or counsel has provided a sect		-	► _		
3 Enter total number of	other organizations of	or entities						

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 UNITED RELIGIONS

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.

Part III can be duplicated II ac	autional space is needed	٦.					
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

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Schedule F (Form 990) 2021

Page 3

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) 2021

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

PART I, LINE 2:

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

OF GRANT. ORGANIZATION REVIEWS REPORTS AND DOCUMENTS.

132075 12-20-21

SCHEDULE G	Suppleme	OMB No. 1545-0047						
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990	-		-			Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		RELIGIONS					Employer ide 68-0369	entification number 9482
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
·	complete this par							
a Mail solicitat		e Solicita			overnment grants			
	email solicitations			-	nment grants			
c Phone solici		g Special						
d In-person so		3						
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?			s No
	•	viduals or entities (fundraisers) pursu	ant to	agree	ments under which th	ne fur	ndraiser is to b	e
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
				L				
		on is registered or licensed to solicit o		utions	or has been notified	it is (	exempt from re	 egistration
or licensing.								
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedul	e G (Form 990) 2021

132081 10-21-21

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List ev	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 CIRCLES OF	(b) Event #2	(c) Other events NONE	<b>(d)</b> Total events (add col. <b>(a)</b> through
			LIGHT (event type)	(event type)	(total number)	col. <b>(c)</b> )
anu				(event type)	(total number)	
Revenue	1	Gross receipts	70,970.			70,970.
	2	Less: Contributions	70,970.			70,970.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				10 220
	9	Other direct expenses		•	<b>`</b>	18,332. 18,332.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			•	-18,332.
Pa	rt I					10/0021
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
		I	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	•	Not coming income summer Cubtract line 7	from line 1 column (d)		•	
	0	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	UNITED RELIGION	NS	68-03694	482	Page 3
11	Does the organization conduct g	aming activities with nonmembe	ers?	•	Yes	No
			a member of a partnership or other entity formed			
	to administer charitable gaming	?	· · · · · · · · · · · · · · · · · · ·	•	Yes	No
13	Indicate the percentage of gami					
				13a		%
						%
			ganization's gaming/special events books and rec			
	Name 🕨					
	Address 🕨					
15a	a Does the organization have a co	ntract with a third party from wh	nom the organization receives gaming revenue?	······	Yes	No
I	If "Yes," enter the amount of ga	ming revenue received by the or	ganization 🕨 \$ and the a	mount		
	of gaming revenue retained by t	ne third party <b>&gt;</b> \$				
	If "Yes," enter name and addres					
		. ,				
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	► \$				
	Description of services provided	►				
		Freedow				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
á	a Is the organization required und	er state law to make charitable d	distributions from the gaming proceeds to			
	retain the state gaming license?			·····	Yes	No
I	Enter the amount of distribution	s required under state law to be	distributed to other exempt organizations or spen	nt in the		
_	organization's own exempt activ					
Pa			ations required by Part I, line 2b, columns (iii) and	(v); and Part III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Also provide any a	additional information. See instructions.			
1320	83 10-21-21			Schedule G (F	orm 9	90) 2021

16101115 795476 0639700

Part IV	Supplemental Information (continued)	
		Schedule G (Form 990)

132084 11-18-21

16101115 795476 0639700

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury		Comp	lete il tile oi galiizatioi	Attach to For		11 IV, III e 2 I 01 22.		2021 Open to Public	
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection	
Name of the organizati	ion UNITED RE	LIGIONS						Employer identification number $68 - 0369482$	
Part I General Ir	nformation on Grants a	nd Assistance							
	zation maintain records t								
Criteria used to a	award the grants or assis IV the organization's pro		oring the use of grant -	funda in tha Unitad					
	d Other Assistance to					anization answered "Y	es" on Form 990 Parl	IV line 21 for any	
	hat received more than \$								
. ,	ddress of organization vernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	<b>(d)</b> 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 grant or assistance	
PROGRAM GRANT - U P.O. BOX 29242 SAN FRANCISCO, CA			170(B)(1(A)(VI)	21,000.	0.			PROGRAM GRANT	
	per of section 501(c)(3) and the section solution of other organizations of other organizations of the section solution solution solutions are solutions of the section solution solution solution solution solutions are solutions and solutions are solutions a			e line 1 table				······ •	

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

132102 10-26-21

#### UNITED RELIGIONS

Part III can be duplicated if additional space is needed. **(e)** Method of valuation (book, FMV, appraisal, other) (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance

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

PART I, LINE 2:

