| ***Pub | lic [| Disclosure | Copy | y*** | |
|----------|-------|------------|------|------|--|
| EXTENDED | то | NOVEMBER | 15, | 2024 | |

Form

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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



Department of the Treasury Inspection Internal Revenue Service A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number В Check if applicable Address change URANTIA FOUNDATION Name change 36-2435086 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated (773) 525-3319 533 W. DIVERSEY PARKWAY 2,942,292. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended CHICAGO, IL 60614 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TAMARA STRUMFELD Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.URANTIA.ORG J Website: H(c) Group exemption number Corporation X Trust L Year of formation: 1950 M State of legal domicile: IL Association Other K Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF URANTIA 1 Activities & Governance FOUNDATION IS TO SEED THE URANTIA BOOK AND ITS TEACHINGS GLOBALLY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 6 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 109 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 2,282,008. 2,311,418. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 365,875. 393,707. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 70,171. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 70,620. 11 2,747,464. 746,335. 2. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Ο. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 220,577. 235,908. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 56,249. **b** Total fundraising expenses (Part IX, column (D), line 25) 659,014. 734,256. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 879,591. 970,164. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,867,873. 1,776,171. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 14,386,038. 17,258,033. 20 Total assets (Part X, line 16)

Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

Total liabilities (Part X, line 26)

21

22

let

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.

59,057.

326,981.

14.

76,163

181,870

17

| Sign | Signature of officer | | | | | | | | Date | | | |
|------------|--|------------------|------------------|------------------|------------------------|-------|-------|--------|---------------------|-----------------|--------|--|
| Here | Here TAMARA STRUMFELD, EXECUTIVE DIRECTOR | | | | | | | | | | | |
| | Type or print name and title | | | | | | | | | | | |
| | Print/Type prepa | arer's name | | Preparer's sign | ature | | Date | | Check | PTIN | | |
| Paid | HEATHER | BONIFAS, | CPA | HEATHER | BONIFAS, | CPA | 10/29 | /24 | it self-employed | P0171165 | 7 | |
| Preparer | Firm's name | SIKICH L | ГС | | | | | Firm's | EIN 36- | 3168081 | | |
| Use Only | Firm's address | 1415 W. 1 | DIEHL RD. | SUITE 4 | 00 | | | | | | | |
| | NAPERVILLE, IL 60563-2349 Phone no. (630) 566-84 | | | | | | | | |)566-840 | 0 | |
| May the II | lay the IRS discuss this return with the preparer shown above? See instructions X Yes No | | | | | | | | | | | |
| LHA For | Paperwork Re | duction Act Noti | ce, see the sepa | rate instruction | 1S. 332001 12-2 | 21-23 | | | | Form 990 | (2023) | |

| 990 (2023) URANTIA FOUNDATION 36-2435086 Page 2 |
|--|
| t III Statement of Program Service Accomplishments |
| Check if Schedule O contains a response or note to any line in this Part III |
| Briefly describe the organization's mission: THE MISSION OF URANTIA FOUNDATION IS TO SEED THE URANTIA BOOK AND ITS TEACHINGS GLOBALLY. |
| |
| Did the organization undertake any significant program services during the year which were not listed on the |
| prior Form 990 or 990-EZ? X Yes No If "Yes," describe these new services on Schedule O. |
| Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 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. |
| (Code:) (Expenses \$282,265. including grants of \$) (Revenue \$) WEBSITE DEVELOPMENT |
| MANAGEMENT OF URANTIA FOUNDATION'S WEBSITE AND THE MANAGEMENT AND OPERATION OF THE URANTIA BOOK INTERNET SCHOOL. URANTIA FOUNDATION'S |
| WEBSITE IS AVAILABLE IN 26 LANGUAGES. IT IS THE FOUNDATION'S NUMBER ONE TOOL FOR SHARING THE TEACHINGS OF THE URANTIA BOOK GLOBALLY. |
| |
| |
| |
| |
| (Code:) (Expenses \$196,859. including grants of \$) (Revenue \$24,230.) BOOKS: |
| URANTIA FOUNDATION DISTRIBUTES THE URANTIA BOOK AND ITS 26 TRANSLATIONS GLOBALLY, WHICH IS THE CORE OF THE FOUNDATION'S MISSION. |
| |
| |
| |
| |
| |
| (Code:) (Expenses \$164,607. including grants of \$) (Revenue \$) (Revenue \$) |
| URANTIA FOUNDATION MAINTAINS AND REVISES THE URANTIA BOOK IN 26 LANGUAGES. IT IS CURRENTLY WORKING ON 4 NEW TRANSLATIONS, AND THE GOAL |
| IS TO PROVIDE THE BOOK IN AS MANY LANGUAGES POSSIBLE. |
| |
| |
| |
| |
| Other program services (Describe on Schedule O.) |
| Other program services (Describe on Schedule O.) (Expenses \$ 137,300. including grants of \$) (Revenue \$) Total program services expenses |
| |
| |

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 Form 990 (2023)
 URANTIA FOUNDATION

 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 | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | <u> </u> |
| 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 | | | v |
| _ | 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 | _ | | v |
| 6 | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 6 | | х |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space, | 6 | | -23 |
| ' | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| 0 | Schedule D, Part III | 8 | х | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| Ũ | 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, | | | |
| | 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 | | X |
| 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 | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete | | 37 | |
| _ | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | 77 |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | x | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | <u>^</u> | |
| α | 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 | 14b | х | |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | 43 | |
| 15 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | х | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | - |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | | Х |
| 332003 | 12-21-23 | Form | 990 | (2023) |

332003 12-21-23

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| Form | 990 | (2023) |
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 Form 990 (2023)
 URANTIA
 FOUNDATION

 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 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| _ | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | <u>x</u> |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| ~= | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 07 | х | |
| ~ | entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | <u> </u> | |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | 00- | | x |
| L | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | 00- | | x |
| 00 | "Yes," complete Schedule L, Part IV | 28c 29 | | X |
| 29 20 | Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| 30 | | 30 | х | |
| 31 | contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> | 31 | - 23 | x |
| 32 | Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i> | 31 | | - 23 |
| 52 | | 32 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 52 | | |
| 00 | 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 | 55 | | |
| 54 | | 34 | х | |
| 35a | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | x |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 554 | | |
| 5 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 000 | | |
| | 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? | | | |
| - | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | <u></u> | X |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 332004 | 4 12-21-23 | Form | 990 | (2023) |

⁵ 2023.05000 URANTIA FOUNDATION

| Form | 990 (2023) URANTIA FOUNDATION 36-2435 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 36-2435 | 086 | P | age 5 | | |
|---------|--|-----------|------|--------------|--|--|
| | | | Yes | No | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 100 | | | |
| | filed for the calendar year ending with or within the year covered by this return <u>2a</u> 6 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | 1 | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Х | | | |
| b | If "Yes," enter the name of the foreign country NETHERLANDS | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | v | | |
| - | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X X | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | <u> </u> | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 6a | | х | | |
| b | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 0a | | | | |
| U | | 6b | | 1 | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| | 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 | | х | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | |
| | to file Form 8282? | 7c | | х | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | |
| f | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | - | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | - | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| a | Gross income from members or shareholders 11a | - | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | |
| 40- | amounts due or received from them.) | 10- | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | | | | |
| b 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | |
| u | 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 | | | | | |
| с | Enter the amount of reserves on hand | 1 | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | |
| | 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. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | 1 | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | |
| | If "Yes," complete Form 6069. | | 0000 | | | |
| 332005 | 12-21-23 | Form | 990 | (2023) | | |

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| Form | 990 | (2023) |
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Section A. Governing Body and Management

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| Check if Schedule O contains a response or note to any | line in this Part VI | |
|--|----------------------|--|

| 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 1a b Enter the number of voting members included on line 1a, above, who are independent 1b | 9 | | Yes | |
|--|---------------------|-------|--------|----------|
| body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 8 | | | |
| | 8 | | | |
| b Enter the number of voting members included on line 1a. above. who are independent | 8 | | | |
| | | | | |
| 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 su | | | | |
| of officers, directors, trustees, or key employees to a management company or other person? | | 3 | | x |
| Did the organization make any significant changes to its governing documents since the prior Form 990 was file | | 4 | | X |
| Did the organization become aware during the year of a significant diversion of the organization's assets? | | 5 | | X |
| Did the organization have members or stockholders? | | 6 | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one | | | | |
| more members of the governing body? | | 7a | | x |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder | | | | |
| persons other than the governing body? | | 7b | | x |
| B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the second s | | | | |
| a The governing body? | 0 | 8a | х | |
| b Each committee with authority to act on behalf of the governing body? | | 8b | Х | <u> </u> |
| Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | <u> </u> |
| organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> | | 9 | | x |
| ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Coc | | | | |
| | 10./ | | Yes | No |
| Da 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, aff | | | | |
| and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | х | |
| a Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili | | 11a | Х | |
| b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | х | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts | | 12b | X | <u> </u> |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>descr</i> | | | | <u> </u> |
| on Schedule O how this was done | | 12c | х | |
| 3 Did the organization have a written whistleblower policy? | | 13 | X | <u> </u> |
| Did the organization have a written document retention and destruction policy? | | 14 | X | <u> </u> |
| Did the process for determining compensation of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons inc | | | | |
| persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | chucht | | | |
| a The organization's CEO, Executive Director, or top management official | | 15a | Х | |
| b Other officers or key employees of the organization | | 15b | X | <u> </u> |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | 100 | | |
| 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | |
| | | 16a | | x |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic | | 104 | | |
| in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | Sipation | | | |
| | | 16b | | |
| exempt status with respect to such arrangements? | | 100 | | <u> </u> |
| 7 List the states with which a copy of this Form 990 is required to be filed NONE | | | | |
| 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s | section 501(c)(3)s | only) | availa | hle |
| for public inspection. Indicate how you made these available. Check all that apply. | | enny) | avana | 010 |
| Own website Another's website X Upon request Other (explain on Sched | | | | |
| 9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of information made its governing documents, conflict of information made its governing documents. | , | finan | rial | |
| statements available to the public during the tax year. | corost policy, allu | mail | | |
| State the name, address, and telephone number of the person who possesses the organization's books and rec | cords | | | |
| MO SIEGEL - (773) 525-3319 | 00103 | | | |
| 533 W. DIVERSEY PARKWAY, CHICAGO, IL 60614 | | | | |
| 2006 12-21-23 | | Form | 990 | (2023) |
| 7 | | | | () |
| 1029 765826 1000948.0 2023.05000 URANTIA FOUND | ATION | | 10 | 009 |

10009481

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|------------------------------|----------------|--------------------------------|------------------------|---------|--------------|---------------------------------|--------|-----------------|-----------------|------------------------|
| Name and title | Average | | | Pos | itior | | | Reportable | Reportable | Estimated |
| | hours per | box | not cl , unles | ss pei | rson i | s both | n an | compensation | compensation | amount of |
| | week | offic | cer an | dad | irecto | or/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dire | | | | ted | | organization | (W-2/1099-MISC/ | from the |
| | related | stee c | ruste | | | ensa | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | al tru: | onal t | | loyee | e com | | 1099-NEC) | | and related |
| | below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) TAMARA STRUMFELD | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | х | | | | 0. | 0. | 0. |
| (2) JUDY VAN CLEAVE | 10.00 | | | | | | | | | |
| SECRETARY | | х | | х | | | | 0. | 0. | 0. |
| (3) MO SIEGEL | 20.00 | | | | | | | | | |
| PRESIDENT | | х | | х | | | | 0. | 0. | 0. |
| (4) GEORGES MICHELSON-DUPONT | 20.00 | | | | | | | | | |
| INTERNATIONAL VICE PRESIDENT | | х | | х | | | | 0. | 0. | 0. |
| (5) FRANK GARD JAMESON | 10.00 | | | | | | | | | |
| TREASURER | | х | | х | | | | 0. | 0. | 0. |
| (6) MARILYNN J. KULIEKE | 10.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (7) VCTOR GARCA-BORY | 10.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (8) SHERRY CATHCART CHAVIS | 10.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (9) CHRIS WOOD | 10.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (10) OLGA LPEZ MOLINA | 10.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 332007 12-21-23 | | | | | | | | | | Form 990 (2023) |

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332007 12-21-23

Form 990 (2023)

| Part VII Section A. Officers, Directors, Tr | ustees, Key Emp (B) | oloye | es, | and | Hig | hee | | | | | | | |
|---|---|--------------------------------|------------------------|---------|--------------------------|---------------------------------|--------|---|--|-------|--------------------|--|---------------|
| · • · | (B) | | | | | nes | | ompensated Employee | s (continued) | | | | |
| (A) Name and title | Average hours per week (list any | box, offic | not ch unles | s pers | tion nore t son is | han o both /trust | an | (D) Reportable compensation from the | (E) Reportable compensatio from related organization | n | am (| (F) timate ount o other pensat | of |
| | hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key em ployee | Highest compensated employee | Former | (W-2/1099-MISC/ 1099-NEC) | (W-2/1099-MIS 1099-NEC) | | fro orga and | om the anizati I relate nizatio | e on ed |
| | | | | | _ | | | | | | | | |
| | | | | | _ | | | | | | | | |
| | | | | | _ | | | | | | | | |
| | | | | | _ | | | | | | | | |
| | | | | | _ | | | | | | | | |
| | | | | | _ | | | | | | | | |
| | | | | | _ | _ | | | | _ | | | |
| | | | | | _ | _ | | | | _ | | | |
| 1b Subtotal | | | | | | | | 0. | | 0. | | | 0. |
| c Total from continuation sheets to Part <u>d</u> Total (add lines 1b and 1c) | | | | | | | | 0. | | 0. | | | 0. |
| 2 Total number of individuals (including but compensation from the organization | not limited to th | ose | liste | d ab | ove) | who | o re | ceived more than \$100, | 000 of reportable |) | | | 1 |
| 3 Did the organization list any former offic | er, director, trust | ee, k | ey e | mplo | oyee | e, or | higl | hest compensated empl | oyee on | ſ | | Yes | No |
| line 1a? <i>If</i> "Yes," <i>complete Schedule J fo</i> . 4 For any individual listed on line 1a, is the | | | | | | | | | | | 3 | | X |
| and related organizations greater than \$1 5 Did any person listed on line 1a receive of | | | | | | | | | | | 4 | | X |
| rendered to the organization? <i>If "Yes." co</i> Section B. Independent Contractors | mplete Schedule | e J fo | or su | ch p | ersc | <u>. n</u> | | | | | 5 | | Х |
| 1 Complete this table for your five highest of the organization. Report compensation for | • | • | | | | | | | • | ensat | ion fro | m | |
| (A) (B) Name and business address NONE Description of services | | | | | | | C | (C ompen | | ו | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors | (including but a | nt lin | nited | to t | hos | alict | | above) who received me | ore than | | | | |
| \$100,000 of compensation from the orga | | 51 111 | neu | | 0 | | Gu | | | | Form S | 990 (2 | 2023) |