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

ORGANIZATION REVIEWS REPORTS AND DOCUMENTS. GRANT.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

68-0369482

Page 2

SCHEDULE J (Form 990)		<b>Compensation Inform</b> For certain Officers, Directors, Trustees, Key Em		ŀ	OMB No		
		Compensated Employees Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 23.				
	epartment of the Treasury					o Publ ection	ic
	Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.         Employer iden           Jame of the organization         Employer iden         Employer iden         Employer iden						
Nam	e of the organization				36948		nber
Pa		UNITED RELIGIONS Regarding Compensation		00-0	30940	2	
га						Vee	
10	Chack the oppropri	to hav (a) if the arganization provided any of the following to ar fo	or a parson listed on Form	000		Yes	No
		te box(es) if the organization provided any of the following to or fo ine 1a. Complete Part III to provide any relevant information regard	•	990,			
	First-class or c		nce or residence for perso				
	Travel for com		usiness use of personal res				
		-	club dues or initiation fee				
			es (such as maid, chauffel				
	Discretionary	pending account Personal service	es (such as maid, chauned	ii, chei)			
h	If any of the boyog	on line 1a are checked, did the organization follow a written policy	regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete			1b	х	
		require substantiation prior to reimbursing or allowing expenses i					
	0	s, including the CEO/Executive Director, regarding the items chec	,		2	х	
	trustees, and onice	s, including the CEO/Executive Director, regarding the items chec				21	
3	Indicate which if a	y, of the following the organization used to establish the compens	ation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods us	-				
		tion of the CEO/Executive Director, but explain in Part III.	iou by a rolated organizatio				
	X Compensation		ment contract				
		ompensation consultant X Compensation					
	X Form 990 of o		board or compensation c	ommittee			
			board of compensation c	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with re	espect to the filing				
			speer to the ming				
	organization or a related organization: a Receive a severance payment or change-of-control payment?						x
		eive payment from a supplemental nonqualified retirement plan?					x
	a Destinizate in an exactive neuronal form on an its based economication emergence and						x
c Participate in or receive payment from an equity-based compensation arrangement?							
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must complete line:	s 5-9.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay o		n			
	contingent on the r		,				
	The organization?				5a		x
	Any related organiz						x
	, ,	r 5b, describe in Part III.					
		n Form 990, Part VII, Section A, line 1a, did the organization pay o	r accrue anv compensatio	n			
	contingent on the r		·,,				
	•				6a		x
	Any related organiz						x
	, ,	r 6b, describe in Part III.					
		n Form 990, Part VII, Section A, line 1a, did the organization provi	de any nonfixed navments				
		es 5 and 6? If "Yes," describe in Part III			7		x
		eported on Form 990, Part VII, paid or accrued pursuant to a cont					
		potied of room 930, r art vir, paid of accided pursuant to a compotion described in Regulations section 53.4958-4(a)(3)? If "Yes," do			8		x
		d the organization also follow the rebuttable presumption procedu					
		53.4958-6(c)?			. 9		
	- agaiations scotlu	33.4930 <sup>-0</sup> (c)?		<u></u>		1	

 $\mbox{LHA}\,$  For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

132111 11-02-21

#### 68-0369482

Page **2** 

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

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

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

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

Schedule J (Form 990) 2021

Page 3

#### Part III Supplemental Information

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

#### PART I, LINE 1A:

#### EXECUTIVE DIRECTOR REVEREND VICTOR H. KAZANJIAN, JR. RECEIVED A NON-TAXABLE

#### MINISTERIAL HOUSING ALLOWANCE.

Schedule J (Form 990) 2021

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.



68-0369482

UNITED RELIGIONS

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.

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

Name of the organization	Employer identification number
UNITED RELIGIONS	68-0369482
PROVIDE DIRECT COMMUNICATION WITH AND NETWORK SUPPORT FO	OR CCS. NETWORK
BENEFITS INCLUDE: HELPING CCS BUILD CAPACITY, RAISING	JISIBILITY FOR
CC WORK, ASSISTING CCS IN CREATING PARTNERSHIPS, CONNEC	FING WITH LOCAL
OFFICIALS, ORGANIZING LOCAL AND REGIONAL GATHERINGS AND	TRAININGS, AND
INSPIRING THE DEVELOPMENT OF NEW CCS. CCS ARE INSPIRED	AND SUSTAINED IN
THEIR WORK BY ACTIVE PARTICIPATION IN URI'S VITAL NETWOR	RK WITH OTHER
CCS WITH WHOM THEY GENERATE CONNECTION, COMMUNICATION, (	CO-MENTORING AND
SHARED LEARNING. URI'S GLOBAL SUPPORT OFFICE, WHICH IS I	BASED IN SAN
FRANCISCO, PROVIDES ACCOUNTABILITY, TRAINING AND CONSUL	TATION 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 LEADERSHI	P TEAMS,

CREATING A FLOW OF QUALITY INFORMATION, MAINTAINING A CC MEMBER

DATABASE, MANAGING FINANCE, PUBLICIZING CC IMPACT WORLDWIDE, ENGAGING

IN FUNDRAISING, AND PROVIDING FOCUSED RESOURCE SUPPORT AND TRAINING IN

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

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

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

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

GLOBAL SUPPORT STAFF.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DEVELOPMENT AND GLOBAL ENGAGEMENT AND SERVES TO INCREASE URI'S PRESENCE ALL OVER THE WORLD. THE GLOBAL COUNCIL TYPICALLY MEETS ONCE A YEAR IN PERSON, AND THREE TIMES A YEAR BY VIDEO CONFERENCE CALL. IN BETWEEN THESE MEETINGS, THE GLOBAL COUNCIL OPERATES THROUGH WORKING COMMITTEES THAT ACTIVELY PARTICIPATE VIA EMAIL AND ZOOM MEETINGS. MEMBERS OF THE 132212 11-11-21 Schedule O (Form 990) 2021

16101115 795476 0639700

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
UNITED RELIGIONS	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.

URI'S WEBSITE	INCLUDES AN	INTERFAITH	TEACHERS'	CURRICULUM	FOR	
132212 11-11-21			F 2		So	chedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>
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 \$ 308,507. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION A, LINE 6:	
GROUPS CALLED "COOPERATION CIRCLES" ARE MEMBERS AND MUST B	E APPROVED BY A
COMMITTEE OF THE BOARD. COOPERATION CIRCLES ARE THE ONLY C	LASS OF MEMBERS

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

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

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

 132212
 11-11-21

 Schedule O (Form 990) 2021

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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 .