332008 12-21-23

| Par | t VIII | | | | | | | | | |
|---|----------------------|---|-----------|-----------------|----------|--------------------|----------------------------|------------------------------------|-------------------------------|--|
| | | Check if Schedule O c | contair | ns a respo | nse c | or note to any lin | e in this Part VIII (A) | (B) | (C) | [D] |
| | | | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| ស ស | 1 a | Federated campaigns | | 1a | | | | | | |
| nul | b Membership dues 1b | | | | | | | | | |
| Ū Ū | с | Fundraising events | | | | 1,410. | | | | |
| ar A | | Related organizations | | | | | | | | |
| s, G mila | | Government grants (contri | | | | | | | | |
| i Si | f | All other contributions, gifts, | grants, | and | | | | | | |
| the | | similar amounts not included | above | 1f | 2, | <u>280,598.</u> | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in I | lines 1a- | 1f 1g \$ | 6 | 13,445. | | | | |
| a C | h | Total. Add lines 1a-1f | | | | | 2,282,008. | | | |
| | | | | | | Business Code | | | | |
| e | 2 a | | | | | | | | | |
| ervi | b | | | | | | | | | |
| enu | С | | | | | | | | | |
| Jev Sev | d | | | | | | | | | |
| Program Service Revenue | е | | | | | | | | | |
| <u> </u> | | All other program service | | | | | | | | |
| | <u>g</u> 3 | Total. Add lines 2a-2f | | | | | | | | |
| | 3 | Investment income (includ other similar amounts) | - | | | | 393,707. | | | 393,707. |
| | 4 | Income from investment o | | | | | | | | |
| | 5 | Royalties | | | | | | | | |
| | • | | | (i) Real | | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | 96,62 | 15. | | | | | |
| | | Less: rental expenses | 6b | - | 0. | | | | | |
| | с | Rental income or (loss) | 6c | 96,62 | 15. | | | | | |
| | d | Net rental income or (loss) |) | | | | 96,625. | | | 96,625. |
| | 7 a | Gross amount from sales of | | (i) Securit | ies | (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| anu | | | 7b | | | | | | | |
| Revenue | | () | 7c | | | | | | | |
| | | Net gain or (loss) | | | | | | | | |
| Other | 8 a | Gross income from fundraisin | | | | | | | | |
| ò | | including \$ 1 | | | | | | | | |
| | | contributions reported on | | - | | 0 | | | | |
| | | Part IV, line 18 | | | 8a 8b | 0.1,785. | | | | |
| | | Less: direct expenses Net income or (loss) from t | | | | 1,705. | -1,785. | | | -1,785. |
| | | Gross income from gaming | | - | | | 1,705. | | | 1,705. |
| | 5 a | Part IV, line 19 | - | | 9a | | | | | |
| | b | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from | | | | | | | | |
| | | Gross sales of inventory, le | - | - | | | | | | |
| | | and allowances | | | 10a | 169,942. | | | | |
| | b | Less: cost of goods sold | | | 10b | 194,172. | | | | |
| | с | Net income or (loss) from s | sales d | of inventor | ry | | -24,230. | -24,230. | | |
| s | | | | | | Business Code | | | | |
| e . | 11 a | MISCELLANEOUS | IN | COME | | 900099 | 10. | | | 10. |
| Miscellaneous Revenue | b | | | | | | | | | |
| Sev | С | | | | _ | | | | | |
| sч | | All other revenue | | | | | 1.0 | | | |
| Ξ | | | | | | | | | | |
| | <u>e</u> 12 | Total. Add lines 11a-11d Total revenue. See instructio | | | | | <u>10.</u> 2,746,335. | -24,230. | 0. | 488,557. |

Form 990 (2023)

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| Form 990 (| | | A FOUND |
|------------|-----------|---------------|----------|
| Part IX | Statement | of Functional | Expenses |

| | Check if Schedule O contains a respons | | | (C) | |
|--------|---|------------------------------|---|------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 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 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | 04 505 | 10 000 | 0 450 |
| | trustees, and key employees | 105,745. | 84,597. | 12,690. | 8,458 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 04 070 | 60 007 | 25 005 | |
| 7 | Other salaries and wages | 94,972. | 68,987. | 25,985. | |
| 8 | Pension plan accruals and contributions (include | 4 705 | 2 070 | 1 770 | |
| _ | section 401(k) and 403(b) employer contributions) | 4,795. 6,050. | 2,979. 4,247. | 1,772. 1,305. | <u>44</u> 498 |
| 9 | Other employee benefits | 24,346. | 17,175. | 5,911. | 1,260 |
| 0 | Payroll taxes | 24,340. | 1/,1/5. | 5,911. | 1,200 |
| 1 | Fees for services (nonemployees): | | | | |
| a | F | 5,078. | 4,062. | 1,016. | |
| b | F | 5,070. | 4,002. | 1,010. | |
| C | 9 F | | | | |
| d | , , , , , , , , , , , , , , , , , , , | | | | |
| e | , E | 7,685. | | 7,685. | |
| f | Investment management fees | 7,005. | | 7,005. | |
| g | column (A), amount, list line 11g expenses on Sch 0.) | 163,657. | 126,827. | 36,825. | 5 |
| 12 | Advertising and promotion | 105,057. | 120,027. | 50,025. | |
| 3 | Office expenses | 8,318. | 7,902. | 416. | |
| 3 4 | Information technology | 188,044. | 187,739. | 305. | |
| 5 | Royalties | 100/0110 | 20171051 | | |
| 6 | Occupancy | 43,835. | 30,684. | 13,151. | |
| 7 | Travel | 398. | 278. | 80. | 40 |
| 8 | Payments of travel or entertainment expenses | | 2,00 | | |
| 0 | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | 11,894. | 10,917. | 651. | 326 |
| 0 | Interest | | | | |
| 1 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 11,349. | 7,944. | 3,405. | |
| 3 | Insurance | 25,700. | 16,058. | 9,536. | 106 |
| 4 | 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 | MDANGTAMTON | 84,430. | 84,430. | 0. | 0 |
| b | BOOK PRINTING | 50,006. | 50,006. | 0. | 0 |
| с | BOOK SALES AND DSTRB | 49,447. | 49,447. | 0. | 0 |
| d | FUNDRAISING PROGRAM | 46,910. | 1,398. | 0. | 45,512 |
| е | | 37,505. | 25,354. | 12,151. | · · · · |
| 5 | Total functional expenses. Add lines 1 through 24e | 970,164. | 781,031. | 132,884. | 56,249 |
| 6 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

332010 12-21-23

11 2023.05000 URANTIA FOUNDATION Form 990 (2023)

Form 990 (2023)

Part X Balance Sheet

| URANTIA | FOUNDATION |
|---------|------------|

| 990 (2 | | TION | | | 36- | 2435086 Page 11 | | | | | |
|--------|---|-------------|---------------------|---------------------------------|-----|---------------------------|--|--|--|--|--|
| tΧ | | | | | | | | | | | |
| | Check if Schedule O contains a response or note | e to any l | line in this Part X | | | | | | | | |
| | | | | (A) Beginning of year | | (B) End of year | | | | | |
| 1 | Cash - non-interest-bearing | | | 1,411,051. | 1 | 779,551. | | | | | |
| 2 | Savings and temporary cash investments | | | | 2 | | | | | | |
| 3 | Pledges and grants receivable, net | | | 600,263. | 3 | 508,184. | | | | | |
| 4 | | | | 116,816. | 4 | 91,914. | | | | | |
| 5 | Loans and other receivables from any current or | former o | officer, director, | | | | | | | | |
| | trustee, key employee, creator or founder, substa | antial co | ntributor, or 35% | | | | | | | | |
| | controlled entity or family member of any of thes | e person | is | | 5 | | | | | | |
| 6 | Loans and other receivables from other disqualif | ied perso | ons (as defined | | | | | | | | |
| | under section 4958(f)(1)), and persons described | l in sectic | on 4958(c)(3)(B) | | 6 | | | | | | |
| 7 | Notes and loans receivable, net | | | | 7 | | | | | | |
| 8 | Inventories for sale or use | | | 373,345. | 8 | 246,538. | | | | | |
| 9 | Description of the second state for an electron state is a second state of the second | | | 3,522. | 9 | 64,023. | | | | | |
| 10a | Land, buildings, and equipment: cost or other | | | | | | | | | | |
| | basis. Complete Part VI of Schedule D | 10a | 1,884,830. | | | | | | | | |
| b | Less: accumulated depreciation | | 1,543,342. | 333,729. | 10c | 341,488. | | | | | |
| 11 | Investments - publicly traded securities | 11,455,145. | 11 | 15,120,724. | | | | | | | |
| 12 | Investments - other securities. See Part IV, line 1 | 1 | | | 12 | | | | | | |
| 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | | | | | | |
| 14 | Intangible assets | | | | 14 | | | | | | |