132212 11-11-21

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INCREASE IN BENEFICIAL INTERE	ST IN URI FOUNDATION	896,109.
FORM 990, PART XII, LINE 2C		
	CESS FROM THE PRIOR YEAR.	
132212 11-11-21	56	Schedule O (Form 990) 2021

Page **2** 

Employer identification number

68-0369482

Schedule O (Form 990) 2021

UNITED RELIGIONS

Name of the organization

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#### 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				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	
	-						
	_						
	-						
For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	•	•	•	Schedule R	Form 99	0) 2021

#### Name of the organization UNITED RELIGIONS

(b)

Primary activity

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

Related Organizations and Unrelated Partnerships
related Organizations and Onrelated Fartherships

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.

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

Department of the Treasury Internal Revenue Service

(a)

Name, address, and EIN (if applicable)

of disregarded entity

#### (Form 990)

OMB No. 1545-0047 2021

ic

	Open to Public Inspection
Employer ide	entification number

(f)

Direct controlling

entity

68-0369482

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Schedule R (Form 990) 2021

#### Schedule R (Form 990) 2021 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.

		-								1	
(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>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	contr	<b>i)</b> b)(13) rolled tity?
		country)				400010		Yes	No

#### Schedule R (Form 990) 2021 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.

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

#### Schedule R (Form 990) 2021 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)		6	<del>.</del> )	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of		opor-	Code V-UBI	Genera	I or Percentage
of entity	, ,	(state or foreign	(related, unrelated,	501( org	c)(3) s.?	total	end-of-year	Dispr tior alloca	nate tions?	amount in box 20	manag partne	<sub>r?</sub> ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No		Yes	10
											$\square$	

Schedule R (Form 990) 2021

#### UNITED RELIGIONS

Part VII Supplemental Information

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

132165 11-17-21

61 2021.05000 UNITED RELIGIONS

Schedule R (Form 990) 2021

For (Be)	m <b>8938</b> v. November 2021)	I Assets t information.		OMB No. 1545-2195						
Depa	artment of the Treasury nal Revenue Service	For calendar year	Attach to your ta 2021 or tax year beginning		ending		Attachment Sequence No. <b>938</b>			
	lf you	have attached additi	onal statements, check here	Number	of additional s	tatement	S			
1	Name(s) shown on re UNIT	eturn 'ED RELIGION	IS		2 Taxpayeri 58-03694		ion number (TIN)			
3	Type of filer									
	a Specified in	ndividual <b>b</b>	Partnership c	Corporation		d 🗌	Trust			
4	If you checked box 3	Ba, skip this line 4. If yo	ou checked box 3b or 3c, enter the	name and TIN of th	e specified indiv	idual who	closely holds the			
	partnership or corpo	ration. If you checked	box 3d, enter the name and TIN of	the specified perso	n who is a curre	nt benefic	ciary of the trust.			
	(See instructions for	definitions and what t	o do if you have more than one spe	cified individual or s	pecified person	to list.)				
	<b>a</b> Name				b TIN					
P	Part I Foreign De	eposit and Custo	dial Accounts Summary							
5	Number of deposit a	ccounts (reported in F	Part V)		•		1			
6	Maximum value of al	l deposit accounts				\$	13,664.			
7	Number of custodial	accounts (reported in	Part V)		·····					
8	Maximum value of al	I custodial accounts				\$				
9	Were any foreign dep	Y	es 🛛 🔀 No							
Р	art II Other Fore	eign Assets Sum	mary							
10		ssets (reported in Part			🕨					
<u>11</u>	Maximum value of al	I assets (reported in P	art VI)			\$				
<u>12</u>		sets acquired or sold c		<b></b>			es X No			
Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instruct							ons)			
	(a) Asset category	(b) Tax item	(c) Amount reported on	( )) =		ere reported				
			form or schedule	(d) Form a	nd line	(e)	Schedule and line			
13	Foreign deposit and	a Interest	\$							
	custodial accounts	<b>b</b> Dividends	\$							
		c Royalties	\$							
		d Other income	\$							
		e Gains (losses)	\$							
		f Deductions	\$							
		g Credits	\$							
14	Other foreign assets	a Interest	\$							
		<b>b</b> Dividends	\$							
		c Royalties	\$							
		d Other income	\$							
		e Gains (losses)	\$							
		f Deductions	\$							
		g Credits	\$							
Pa	art IV Excepted	Specified Foreig	n Financial Assets (see inst	ructions)						
-	· ·	•	s on one or more of the following for	ms, enter the numb	er of such form	s filed. Yo	ou do not need to			
	lude these assets on F			٨	47 NI.	mber of	Formo 5471			
	Number of Forms 352		16 Number of Forms 3520-	4	17 NI	under of I	Forms 5471			
ıŏ	Number of Forms 862		<b>19</b> Number of Forms 8865							

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

Form 8938 (Rev. 11-2021)

Form 8938 (Rev. 11-2021)
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is maintained

JORDAN, DINAR

P.O. BOX 7693

23

24

27

Maximum value of account during tax year

(a) Foreign currency in which account

25 If you answered "Yes" to line 24, complete all that apply.

26a Name of financial institution in which account is maintained

HOUSING BANK TRADE & FINANCE

13,664

No

X Yes

(c) Source of exchange rate used if not from U.S.