| | 6 | Loans and other receivables from other disqualif | ied perso | ons (as defined | | | |
|-----------------------------|-----|---|-------------|------------------|-------------|-------------|------------------------|
| | | under section 4958(f)(1)), and persons described | l in sectio | on 4958(c)(3)(B) | | 6 | |
| sts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 373,345. | 8 | 246,538. |
| ¥ | 9 | Prepaid expenses and deferred charges | | | 3,522. | 9 | 64,023. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 1,884,830. | | | |
| | b | Less: accumulated depreciation | 10b | 1,543,342. | 333,729. | 10c | 341,488. |
| | 11 | Investments - publicly traded securities | | 11,455,145. | 11 | 15,120,724. | |
| | 12 | Investments - other securities. See Part IV, line 1 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 92,167. | 15 | 105,611. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | 14,386,038. | 16 | 17,258,033. | | |
| | 17 | Accounts payable and accrued expenses | | 59,057. | 17 | 76,163. | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability. Complete F | | 21 | | | |
| s | 22 | Loans and other payables to any current or form | | | | | |
| litie | | trustee, key employee, creator or founder, subst | | | | | |
| Liabilities | | controlled entity or family member of any of thes | e person | is | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ted third | parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | l third pa | irties | | 24 | |
| | 25 | Other liabilities (including federal income tax, page | yables to | related third | | | |
| | | parties, and other liabilities not included on lines | 17-24). (| Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 59,057. | 26 | 76,163. |
| | | Organizations that follow FASB ASC 958, che | ck here | X | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| lan | 27 | Net assets without donor restrictions | | | 9,094,803. | 27 | 11,899,510. |
| Ba | 28 | Net assets with donor restrictions | | | 5,232,178. | 28 | 5,282,360. |
| pur | | Organizations that do not follow FASB ASC 9 | 58, chec | k here | | | |
| ΓF | | and complete lines 29 through 33. | | | | | |
| s o | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or eq | uipment | fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | come, or | other funds | | 31 | |
| Nei | 32 | Total net assets or fund balances | | | 14,326,981. | 32 | 17,181,870. |
| | 33 | Total liabilities and net assets/fund balances | | | 14,386,038. | 33 | 17,258,033. |
| | | | | | | | Form 990 (2023) |

16511029 765826 1000948.0

| Form | 1990 (2023) URANTIA FOUNDATION | 36- | -2435086 | Pag | _{ge} 12 |
|------|--|----------|----------|---------------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,746 | 5,3 | 35. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 97(|),10 | 64. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,776 | 5,1 | 71. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 14,326 | 5,98 | 81. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,078 | 3 , 7: | 18. |
| 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 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 17,181 | L,8' | 70. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | e O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | 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: | | | | |
| | X 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 | e audit, | | | |
| | 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 | edule C |). | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | _X_ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red auc | lit | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 000 | L |

Form **990** (2023)

332012 12-21-23

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 |
|----------|------------------------------|
| | 2023 |
| | Open to Public Inspection |
| Employer | identification number |

Name of the organization

| | | TIA FOUNDA | | | | | | 6-2435086 |
|-------------------------------|--|---|---|---|----------------------------|------------------|--------------------|----------------------------|
| Part I | Reason for Public 0 | Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions | 3. | |
| The organ 1 2 3 4 | nization is not a private found A church, convention of chi A school described in sect A hospital or a cooperative A medical research organiz city, and state: | urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga | n of churches described Attach Schedule E (Form anization described in se | in sectio 1 990).) ection 170 | n 170(b)(1 (b)(1)(A)(ii | ii). | (iii). Enter | the hospital's name, |
| 5 | An organization operated for | or the benefit of a col | llege or university owned | l or operate | ed by a go | overnmental ur | nit describe | ed in |
| | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 🔛 | A federal, state, or local gov | vernment or governm | nental unit described in | section 17 | ′0(b)(1)(A) | (v). | | |
| 7 X | An organization that norma | lly receives a substa | ntial part of its support fr | om a gove | ernmental | unit or from th | e general | oublic described in |
| | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 | A community trust describe | | | - | | | | |
| 9 🔛 | An agricultural research org or university or a non-land-g | - | | | - | | - | - |
| | university: | | | | | | | |
| 10 | An organization that norma activities related to its exen income and unrelated busir | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its | support f | rom gross investment |
| | See section 509(a)(2). (Con | | | | eee acqui | | | |
| 11 | An organization organized a | | ively to test for public sat | fety. See | section 50 | 09(a)(4). | | |
| 12 | An organization organized a | and operated exclusi | vely for the benefit of, to | perform tl | ne functio | ns of, or to car | ry out the | purposes of one or |
| | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section | 509(a)(2). | See section 5 | 09(a)(3). (| Check the box on |
| | _lines 12a through 12d that | describes the type of | f supporting organizatior | n and com | plete lines | 12e, 12f, and | 12g. | |
| a | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), ty | pically by | giving |
| | the supported organization | | | majority o | f the direc | tors or trustee | es of the su | ipporting |
| | organization. You must o | - | | | | | | |
| b | Type II. A supporting org | - | | | | - | | • |
| | control or management o | | | ame perso | ns that co | ntrol or manag | le the supp | Dorted |
| c | organization(s). You mus Type III functionally inte | | | in connect | ion with | and functional | vintegrate | ad with |
| • | its supported organization | | · | | | | y integrate | |
| d | Type III non-functionally | . , . , | • | | - | | ed organiz | zation(s) |
| | that is not functionally int | | | | | | - | |
| | requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V . | | |
| e | Check this box if the orga | anization received a v | written determination fro | m the IRS | that it is a | Type I, Type I | I, Type III | |
| | functionally integrated, or | r Type III non-functior | nally integrated supportin | ng organiz | ation. | | | |
| | er the number of supported o | • | | | | | | |
| | vide the following information (i) Name of supported | n about the supporte (ii) EIN | d organization(s). | (iv) Is the orga | inization listed | (v) Amount of | monotony | (vi) Amount of other |
| | organization | | (described on lines 1-10 above (see instructions)) | in your governi Yes | ng document? | support (see in | , | support (see instructions) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | | | | |

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------|-----------------------|------------------------|---------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1981280. | 2465692. | 1786375. | 2311418. | 2282008. | 10826773. |
| 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 | 1001000 | 2465602 | 1706275 | 2311418. | 2222000 | 10000772 |
| | Total. Add lines 1 through 3 | 1981280. | 2465692. | 1786375. | 2311418. | 2282008. | 10826773. |
| 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) | | | | | | 4202060 |
| ~ | ••••••••••••••••••••••••••••••••••••••• | | | | | | 4202869. |
| | Public support. Subtract line 5 from line 4. | | | | | | 0023904. |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 1981280. | 2465692. | 1786375. | 2311418. | 2282008 | 10826773. |
| | Gross income from interest, | 19012001 | 21030921 | 1,000,00 | 20111100 | 2202000 | |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 194,056. | 182,873. | 397,715. | 365,875. | 393,707. | 1534226. |
| 9 | Net income from unrelated business | | | | | | |
| Ŭ | 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.) | 87,449. | 103,545. | 95,410. | 98,191. | 96,635. | 481,230. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 12842229. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | 636,741. |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, t | fourth, or fifth tax y | /ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | ic Support Per | centage | | | | |
| | Public support percentage for 2023 (I | | | | | 14 | 51.58 % |
| | Public support percentage from 2022 | | | | | 15 | <u>51.35 %</u> |
| 16a | 33 1/3% support test - 2023. If the o | organization did no | t check the box or | n line 13, and line 1 | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | | - | | | | |
| b | 33 1/3% support test - 2022. If the o | | | | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. 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 | - | | | | | 10% or |
| | more, and if the organization meets th | | | | | | |
| 40 | organization meets the facts-and-circu | | • | | • • | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | | |
| | | | | | | Schedule A | (Form 990) 2023 |

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| Schedule A | (Form 990) | 2023 |
|------------|------------|------|
| | | |

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

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

| Sec | ction A. Public Support | | • | | - | | - |
|-------|--|-----------------------------|----------------------------|----------------------|----------------------|--------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | 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 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | • | | | | | · |
| 800 | check this box and stop here | o Support Do | | | | | |
| | | | | | | 46 | 0/ |
| | Public support percentage for 2023 (Public support percentage from 2022 | | | | | 15 | <u>%</u> |
| | ction D. Computation of Invest | (| 1 | | <u></u> | | 70 |
| 17 | Investment income percentage for 20 |)23 (line 10c, colur | mn (f), divided by I | line 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | organization did r | not check the box | on line 14, and lin | e 15 is more than 3 | 3 1/3%, and line | 17 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | organization qual | lifies as a publicly | supported organiza | ition | |
| b | 33 1/3% support tests - 2022. If the | organization did r | not check a box or | n line 14 or line 19 | a, and line 16 is mo | ore than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | anization qualifies | as a publicly suppo | orted organizatior | ۱ |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ins | structions | |
| 33202 | 23 12-21-23 | | 1 / | - | | Schedule | A (Form 990) 2023 |
| | | | 16 |) | | | |

2023.05000 URANTIA FOUNDATION

1

2

3a

3b

3c

Yes No

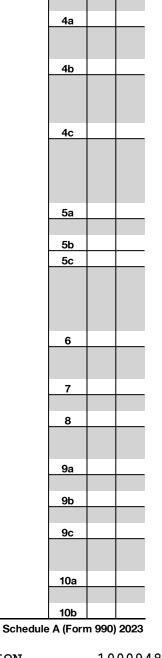
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23



17

| | (Form 990) 2023 Supporting Organ | | FOUNDATION |
|--------|-------------------------------------|------------------|------------|
| Failly | Supporting Organ | izations (contin | iued) |

V. N

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 | | | |

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

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

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

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

| 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 year (see inside the second seco | struction | S). |
|---|-----------|-----|
|---|-----------|-----|

- 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 governmental entity (see instruction <u>s).</u> |
|---|--|---|--|
|---|--|---|--|

18

- 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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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2023.05000 URANTIA FOUNDATION

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

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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332026 12-21-23

| | dule A (Form 990) 2023 URANTIA FOUND. | | | 3 | 6-2435086 | Page 7 |
|----------|---|-------------------------------|---------------------------------------|-----|--------------------------------------|---------------|
| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continu | ed) | [| |
| Secti | on D - Distributions | | | | Current Ye | ear |
| 1 | Amounts paid to supported organizations to accomplish exe | 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> Part VI). See instructions. | | | 6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | - | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | (1) | (**) | 10 | () | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2023 | s | (iii) Distributat Amount for 2 | |
| _1 | Distributable amount for 2023 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | | |
| <u>a</u> | From 2018 | | | | | |
| b | From 2019 | | | | | |
| | From 2020 | | | | | |
| | From 2021 | | | | | |
| | From 2022 | | | | | |
| | Total of lines 3a through 3e | | | | | |
| | Applied to underdistributions of prior years | | | | | |
| | Applied to 2023 distributable amount | | | | | |
| <u> </u> | Carryover from 2018 not applied (see instructions) | | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2023 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| | Applied to underdistributions of prior years Applied to 2023 distributable amount | | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | | |
| Ŭ | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| а | Excess from 2019 | | | | | |
| | Excess from 2020 | | | | | |
| с | Excess from 2021 | | | | | |
| d | Excess from 2022 | | | | | |
| - | Excess from 2023 | | | | | |

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

| OTHER REVENUE | | | |
|-----------------|---------|----|----------------------------|
| 2019 AMOUNT: \$ | 3,605. | | |
| 2020 AMOUNT: \$ | 15,045. | | |
| 2021 AMOUNT: \$ | 2,160. | | |
| 2022 AMOUNT: \$ | 2,191. | | |
| 2023 AMOUNT: \$ | 10. | | |
| | | | |
| RENTAL INCOME | | | |
| 2019 AMOUNT: \$ | 83,844. | | |
| 2020 AMOUNT: \$ | 88,500. | | |
| 2021 AMOUNT: \$ | 93,250. | | |
| 2022 AMOUNT: \$ | 96,000. | | |
| 2023 AMOUNT: \$ | 96,625. | | |
| | | | |
| | | | |
| | | | |
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| | | | |
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| | | | |
| | | | |
| 332028 12-21-23 | | 01 | Schedule A (Form 990) 2023 |

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| <u>م</u> | HEDULE D | Supplement | al Financial Statements | | OMB No. 1545-0047 |
|----------|---|--|--|--------------|--|
| | 1EDULE D n 990) | Complete if the orga | nization answered "Yes" on Form 990, | | 2023 |
| • | | Part IV, line 6, 7, 8, 9, 10 |), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. | | Open to Public |
| | ment of the Treasury Revenue Service | | 0 for instructions and the latest information. | | Inspection |
| Nam | e of the organizati | ion URANTIA FOUNDATION | | Emp | bloyer identification number 36-2435086 |
| Par | t I Organiza | | d Funds or Other Similar Funds or A | | |
| | | on answered "Yes" on Form 990, Part IV, lin | | looodii | Complete il the |
| | | | (a) Donor advised funds | (b) Fun | ds and other accounts |
| 1 | Total number at e | nd of year | | | |
| 2 | | of contributions to (during year) | | | |
| 3 | | of grants from (during year) | | | |
| 4 | Aggregate value a | at end of year | | | |
| 5 | - | | writing that the assets held in donor advised fu | | |
| | | | exclusive legal control? | | Yes No |
| 6 | | | dvisors in writing that grant funds can be used | | |
| | | | r donor advisor, or for any other purpose confe | • | |
| Par | impermissible priv | | ganization answered "Yes" on Form 990, Part I | | |
| 1 | | servation easements held by the organizati | | v, iii le 7. | |
| • | | n of land for public use (for example, recrea | | torically | important land area |
| | | of natural habitat | Preservation of a cer | | |
| | | n of open space | | | |
| 2 | | | fied conservation contribution in the form of a c | onservat | tion easement on the last |
| | day of the tax yea | | | | Held at the End of the Tax Year |
| а | Total number of c | onservation easements | | 2a | |
| b | Total acreage rest | tricted by conservation easements | | 2b | |
| с | Number of conser | vation easements on a certified historic str | ucture included on line 2a | 2c | |
| d | | rvation easements included on line 2c acqu | - | | |
| | | | | 2d | |
| 3 | | vation easements modified, transferred, rel | eased, extinguished, or terminated by the organ | nization | during the tax |
| | year | | | | |
| 4 | | where property subject to conservation east ation have a written policy regarding the per | | | |
| 5 | 0 | forcement of the conservation easements it | | | Yes No |
| 6 | , | | holds? handling of violations, and enforcing conservat | | |
| Ŭ | | | | ion odoo | monto daning the your |
| 7 | Amount of expense | ses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation e | asement | s during the year |
| | | | | | |
| 8 | Does each conser | vation easement reported on line 2d above | e satisfy the requirements of section 170(h)(4)(B) | (i) | |
| | and section 170(h | | | | |
| 9 | | - | on easements in its revenue and expense state | | |
| | | | note to the organization's financial statements t | hat desc | ribes the |
| Par | | counting for conservation easements. | f Art, Historical Treasures, or Other | Similar | r Assets |
| | | if the organization answered "Yes" on Form | | ommai | |
| 1a | · · · · · · · · · · · · · · · · · · · | • | 8, not to report in its revenue statement and ba | lance sh | |
| 14 | | | blic exhibition, education, or research in further | | |
| | | | ncial statements that describes these items. | - 1 | |
| b | | | 8, to report in its revenue statement and balance | ce sheet | works of |
| | - | | exhibition, education, or research in furtherand | | |
| | provide the follow | ing amounts relating to these items. | | | |
| | (i) Revenue inclu | Ided on Form 990, Part VIII, line 1 | | | \$ |
| | ., | | | | \$ 105,611. |
| 2 | | | asures, or other similar assets for financial gain | , provide | 1 |
| | - | unts required to be reported under FASB A | - | | |
| а | | | | | \$ |
| b | Assets included in | 1 Form 990, Part X | | | 5 |

| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | | |
|--|----|--|--|--|--|--|
| 332051 09-28-23 | | | | | | |
| | 28 | | | | | |