**b** Global Intermediary Identification Number (GIIN) (Optional)

Treasury Department's Bureau of the Fiscal Service

HTTPS://WWW.XE.COM/CURRENC

#### Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions. a X Deposit 20 Type of account 21 Account number or other designation 0005531100201001 Custodial h 22 Check all that apply Account opened during tax year b Account closed during tax year а Account jointly owned with spouse d No tax item reported in Part III with respect to this asset С

(b) Foreign currency exchange rate used to

Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?

convert to U.S. dollars

Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

28	City or town, state or province, country, and ZIP or foreign postal c	ode						
	AMMAN JORDAN				11118			
Pa	rt VI Detailed Information for Each "Other Foreign	Asset	" Incl	luded in	the Part II	Summary	(see instru	ctions)
lf you	I have more than one asset to report in Part VI, attach a separate sta	tement	for eac	h addition	al asset. See i	nstructions.		
29	Description of asset		<b>30</b> lo	dentifying I	number or othe	er designation		
	Complete all that apply. See instructions for reporting of multiple ad Date asset acquired during tax year, if applicable Date asset disposed of during tax year, if applicable							
с	Check if asset jointly owned with spouse	d	Chec	k if no tax	item reported	in Part III with	respect to this	asset
а	b         \$50,000         b         \$50,001 - \$100,000           If more than \$200,000, list value	c 🗌		,001 - \$15(	,		50,001 - \$200,0 \$	)00
33	Did you use a foreign currency exchange rate to convert the value of	of the as	set int	o U.S. dol	ars?		Yes	No
34	If you answered "Yes" to line 33, complete all that apply.							
	<ul><li>(a) Foreign currency in which asset is denominated</li><li>(b) Foreign currency exconvert to U.S. dollars</li></ul>	change	rate used to (c) Source of exchange rate used if not Treasury Department's Bureau of the Fis					
35	If asset reported on line 29 is stock of a foreign entity or an interest	in a fore	eign en	tity, enter	the following i	nformation for	the asset.	
а	Name of foreign entity			<b>b</b> GIIN	(Optional)			
с	Type of foreign entity (1) Partnership	(2)	Cor	rporation	(3)	Trust	(4)	Estate
d	Mailing address of foreign entity. Number, street, and room or suite	no.						
e	City or town, state or province, country, and ZIP or foreign postal c	ode						

36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.

а	Name of issuer or counterparty								
	Check if information is for		Issuer	Counterpa	rty				
b	Type of issuer or counterparty								
	(1) Individual	(2)	Partnership	(3)	Corporation	(4)	Trust	(5)	Estate
с	Check if issuer or counterparty is	a	U.S. person	Fo	reign person				

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

e City or town, state or province, country, and ZIP or foreign postal code

123022 12-14-21

Electronic Filing PDF Attachment

Form **8938** 

### Statement of Specified Foreign Financial Assets ► Go to www.irs.gov/Form8938 for instructions and the latest information.

OMB No. 1545-2195

(Rev	/. November 2021)		Attach to your ta	ax return.		Attachment
Depa Inter	artment of the Treasury nal Revenue Service	For calendar year 2	2021 or tax year beginning	and ending		Sequence No. 938
	lf you	have attached additi	onal statements, check here	Number of addition	nal statement	S
1	Name(s) shown on re UNIT	eturn 'ED RELIGION	IS	2 Taxp 68-036		ion number (TIN)
3	Type of filer					
	a Specified in	dividual <b>b</b>	Partnership c	Corporation	d	Trust
4	If you checked box 3	a, skip this line 4. If yo	ou checked box 3b or 3c, enter the	name and TIN of the specified	l individual who	closely holds the
	partnership or corpor	ration. If you checked	box 3d, enter the name and TIN of	the specified person who is a	current benefic	iary of the trust.
	(See instructions for	definitions and what t	o do if you have more than one spe	cified individual or specified p	erson to list.)	
_	a Name			b TIN		
P	Part I Foreign De	eposit and Custo	dial Accounts Summary			
5	Number of deposit a	ccounts (reported in P			. ▶	1
6	Maximum value of all	I deposit accounts .			\$	13,664.
7		accounts (reported in	Part V)			
8	Maximum value of all	l custodial accounts			\$	
9			ounts closed during the tax year?	<u></u>	Y	es X No
	art II Other Fore	-	-			
<u>10</u>		sets (reported in Part		<u></u>	· •	
11		l assets (reported in P		<u></u>	\$	<b>v</b> .
12 D	Were any foreign ass	ets acquired or sold c	ibutable to Specified Forei	an Financial Assets /c	ee instructio	es X No
	art in Summary		(c) Amount reported on	· · · ·	here reported	<i>л</i> 15 <i>ј</i>
	(a) Asset category	<b>(b)</b> Tax item	form or schedule	(d) Form and line		Schedule and line
13	Foreign deposit and	a Interest	\$			
	custodial accounts	<b>b</b> Dividends	\$			
		c Royalties	\$			
		d Other income	\$			
		e Gains (losses)	\$			
		f Deductions	\$			
		g Credits	\$			
14	Other foreign assets	a Interest	\$			
		<b>b</b> Dividends	\$			
		c Royalties	\$			
		d Other income	\$			
		e Gains (losses)	\$			
		f Deductions	\$			
_		g Credits	\$			
Pa	art IV Excepted	Specified Foreig	n Financial Assets (see inst	ructions)		
	• •	•	s on one or more of the following for	ms, enter the number of such	forms filed. Yo	u do not need to
	ude these assets on Fo	,				
	Number of Forms 352		16 Number of Forms 3520-	A	17 Number of I	Forms 5471
18	Number of Forms 862	1	19 Number of Forms 8865			

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 8938 (Rev. 11-2021)

123021 12-14-21

Form 8938 (Rev. 11-2021)
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# Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions. 20 Type of account a X b Custodial

	<b>D</b> Custodiai				0	00000110	0201001		
22	Check all that apply <b>a</b> Account op	ened during tax year	b			d during tax ye			
	c Account joir	ntly owned with spouse	d	No ta	ax item re	ported in Part II	I with respect to the		
23	Maximum value of account during tax year							1	3,664.
24	Did you use a foreign currency exchange r	ate to convert the value	of the acc	count i	nto U.S. (	dollars?	X Yes		No
25	If you answered "Yes" to line 24, complete	e all that apply.							
	(a) Foreign currency in which account	(b) Foreign currency e		rate us	ed to		exchange rate use		
	is maintained	convert to U.S. dollars				-	rtment's Bureau o		
JOF	RDAN, DINAR					HTTPS:/	/WWW.XE.C	OM/C	URRENC
26a	Name of financial institution in which acco HOUSING BANK TRADE &				<b>b</b> Globa	al Intermediary	Identification Num	ber (GIIN	) (Optional)
27	Mailing address of financial institution in w P.O. BOX 7693	hich account is maintair	ned. Numl	oer, str	reet, and	room or suite n	0.		
28	City or town, state or province, country, ar <b>AMMAN</b>	nd ZIP or foreign postal o JORDAN	code			11118			
Pa	rt VI Detailed Information for Ea		Asset"	Incl	uded in		Summary (se	o instri	ictions)
	have more than one asset to report in Part	-					- (		
<b>29</b>	Description of asset								
29	Description of asset			30 10	entinying	number or othe	ruesignation		
31	Complete all that apply. See instructions for	or reporting of multiple a	acquisition	or dis	nosition	lates			
	Date asset acquired during tax year, if app								
	Date asset disposed of during tax year, if a								
c	<b></b>						n Part III with resp	ect to thi	s asset
32	Maximum value of asset during tax year (c	heck box that applies)				•	•		
а	\$0 - \$50,000 <b>b</b> \$50,	001 - \$100,000	c 🗌	\$100,0	001 - \$15	0,000	<b>d</b> \$150,00	1 - \$200,	000
е	If more than \$200,000, list value						\$		
33	Did you use a foreign currency exchange r							Yes	No
34	If you answered "Yes" to line 33, complete	all that apply.							
	(a) Foreign currency in which asset is	(b) Foreign currency e	xchange	rate us	ed to	(c) Source of	exchange rate use	d if not f	rom U.S.
	denominated	convert to U.S. dollars				Treasury Depa	rtment's Bureau o	f the Fisc	al Service
35	If asset reported on line 29 is stock of a fo	reign entity or an interes	t in a fore	ign ent			formation for the a	isset.	
а	Name of foreign entity				<b>b</b> GIIN	(Optional)			
			(-)						
с.	Type of foreign entity (1)	Partnership	(2)	Cor	poration	(3)	Trust	(4)	Estate
d	Mailing address of foreign entity. Number,	street, and room or suit	e no.						
	City or town, state or province, country, ar	d ZID or foreign postal	aada						
e	City of town, state of province, country, an	iu zie or ioreign postaro	Loue						
36	If asset reported on line 29 is not stock of	a foreign entity or an int	erest in a	foreian	entity e	nter the followir	a information for t	ha assat	
00	<b>Note:</b> If this asset has more than one issue			-	•		-		
	or counterparty. See instructions.	or of oountorparty, attao	n a oopan					addition	
а	Name of issuer or counterparty								
	Check if information is for	Issuer Co	ounterpart	v					
b	Type of issuer or counterparty			- <b>J</b>					
	(1) Individual (2)	Partnership	(3)	Cor	ooration	(4)	Trust	(5)	Estate
с	Check if issuer or counterparty is a	U.S. person	For	eign pe					
d	Mailing address of issuer or counterparty.	•							
	-	· · ·							
е	City or town, state or province, country, an	nd ZIP or foreign postal of	code						
123022	2 12-14-21						Form	8938 (R	ev. 11-2021)

2

# TAXABLE YEARCalifornia Exempt Organization2021Annual Information Return

1	99	

Cal	endar Vea	2021 or fiscal year beginning (mm/dd/yyyy)	and	d ending (mm/dd/yy)	(V)		
		anization name	, uno		- /	ration number	
					·		
τπ	JTTED	RELIGIONS			19478	803	
		nation. See instructions.		FE			
					68 - 03	369482	
Stre	et address (	suite or room)			PMB no.		
		OX 29242					
City				State	ZIP code		
		ANCISCO		CA	94129	9-0242	
	eign country		Foreign province/state/county		Foreign po		
A	First retu	rn	Yes X No I Did the organization	ation have any chan	nes to its o	quidelines	
В	Amendeo			the FTB? See instru		-	Yes 🗴 No
C		on 4947(a)(1) trust		r R&TC Section 237			
D		rmation return?		tical activities? See i			Yes X No
	•	Dissolved Surrendered (Withdrawn)		tion exempt under R			Yes X No
	Enter date:	(mm/dd/yyyy)		ne gross receipts fro		•	
Е	Check ac	counting method: (1) Cash (2) $X$ Accrua		tion a limited liability			Yes X No
F		eturn filed? (1) ● 990T (2) ● 990PF (3)		ation file Form 100 c			
		Other 990 series	_	ncome?			Yes 🚺 No
G	. ,	group filing? See instructions	Yes 🚺 No N Is the organizat				
Н		ganization in a group exemption		a prior year?			Yes 🚺 No
	lf "Yes," v	/hat is the parent's name?	<b>0</b> Is federal Form	1023/1024 pending	?		Yes 🚺 No
			Date filed with I	IRS			
Р	artlo	omplete Part I unless not required to file this fo				r	
		1 Gross sales or receipts from other sources	s. From Side 2, Part II, line 8		•	1	68,092 <sub>00</sub>
		2 Gross dues and assessments from member	ers and affiliates		•	2	00
		3 Gross contributions, gifts, grants, and sim	ilar amounts received	STMT	1.•	3 2,	368,142 00
F	Receipts	4 Total gross receipts for filing requirement	test. Add line 1 through line 3.				
	and	This line must be completed. If the resul	t is less than \$50,000, see General Inform	nation B		4 2,	436,234 00
R	evenues		• 5		00		
		6 Cost or other basis, and sales expenses of	assets sold 6	33,9	64 00		
					Г	7	33,964 00
		8 Total gross income. Subtract line 7 from li					402,270 00
Е	xpenses	<b>9</b> Total expenses and disbursements. From			•		118,681 00
_		10 Excess of receipts over expenses and disb	ursements. Subtract line 9 from line 8		•		716,411 00
					····· •  -	11	00
						12	00
_		<b>13</b> Payments balance. If line 11 is more than				13	00
F	iling Fee	14 Use tax balance. If line 12 is more than lin	- Marco - 1		Г	14	00
		<b>15</b> Penalties and interest. See General Inform				15	00
		<b>16 Balance due.</b> Add line 12 and line 15. The Under penalties of perjury, I declare that I have examined it is true, correct, and complete. Declaration of preparer (or	In SUDTRACT LINE 11 from the result this return, including accompanying schedules ar	nd statements, and to th	e best of my	16   knowledge and beli	ef,
Sig	n	it is true, correct, and complete. Declaration of preparer (			knowledge.		
He		Signature		Date		Telephor	
		of officer	ACTING EX			(415)	561-2300
		Preparer's FOWADD FALEY		Check 15/22 self-en	if nployed	P0019	1561
<b>D</b> - 1		signature EDWARD FAREI				PUUL9 ● Firm's FE	
Pai		Firm's name (or yours, <b>ADRTO T.T.D</b>					.57523
	parer's	(or yours, if self- employed) APRIO, LLP 150 POST STREET,	GIIT TT 200			J / − L L ● Telephor	
US	e Only	and address SAN FRANCISCO, C					77-4488
					• X		11-4400
		May the FTB discuss this return with the prepar	er Shown anover See Instructions		• 🕰	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.