2023.05000 URANTIA FOUNDATION

Schedule D (Form 990) 2023

| Sche | | FOUNDATION | | | | 36-24 | 35086 | Pa | ıge 2 |
|--------|--|------------------------------|---------------------------|---------------------|---|------------------------|----------|---------|--------------|
| Par | t III Organizations Maintaining C | ollections of Art, | Historical Tre | asures, or Oth | er Simila | ⁻ Assets | (contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | , check any of the f | ollowing that make | significant u | use of its | | | |
| | collection items (check all that apply). | | | | | | | | |
| а | Public exhibition | d | Loan or excl | nange program | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| с | X Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further th | e organization's ex | empt purpos | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations of | art, historical treas | ures, or other simi | lar assets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes | X | No |
| Par | t IV Escrow and Custodial Arrang | | e if the organization | answered "Yes" of | n Form 990, | Part IV, lii | ne 9, or | | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an, or other intermedi | ary for contribution | s or other assets n | ot included | | _ | | |
| | on Form 990, Part X? | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the follo | owing table: | | | | | | |
| | | | | | | | Amount | | |
| С | Beginning balance | | | | 1c | | | | |
| d | Additions during the year | | | | 1d | | | | |
| е | Distributions during the year | | | | 1e | | | | |
| f | Ending balance | | | | 1f | | _ | | 1 |
| | Did the organization include an amount on Fo | | | | • | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | <u></u> | | | <u> </u> |
| Par | t V Endowment Funds Complete if | | | | | vaara baalu | (a) Four | VAARA | haali |
| | | (a) Current year | (b) Prior year | (c) Two years back | | | | | |
| | Beginning of year balance | 6,725,683. | 7,487,845. | 7,069,257 | | 45,421. | 4, 4, | 637,3 | 520. |
| b | Contributions | 1 094 693 | 13,983. | 50,000 | | 1,524,811. 775,292. | | F 2 C 1 | |
| с | Net investment earnings, gains, and losses | 1,084,683. | -776,145. | 765,779 | • / | 15,292. | | 536,5 | 541. |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | 580 366 | | 307 101 | 2 | 76 267 | | 28 | 110 |
| | and programs | 589,366. | | 397,191 | • • | 76,267. | | 20,9 | 448. |
| | Administrative expenses | 7,221,000. | 6,725,683. | 7,487,845 | 7.0 | 69,257. | 5 | 145,4 | 421 |
| g 2 | End of year balance Provide the estimated percentage of the curr | | | | • | . , 23 , 29 | 5, | | |
| 2 | Board designated or quasi-endowment | 39.8218 | % | Tielu as. | | | | | |
| a h | Permanent endowment 60.1781 | % | | | | | | | |
| c | | % % | | | | | | | |
| Ŭ | The percentages on lines 2a, 2b, and 2c show | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ion that are held an | d administered for | the | | | | |
| | organization by: | | | | | | Г | Yes | No |
| | (i) Unrelated organizations? | | | | | | 3a(i) | | Х |
| | | | | | | | 3a(ii) | | Х |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990, | Part IV, line 11a. S | ee Form 990, Part | X, line 10. | | | | |
| | Description of property | (a) Cost or ot | ner (b) Cost | or other (c) | Accumulate | d | (d) Book | value | ; |
| | | basis (investm | ent) basis | (other) | depreciation | | | | |
| 1a | Land | | | 5,000. | | | | 5,00 | |
| | Buildings | | 1,20 | 8,643. | 912,1 | 55. | 296 | 5,48 | 38. |
| | Leasehold improvements | | | | | | | | |
| | Equipment | | | 8,034. | 458,03 | 34. | | | 0. |
| e | Other | | 17 | 3,153. | 173,1 | 53. | | | 0. |
| Tota | . Add lines 1a through 1e. (Column (d) must e | <u>qual Form 990, Part X</u> | <u>, line 10c, column</u> | <u>(B))</u> | | | 341 | .,48 | 38. |
| | | | | | | Schedule | D (Form | 990) | 2023 |

| Complete if the organization answered "Yes" o (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or er | d-of-year market value |
|---|---------------------------|--|------------------------|
|) Financial derivatives | (-) | | |
| Closely held equity interests | | | |
|) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | e 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or er | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | · | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. | |
| (a) D | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities | <u>(B))</u> | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 2 | 5 |
| (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| | | | |
| | | | |
| (5) | | | |
| (5) (6) | | | |
| (5) (6) (7) | | | |
| (5) (6) | | | |

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 .

Schedule D (Form 990) 2023

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X

| Sche | edule D (Form 990) 2023 URANTIA FOUNDATION 3 | | | | 2435086 Page 4 |
|------|--|----------|-------------------|------------|----------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem | ents Wit | h Revenue per Re | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,817,368. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 1,078,718. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 1,078,718. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,738,650. |
| 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 | 7,685. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | 4c | 7,685. | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 2,746,335. | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stater | nents Wi | th Expenses per F | Retur | n |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 962,479. |
| 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 | 962,479. |
| 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 | 7,685. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 7,685. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 970,164. |
| 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 XI, 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 III, LINE 4:

DONATED COLLECTIONS INCLUDE ITEMS TO PRESERVE URANTIA'S HISTORY.

PART V, LINE 4:

CORPUS OF ENDOWMENT FUND TO BE HELD IN PERPETUITY

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION WHICH IS EXEMPT FROM

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

THAN A PRIVATE FOUNDATION. THE ORGANIZATION FOLLOWS GUIDANCE ISSUED BY THE

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ON ACCOUNTING FOR INCOME TAXES

31

AND HAS EVALUATED THEIR TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS,

332054 09-28-23

| chedule D (Form 990) 2023 URANT Part XIII Supplemental Information (c | IA FOUNDATION ontinued) | 36-2435086 Page |
|--|--------------------------|--------------------------|
| UDITS, PROPOSED SETTLEMEN | | ND NEW AUTHORITATIVE |
| | | |
| ULINGS, AND BELIEVES THAT | | |
| OVER ANY UNCERTAIN TAX PO | DSITIONS. THE ORGANIZATI | ON'S RETURNS FOR TAX |
| EARS 2020 AND LATER REMA | IN SUBJECT TO EXAMINATIO | N BY TAX AUTHORITIES. |
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| | | Schedule D (Form 990) 20 |
| 32055 09-28-23 | 32 | |

| interna | | 00107/ | ww.ii3.gov/i 0iii | | mermatern | | |
|---------|----------------------------|--------------------|--|---|-------------------|--------------------------------------|-------------------------|
| Name | e of the organization | | | | | Employer identi | fication number |
| TIR A | NTIA FOUNDAT | TON | | | | 36-243508 | 36 |
| Par | t I General Infor | mation on A | ctivities Out | side the United States. Compl | ete if the organ | ization answered " | Yes" on |
| | Form 990, Part I\ | | | p- | oto il tilo olgui | | |
| 1 | | | maintain record | ds to substantiate the amount of its gra | ants and other | assistance. | |
| | | | | he selection criteria used to award the | | | Yes 🗌 No |
| | | | | | | | |
| 2 | For grantmakers. Desc | ribe in Part V the | organization's | procedures for monitoring the use of its | s grants and ot | her assistance outs | side the |
| | United States. | | | | | | |
| 3 | Activities per Region. (Th | | | n be duplicated if additional space is r | | | |
| | (a) Region | (b) Number of | (c) Number of | | | vity listed in (d) | (f) Total |
| | | offices | èmployees, agents, and independent | (by type) (such as, fundraising, pro- | | gram service, | expenditures for and |
| | | in the region | contractors | gram services, investments, grants to recipients located in the region) | | e specific type (s) in the region | investments |
| | | | in the region | recipients located in the region) | | | in the region |
| EUROI | PE (INCLUDING | | | | | | |
| ICEL | AND & GREENLAND) | | | | | | |
| - ALI | BANIA, ANDORRA, | | | | | | |
| AUSTI | RIA, BELGIUM | 1 | 2 | PROGRAM SERVICES | BOOK SALES | | 80,979. |
| | | | | | | | |
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| | | | | | | | |
| 3 a | Subtotal | 1 | 2 | | | | 80,979. |
| | Total from continuation | _ | | | | | , |
| | sheets to Part I | 0 | 0 | | | | 0. |
| | Totals (add lines 3a | | | | | | |

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

1

2

Schedule F (Form 990) 2023

LHA 332071 11-29-23

and 3b)

80,979.

SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. **Open to Public**

Inspection

Attach to Form 990.

Schedule F (Form 990) 2023

URANTIA FOUNDATION

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|---|------------|-----------------------------|-----------------------------|---------------------------------|---|---|---|
| | | | | | | | | |
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

| Part III can be duplicated if (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|------------------------------|--------------------------|--------------------------|------------------------------------|--|---------------------------------------|--|
| | | | | | | | |
| | SUB-SAHARAN | | | | | | |
| MUSTARD SEED GRANT | AFRICA | 1 | 11,938. | WIRE TRANSFER | 0. | | |
| | | | | | | | |
| | SUB-SAHARAN | | | | | | |
| MUSTARD SEED GRANT | AFRICA | 1 | 3,000. | WORLD REMIT | 0. | | |
| | | | | | | | |
| | SUB-SAHARAN | | | | | | |
| MUSTARD SEED GRANT | AFRICA | 1 | 1,000. | WIRE TRANSFER | 0. | | |
| | | | | | | | |
| | | | | | | | |
| MUSTARD SEED GRANT | EAST ASIA AND THE PACIFIC | 1 | 561 | ZELLE | 0. | | |
| MUSIARD SEED GRANI | FACIFIC | - | 501. | | | | |
| | | | | | | | |
| | EAST ASIA AND THE | | | | | | |
| MUSTARD SEED GRANT | PACIFIC | 1 | 2,000. | WIRE TRANSFER | 0. | | - |
| | EUROPE (INCLUDING | | | | | | |
| | ICELAND & | | | | | | |
| MUSTARD SEED GRANT | GREENLAND) | 1 | 3,010. | EFT | 0. | | |
| | | | | | | | |
| | | | | | | | |
| MUSTARD SEED GRANT | NORTH AMERICA | 1 | 7,500. | WIRE TRANSFER | 0. | | |
| | | | , | | | | |
| | | | | | | | |
| MUSTARD SEED GRANT | NORTH AMERICA | 1 | 1 000 | WIRE TRANSFER | 0. | | |
| TOTIAN SEED GRANT | MORIN AMERICA | | 1,000. | MINE INAMOLEK | | | |
| | | | | | | | |
| | | | | | | | |
| MUSTARD SEED GRANT | NORTH AMERICA | 1 | 4,800. | WIRE TRANSFER | 0. | | |

35

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.

Schedule F (Form 990) 2023

URANTIA FOUNDATION

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i> | 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 URANTIA FOUNDATION

Part V Supplemental Information

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

PART I, LINE 2:

EACH GRANT RECIPIENT IS MONITORED BY A PROJECT OFFICER WHO IS A MEMBER OF

THE GRANT COMMITTEE. RECIPIENTS SEND AN INTERIM REPORT AND A FINAL REPORT

INCLUDING FINANCIAL RECEIPTS, PHOTOGRAPHS, EXPENSE REPORTS, AND

NARRATIVES ABOUT THE PROJECT.

Schedule F (Form 990) 2023

332075 11-29-23

16511029 765826 1000948.0

| SCHEDULE I | _ |
|------------|---|
|------------|---|

Department of the Treasury

Internal Revenue Service

- - - - -

(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

| 2023 | |
|----------------|--|
| Open to Public | |

| Name of the organization | | | | | | | Employer identification number | | | | | |
|--|--|------------------------|----------------|------------------------------|--------------------------------------|--------------------------------|--------------------------------|-------|-------------------------|--------------|-----------------|-----------------|
| URANTIA FOUNDATION | | | | | | 36 | -24 | 350 | 86 | | | |
| Part I Excess Ber | nefit Transactio | ons (section 50 | 01(c)(3 |), secti | on 501(c)(4), and sec | ction 501(c)(29) orgar | nizatio | ns on | ly) | | | |
| Complete if the | e organization answ | vered "Yes" on F | Form 9 | 90, Pa | rt IV, line 25a or 25b | ; or Form 990-EZ, Pa | ırt V, li | ne 40 | b. | | | |
| 1 (b) Relationship between disqualified person (c) | | | | | | Description of tran | tio | ~ | | (d) Correcte | | ted? |
| | person | person and or | ganiza | ation | 10 | (c) Description of transaction | | | | <u> </u> | es | No |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| 3 Enter the amount of tax Part II Loans to ar | x, if any, on line 2, and/or From Inte | above, reimburs | ed by | the org | ganization | ng the year under | | \$ | | | on | |
| • | nount on Form 990, | | | | | ,,,, , | , | | | | | |
| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Lo fron | an to or n the zation? | (e) Original principal amount | (f) Balance due | (g) defa | | (h) Ap by bo comm | ard or | (i) W agreer | ritten nent? |
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| _(1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| _(4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | _ | | | L | | | | | | | | |
| _(7) | _ | | | | | | | | | | | |
| _(8) | | | | | | | | | | | | |

(10) Total

(9)

Grants or Assistance Benefiting Interested Persons Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | | | (c) Amount of assistance | (d) Type of assistance | | | urpose of sistance |
|-------------------------------|---|----|--------|---------------------------------|------------------------|------|-------|-----------------------|
| (1) ALICE WOOD | SPOUSE | OF | TRUSTE | 20,000. | MUSTARD | SEED | GRANT | AWARDED |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

LHA 332131 11-06-23

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Schedule L (Form 990) 2023

URANTIA FOUNDATION

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz rever | aring of zation's jues? |
|-------------------------------|---|---------------------------|--------------------------------|-----------------------------|-------------------------------|
| | | | | Yes | No |
| _(1) | | | | | |
| _(2) | | | | | |
| _(3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| Part V Supplemental Informat | on | | | | |

Part V Supplemental Informatio

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

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: ALICE WOOD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF TRUSTEE CHRIS WOOD

(C) AMOUNT OF GRANT \$ 20,000.

(D) TYPE OF ASSISTANCE: MUSTARD SEED GRANT

(E) PURPOSE OF ASSISTANCE: GRANT AWARDED TO URANTIA UNIVERSITY, INC. ALICE

WOOD IS AN INDEPENDENT CONT

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

20

23

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

Department of the Treasury Internal Revenue Service

| | unu | 141001 | |
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Employer identification number 36-2435086

Name of the organization

URANTIA FOUNDATION

| Pa | rt I Types of Property | | | | | | |
|-----|---|---------------------|----------------------------|---|-------------------|------------|----|
| | | (a) | (b) | (c) | (d) | | |
| | | Check if applicable | Number of contributions or | Noncash contribution amounts reported on | Method of det | • | • |
| | | applicable | | Form 990, Part VIII, line 1g | noncash contribut | ion amount | .5 |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | | | | | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | Х | 3 | 13,445. | FMV | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other () | | | | | | |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other () | | | | | | |
| 29 | Number of Forms 8283 received by the organization | ation during | g the tax year for co | ontributions | | | |
| | for which the organization completed Form 828 | 3, Part V, D | onee Acknowledg | ement 29 | | | |
| | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | |
| | must hold for at least 3 years from the date of the | ne initial co | ntribution, and whi | ch isn't required to be used | or | | |
| | exempt purposes for the entire holding period? | | | | | 30a | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | |
| 31 | Does the organization have a gift acceptance po | olicy that re | quires the review o | of any nonstandard contribut | ions? | 31 X | L |
| 32a | Does the organization hire or use third parties of | r related or | ganizations to solic | cit, process, or sell noncash | | | |
| | contributions? | | | | | 32a | X |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in co | olumn (c) foi | r a type of property | r for which column (a) is cheo | ked, | | |
| | describe in Part II. | | | | | | |

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

36-2435086 Page 2

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

| 332142 09-11-23 | | Schedule M (Form 990) 2023 |
|-----------------|----|----------------------------|
| | 41 | |

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SCHEDULE O (Form 990)

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.