128951 01-19-22

	1	Gross sales or receipts from all b	ousiness activities. See instruc	tions	•	1	00
	2	Interest			•	2	1,151 00
	3					3	27,778 00
Receipts	4	-				4	4,913 00
from .	5					5	00
Other	6		e of assets (See instructions)	STA	ATEMENT 2 •	6	34,150 00
Sources	7	Other income		SEE STA	TEMENT 3 •	7	100 00
	8		m other sources. Add line 1 th	rough line 7. Enter here and o	n Side 1. Part I. line 1	8	68,092 00
	9	-		-		9	690,096 00
	10					10	00
		Compensation of officers, directo	ors and trustees	SEE STA	TEMENT 4 •	11	233,446 00
	12				•	12	1,074,143 00
Expense						13	00
and		Taxes				14	87,045 00
Disburse		Rents				15	118,415 00
ments	16		instructions)		•	16	70,005 00
mento		Other expenses and disbursement	nte	SEE STA	TEMENT 5 •	17	845,531 00
	19	Total expenses and disbursemer	nts Add line 0 through line 17	Enter here and on Side 1 Da	rt I line 0	18	3,118,681 00
Sched			Beginning of t			of taxab	
Assets			(a)	(b)	(C)		(d)
1 Casl	n		(~)	782,948		•	4 404 540
		ts receivable		102,540			1,191,919
		eceivable					
		state government obligations					
		s in other bonds					
		s in stock					
	tgage lo			542,680			409,655
9 Ulle		tments <b>STMT 6</b> ble assets	177,994	542,000	184,2	-	405,055
IU a D h Li	ee acci	umulated depreciation	( 170,807)	7,187			9,428
			( 170,007 )	7,107	1/1/2	<u> </u>	
10 Oth	J	s STMT 7		17,151,432			
				18,484,247		-	19,667,907
		s net worth		10,101,217			19,007,907
				196,942		•	210,001
		ayable ns, gifts, or grants payable		190,942			210,001
		notes payable				•	
		payable				-	
18 Otha	iyayos ar liahili	ties STMT 8		288,612			1,280,735
19 Capi	ital etor	k or principal fund		2007012		•	1/200//00
		ital surplus. Attach reconciliation					
		rnings or income fund		17,998,693			18,177,171
		ties and net worth		18,484,247			19,667,907
Sched			oer books with income per ret				1970077907
001100			dule if the amount on Schedule		s than \$50,000.		
1 Not	incomo	per books		598 7 Income recorded			
			_		is return. Attach schedule	*	• 896,109
		apital losses over capital gains		8 Deductions in this		· F	0507205
		recorded on books this year.		against book inco	-		
		•	•				•
		dule			and line 8		896,109
-		ecorded on books this year not this return. Attach schedule	•			·····  -	0,10,
			1 - 0 - 0	10 Net income per re		H	-716,411
<b>U</b> 10(2	u. Auŭ l	ine 1 through line 5		STATEMENT	om line 6		/ 10 , 411
			י חיוט				
_	0.1	<b>0</b> Farm 100, 0001	000				
	Side	2 Form 199 2021	022 30	552214			

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S'	TATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
			10,000.
			5,000.
			5,000.
			22,242.
			264,969.
			5,000.
			6,000.
			8,100.
			20,000.
			9,035.
			6,000.
			20,000.
			10,000.
			5,187.
101115 795476 0639700	3 2021.05000 UNITED RE	S' ELIGIONS	<b>FATEMENT(S)</b> 1 063970

#### 68-0369482

- 5,000.
- 5,000.
- 25,000.
  - 6,000.
  - 5,000.
- 50,000.
- 100,000.
  - 25,000.
- 200,000.
  - 5,000.
  - 10,000.
    - 8,000.
  - 10,000.
  - 8,000.
  - 26,041.
    - 5,000.
  - 15,000.
- 300,000.
- 1,204,574.

UNITED RELIGIONS

68 - 0369482

CA 199 GROSS	S AMOUN	T FROM	SALE OF	ASSETS		STA	TEMENT 2
DESCRIPTION		P	DATE ACQUIREI	DA SO		METH( ACQUII	
		_				PURCHA	ASED
	ΓO	COST OF THER BAS		EPREC.	EXPEN OF SA		GROSS ALES PRICE
		33,96	54.	0.		0.	34,150.
TOTAL TO FORM 199, PAGE 2, LN	16 	33,96	54.	0.		0.	34,150.
CA 199	C	THER IN	ICOME			STA	TEMENT 3
DESCRIPTION						i	AMOUNT
MISCELLANEOUS INCOME							100.
TOTAL TO FORM 199, PART II, I	JINE 7						100.
CA 199 COMPENSATION OF	OFFICE	ERS, DIF	RECTORS	AND TRU	STEES	STA	TEMENT 4
	OFFICE		TITI	AND TRU E AND S WORKE			
CA 199 COMPENSATION OF NAME AND ADDRESS REV. WILLIAM E. SWING P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242		AVE	TITI ERAGE HF	E AND	D/WK	C01	TEMENT 4 MPENSATION 142,374.
NAME AND ADDRESS REV. WILLIAM E. SWING P.O. BOX 29242	2	AVE  FOU	TITI ERAGE HF INDER AN 1. RMER EXE	LE AND AS WORKE ID PRESI 00	D/WK  DENT EM	COI LER	MPENSATION 142,374.
NAME AND ADDRESS REV. WILLIAM E. SWING P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 REV. VICTOR H. KAZANJIAN, JR. P.O. BOX 29242	2	AVE FOU	TITI ERAGE HF JNDER AN 1. RMER EXE 0. RMER ACT	LE AND AS WORKE ID PRESI 00 CUTIVE	D/WK DENT EM	ER ER	MPENSATION 142,374.
NAME AND ADDRESS REV. WILLIAM E. SWING P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 REV. VICTOR H. KAZANJIAN, JR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 BAILEY S. BARNARD SR. P.O. BOX 29242	2	AVE FOU FOR	TITI ERAGE HF INDER AN 1. MER EXE 0. MER ACT 0. MER EXE	LE AND RS WORKE ID PRESI 00 CCUTIVE 00 'ING EXE 00	D/WK DENT EM DIRECTO CUTIVE	ER ER DI	MPENSATION 142,374. 91,072.
NAME AND ADDRESS REV. WILLIAM E. SWING P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 REV. VICTOR H. KAZANJIAN, JR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 BAILEY S. BARNARD SR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 SAN FRANCISCO, CA 94129-0242 SWAMINI ADITYANANDA SARASWATI P.O. BOX 29242	2	AVE FOU FOR FOR	TITI ERAGE HF INDER AN 1. MER EXE 0. MER ACT 0. MER EXE	E AND S WORKE D PRESI 00 CUTIVE 00 CUTIVE 00 CUTIVE 00	D/WK DENT EM DIRECTO CUTIVE	ER ER DI	MPENSATION 142,374. 91,072. 0.

UNITED RELIGIONS		68-0369482
BECKY BURAD P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TREASURER 25.00	0.
BARBARA SHANNON P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	SECRETARY 25.00	0.
PREETA BANSAL P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	AT-LARGE TRUSTEE 25.00	0.
HEREDITARY CHIEF PHIL LANE JR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	AT-LARGE TRUSTEE 5.00	0.
MILKA WAMBUI NGIGE P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	AT-LARGE TRUSTEE 5.00	0.
SOK SIDON P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	AT-LARGE TRUSTEE 5.00	0.
FR. JOHN NGOMA, MALAWI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
THE RIGHT REV. MACLEORD BAKER OCHOLA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
THE HONORABLE ELISHA BUBA YERO, NIGER P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
RAVINDRA KANDAGE, SRI LANKA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 10.00	0.
REV. KALYAN KUMAR KISKU, PAKISTAN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 25.00	0.
DR. C.N.N. RAJU, INDIA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.

16101115 795476 0639700

6 2021.05000 UNITED RELIGIONS STATEMENT(S) 4 06397001

UNITED RELIGIONS DANIEL EROR, BOSNIA AND HERZEGOVINA		<u>68-0369482</u> 0.
P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	5.00	
REV. HIERODEACON PETAR GRAMATIKOV, BU P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
MARIANNE HORLING, GERMANY P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
SALETTE AQUINO, BRAZIL P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
ROSA DELIA QUIZHPE MACAS, ECUADOR P.O. BOX 29242	TRUSTEE 5.00	0.
SAN FRANCISCO, CA 94129-0242 FRANCISCO MORALES VENTOSA, ARGENTINA		0.
P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	5.00	0.
ANWAR DAHAK, YEMEN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
NAOUFAL EL HAMMOUMI, MOROCCO P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
DR. OMAR TAYEH, JORDAN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
PERRI (P.K.) MCCARY, USA P.O. BOX 29242	TRUSTEE 5.00	0.
SAN FRANCISCO, CA 94129-0242 MORGANA SYTHOVE, NETHERLANDS	TRUSTEE	0.
P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	25.00	
ISSAC THOMAS, INDIA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.

UNITED RELIGIONS		68-0369482
GENEVA BLACKMER, USA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
FRED FIELDING, USA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
VALERIA VERGANI, CANADA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
DR. POTRE DIRAMPTAN-DIAMPUAN, PHILIPP P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
PETER MOUSAFERIADIS, AUSTRALIA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.
BISHOP STEPHEN L. VILLAESTER, PHILIPP P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 5.00	0.