Employer identification number 36-2435086

URANTIA FOUNDATION

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

MUSTARD SEED GRANTS PROGRAM

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

INITITIATED THE MUSTARD SEED GRANTS PROGRAM

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

MUSTARD SEED GRANTS PROGRAM:

THE MUSTARD SEED GRANTS PROGRAM IS DESIGNED TO ATTRACT NEW AND

INNOVATIVE APPROACHES TO ADVANCING THE TRUST AND MISSION OF URANTIA

FOUNDATION.

EXPENSES \$ 137,300. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM IS REVIEWED BY THE ACCOUNTANT, THEN REVIEWED AND APPROVED BY THE

EXECUTIVE DIRECTOR. IT IS THEN SENT TO THE TREASURER AND MEMBERS OF THE

FINANCE COMMITTEE FOR REVIEW AND APPROVAL. AFTER THAT, THE FORM IS SENT TO

THE TRUSTEES FOR APPROVAL FOR SIGNATURE.

LINE 4B

A FOREIGN BANK ACCOUNT IS MAINTAINTED IN THE NETHERLANDS.

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

ONCE A YEAR, THE BOARD OF TRUSTEES DOES A VERBAL REVIEW OF CONFLICT OF

INTEREST POLICY COMPLIANCE.

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

Schedule O (Form 990) 2023

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

THE BOARD OF TRUSTEES HAS ESTABLISHED A COMPENSATION COMMITTEE TO REVIEW AND APPROVE COMPENSATION OF ALL URANTIA FOUNDATION EMPLOYEES. THE COMMITTEE CONSISTS OF NON-COMPENSATED TRUSTEES. NO ONE WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT IS INVOLVED. THE COMPENSATION COMMITTEE INCLUDES MEMBERS WHO ARE ON BOARDS OF VARIOUS NON-PROFIT AND FOR-PROFIT ORGANIZATIONS. THEY ARE THUS AWARE OF STANDARD COMPENSATION LEVELS IN BOTH SECTORS, AND HAVE REGULAR ACCESS TO INFORMATION ON COMPENSATION STANDARDS. THE COMPENSATION COMMITTEE RECORDS ITS FINDINGS AND APPROVALS IN THE MINUTES OF THE EXECUTIVE SESSIONS OF THE BOARD OF TRUSTEES, AND/OR IN THE CONFIDENTIAL PERSONNEL FILES OF URANTIA FOUNDATION.

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

THE FOUNDATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ACCOUNTING:

| PROGRAM SERVICE EXPENSES | 0 |
|---------------------------------|---------|
| MANAGEMENT AND GENERAL EXPENSES | 36,750. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 36,750. |

OUTREACH:

PROGRAM SERVICE EXPENSES126,569.MANAGEMENT AND GENERAL EXPENSES10.

FUNDRAISING EXPENSES

332212 11-14-23

16511029 765826 1000948.0

43 2023.05000 URANTIA FOUNDATION 5.

Schedule O (Form 990) 2023

| lame of the organization URANTIA FOUNDATION | Employer identification numb 36-2435086 |
|--|--|
| OTAL EXPENSES | 126,584 |
| | |
| PROFESSIONAL SERVICES: | 250 |
| PROGRAM SERVICE EXPENSES | 258 |
| IANAGEMENT AND GENERAL EXPENSES | 65 |
| UNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 323 |
| COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 163,657 |
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| 32212 11-14-23 | Schedule O (Form 990) 2 |

16511029 765826 1000948.0

Part I

Related Organizations and Unrelated Partnerships

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

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

2023 Open to Public Inspection

Employer identification number 36-2435086

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990)

URANTIA FOUNDATION

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

| (a) | (b) | (c) | (d) | (e) | (f) |
|--|------------------|--------------------------|--------------|--------------------|--------------------|
| Name, address, and EIN (if applicable) | Primary activity | Legal domicile (state or | Total income | End-of-year assets | Direct controlling |
| of disregarded entity | | foreign country) | | | entity |
| | | | | | |
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| | | | | | | - | |
|---|--------------------------------|--|--------------------------------------|---|--|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) (f) Public charity Direct controlling status (if section entity | | (g) Section 512(b)(controlled entity? | |
| | | | | 501(c)(3)) | | Yes | No |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 URANTIA FOUNDATION

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.

| | | - | (n) | | (2) | | | | | | |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-------------------------------|----|---|---------------------------|----------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | h) | (i) | (j) | |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | g Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | Disproportionate allocations? | | Code V-UBI amount in box 20 of Schedule | Genera manag partne | or Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | lo |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | 512(b contr | tion b)(13) rolled tity? |
|---|--------------------------------|---|-------------------------------------|--|--|---|--------------------------------|----------------|-----------------------------------|
| | | country) | | 0 | | | | Yes | No |
| URANTIA BROTHERHOOD ASSOCIATION - 36-6979644 | STUDY & DISSEMINATE | | | | | | | | |
| 533 DIVERSEY PARKWAY | THE TEACHINGS OF THE | | | | | | | | |
| CHICAGO, IL 60614 | URANTIA BOOK | IL | N/A | C CORP | | | | | Х |
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Schedule R (Form 990) 2023 URANTIA FOUNDATION

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

| ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | s N |
|---|-----------|-----|-----|
| 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? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | |
| b Gift, grant, or capital contribution to related organization(s) | | | |
| c Gift, grant, or capital contribution from related organization(s) | | | |
| d Loans or loan guarantees to or for related organization(s) | | | |
| e Loans or loan guarantees by related organization(s) | | | |
| Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | | | |
| Purchase of assets from related organization(s) | | | |
| Exchange of assets with related organization(s) | | | |
| Lease of facilities, equipment, or other assets to related organization(s) | | | ╉ |
| Lease of facilities, equipment, or other assets from related organization(s) | 1k | | I |
| Performance of services or membership or fundraising solicitations for related organization(s) | | | |
| n Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| Sharing of paid employees with related organization(s) | | | _ |
| Reimbursement paid to related organization(s) for expenses | | | |
| Reimbursement paid by related organization(s) for expenses | | | |
| Other transfer of cash or property to related organization(s) | <u>1r</u> | | |
| Other transfer of cash or property from related organization(s) | 1s | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2023 URANTIA FOUNDATION

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

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

| (a) | (b) | (c) | (d) | (0) | (f) | (g) | (h | ۱ | (i) | (j) | (k) |
|------------------------|------------------|-------------------|--|--|---------------------|-------------|----------------------------|-----------|--|------------------|-----|
| Name, address, and EIN | Primary activity | Legal domicile | (U) Predominant income | (e) Are all partners s 501(c)(3 orgs.? | Sec. Share of | Share of | |) nor- | Code V-LIBI | (J) General (| |
| of entity | Finnary activity | (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | 501(c)(3 | ³⁾ total | end-of-year | Dispro tion allocati | ate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managin | |
| or onary | | country) | excluded from tax under | orgs.? | | assets | | ons? | of Schedule K-1 | partner | |
| | | | 360110113 3 12-3 14) | Yes N | | | Yes | No | (1011111003) | Yes No | |
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Schedule R (Form 990) 2023