TOTAL TO FORM 199, PART II, LINE 11

233,446.

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

UNITED RELIGIONS

68-0369482

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

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

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

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

TAXABLE YE <b>2021</b>		fornia e-file Re mpt Organizat		rization fo	or				FORM 8453-EO
Exempt Organizat	tion name						ŀ	dentifying	number
UNITED	RELIGIONS	8						58-0	369482
Part I Ele	ectronic Return In	formation (whole dollars	only)						
•	oss receipts (Form	, , ,						. 1_	2,436,234
-	oss income (Form								2,402,270
3 Total ex	penses and disbu	rsements (Form 199, line 9	)					3_	3,118,681
		t Electronically for Taxab	le Year 2021						
	ectronic funds with				thdrawal c	late (mi	m/dd/yy	/y)	
		n (Have you verified the ex	empt organization's b	anking information	on?)				
5 Routing r				<b>7</b> Turne of a	Г				Caulia an
6 Account Part IV De	claration of Office	~r		7 Type of ac	count. L		necking		Savings
		's account to be settled as de	vignated in Dart II. If Loh	eck Dart II box 4	Lauthorize	an alactr	onic fund	e withd	rawal for the amount listed
on line 4a.	exempt organization		Signaleu in Fait II. II Foir	CCK F alt II, DUX 4, 1				5 WILIIU	rawai ior the amount insteu
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization's return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.									
Sign				ACTING	EXEC.	DIF	RECTO	R	
Here	Signature of officer		Date	Title					
Part V De	claration of Elect	ronic Return Originator (	ERO) and Paid Prepa	irer.					
I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for <b>four</b> years from the due date of the return or <b>four</b> years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.									
ERO's		D, LLP		Date	Check if also paid preparer		Check if self- employed	4 <b>—</b>	ERO'S PTIN
	s name (or yours	APRIO, LLP			propuror				EIN 571157523
	f-employed) address	150 POST STRI SAN FRANCISCO							94108
Under penalties	s of perjury, I declare	e that I have examined the abo the complete. I make this decla	ve organization's return	and accompanying	g schedules ave knowle	and sta			
Paid	Paid			Date		Check		Pai	id preparer's PTIN
Preparer	preparer's signature					if self- employ	ed	1	P00194561
Must	Firm's name (or yours	APRIO, LLP		•				Firm's Fl	EIN 57-1157523
Sign	if self-employed) and address		150 POST STREET, SUITE 200 SAN FRANCISCO, CA				ZIP code 94108		
		-	-						
									FTB 8453-EO 2021

129021 12-29-21

STATE OF CALIFORNIA 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 Tailure to si organizatic minimum tax	NUAL REGISTRATION RENEW TO ATTORNEY GENERAL OF ections 12586 and 12587, California 11 Cal. Code Regs. sections 301-306 ubmit this report annually no later than four months a n's accounting period may result in the loss of tax e to of \$800, plus interest, and/or fines or filing penalties 23703; Government Code section 12586.1. IRS external	<b>CALIFO</b> Governme , 309, 311, and fifteen days xemption and t s. Revenue & Ta	RNIA ent Code and 312 s after the end of the he assessment of a axation Code section	DEPARTMENT (For Registry Use Only)		ISTICE GE 1 of 5
UNITED RELIGIONS Name of Organization UNITED RELIGIONS List all DBAs and names the organization	S INITIZ	ATIVE		ange of address nended report			
P.O. BOX 29242 Address (Number and Street) SAN FRANCISCO, C City or Town, State, and ZIP Code				arity Registration Nur			
415-561-2300       PBANKS@URI.ORG       Federal Employer ID No.       68-0369482         Telephone Number         ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)							
Make Check Payable to Department of JusticeTotal RevenueFeeTotal RevenueFeeTotal RevenueLess than \$50,000\$25Between \$250,001 and \$1 million\$100Between \$20,000,001 and \$100 millionBetween \$50,000 and \$100,000\$50Between \$1,000,001 and \$5 million\$200Between \$100,000,001 and \$500 millionBetween \$100,001 and \$250,000\$75Between \$5,000,001 and \$20 million\$400Greater than \$500 million						<u>Fee</u> \$800 \$1,000 \$1,200	
PART A - ACTIVITIES	Il accounting	period (beginning 01/01/20	2.1 en	ding 12/31/2	0.2.1 ) list:		
-	-	938 Noncash Contributions \$				7,9	<u>07</u>
		GANIZATION DURING THE PERIOD					
		you answer "yes" to any of the quest ils for each "yes" response. Please re				Yes	No
		any contracts, loans, leases or other fi cof, either directly or with an entity in w			5		x
2. During this reporting period or funds?	d, was there a	any theft, embezzlement, diversion or r	nisuse of th	ne organization's char	itable property		x
3. During this reporting period	3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?						x
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?							x
5. During this reporting period, did the organization receive any governmental funding?							x
6. During this reporting perio	d, did the org	anization hold a raffle for charitable pu	irposes?				x
7. Does the organization cor	duct a vehicle	e donation program?					x
ů.	•	ndent audit and prepare audited finances for this reporting period?	cial stateme	ents in accordance wi	th	х	
9. At the end of this reporting	g period, did t	he organization hold restricted net ass	ets, while r	eporting negative unre	estricted net assets?		x
		ve examined this report, including a complete, and I am authorized to si	gn.	-	-	vledg	e
		ILEY BARNARD	]	ACTING EXEC			
Signature of Authorized Agent	Pri	inted Name		Fitle	Date		