Form **990**

Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

2016, and ending For the 2016 calendar year, or tax year beginning D Employer identification number Check if applicable: URANTIA FOUNDATION Address change 36-2435086 533 W. DIVERSEY PARKWAY Name change CHICAGO, IL 60614 Initial return (773) 525-3319 Final return/terminated **G** Gross receipts \$ 2,291,755. Amended return H(a) Is this a group return for subordinates Application pending F Name and address of principal officer: Yes MO SIEGEL **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) Yes SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 Website: ► WWW.URANTIA.ORG **H(c)** Group exemption number ▶ Other ► L Year of formation: 1950 Form of organization: Corporation X Trust Association M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF URANTIA FOUNDATION IS TO SEED THE URANTIA BOOK AND ITS TEACHINGS THROUGHOUT THE WORLD Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 ∽ઇ Number of independent voting members of the governing body (Part VI, line 1b). Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 ... 7a **b** Net unrelated business taxable income from Form 990-T. line 34..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 801,337. 1,029,107. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)...... 66,055.131,104 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 113,033 106,265 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 273,244 973,657 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 201,332 223,981 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 554,475 543,675. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 755,807. 767,656. Revenue less expenses. Subtract line 18 from line 12..... 517,437. 206,001. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 4,373,577. 4,659,926. Total liabilities (Part X. line 26)..... 21 46,314. 44,006. 22 Net assets or fund balances. Subtract line 21 from line 20..... 4,613,612. 4,329,571 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here MO SIEGEL PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature JOSEPH KNUTTE, CPA 4/07/17 self-employed P01317776 **Paid** ► KNUTTE & ASSOCIATES P.C. Preparer Use Only Firm's address ► 7900 S CASS AVE STE 210 Firm's EIN ► 36-3459708 DARIEN, IL 605615066 (630) 960-3317 May the IRS discuss this return with the preparer shown above? (see instructions)..... X Yes

Par	i III	Statement of Program Service Accomplishments	_
		· · · · · · · · · · · · · · · · · · ·	X
1	-	y describe the organization's mission:	
		MISSION OF URANTIA FOUNDATION IS TO SEED THE URANTIA BOOK AND ITS TEACHINGS	
	THR	OUGHOUT THE WORLD.	
	D: 4 Hb	a avanciantian undaviale anu significant pragram agrican during the user utilish user wat listed on the grice	
2		e organization undertake any significant program services during the year which were not listed on the prior 990 or 990-EZ?	
		990 or 990-EZ?	
9			
3		ne organization cease conducting, or make significant changes in how it conducts, any program services? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
4		ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
	and re	evenue, if any, for each program service reported.	
4 a	(Code)
		K SALES PROGRAM: THIS PROGRAM RELATES TO SALES, PROMOTION, AND DISTRIBUTION OF	
	<u>"TH</u>	E URANTIA BOOK" AND ITS TEACHINGS AROUND THE WORLD.	
			_
			· _
			· _
			· _
			· _
			_
4 b	(Code)
	- $ -$	NSLATION PROGRAM: ORIGINALLY THE URANTIA BOOK WAS WRITTEN IN ENGLISH. THIS	· _
	PRO	GRAM RELATES TO THE TRANSLATION OF THE URANTIA BOOK INTO FOREIGN LANGUAGES.	· _
			· _
4 c	(Code	<u></u>)
		SITE DEVELOPMENT PROGRAM: MANAGEMENT OF URANTIA FOUNDATION'S WEBSITE AND THE	
		AGEMENT AND OPERATION OF THE URANTIA BOOK INTERNET SCHOOL. EDUCATION IS A GROWING	;_
	<u>FUN</u>	CTION OF URANTIA FOUNDATION.	_
			_
4 d		program services (Describe in Schedule O.) SEE SCHEDULE O	
	(Expe		_
4 e	Total	program service expenses > 547,462.	

Form 990 (2016) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete 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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	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.	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ı	• Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		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? If 'Yes,' complete Schedule G, Part III.	19		X

Form 990 (2016) URANTIA FOUNDATION Part IV Checklist of Required Schedules (continued)

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

Form 990 (2016) URANTIA FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

Check if Schedule O contains a response or note to any line in this Part V			. П
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c		X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2a 4		37	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			V
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b If 'Yes,' enter the name of the foreign country: ► SEE SCHEDULE 0	74		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
·			
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7с		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		V
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a 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 10 b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	12		
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
BAA TEEA0105L 11/16/16	Form	990 ((2016)

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: DIVERSEY PARKWAY CHICAGO IL 60614 (773)

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

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

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

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

				(C))					
(A) Name and Title	(B) Average hours	director/trustee) c		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other				
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) K. RICHARD KEELER TRUSTEE	$-\frac{10}{0}$	Х						0.	0.	0.
(2) JUDY VAN CLEAVE	1	Λ						0.	0.	0.
TRUSTEE	1	Х						0.	0.	0.
(3) HENDRIK MYLANUS	10									
TRUSTEE	0	Х						0.	0.	0.
(4) MO SIEGEL	30									
PRESIDENT	0	Χ		Χ				0.	0.	0.
	$-\frac{20}{0}$	Х		Χ				0.	0.	0.
(6) F. GARD JAMESON	10									
TREASURER	0	Х		Χ				0.	0.	0.
	$-\frac{15}{0}$	X		Х				0.	0.	0.
(8)								<u> </u>	<u> </u>	
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)		-								
(14)										

Part VII	Section A. Officers, Directors, Tru	1	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	oloyee	S (conti	inued)
		(B)			((•							
	(A) Name and title	Average hours per week	offic	, unle cer ar	ess pe nd a o	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) stimated ount of ot appensation	her
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	or	from the ganization d related panization	on d
(15)							ā.						
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	total							.	0.	0			0.
d Total	from continuation sheets to Part VII, Section (add lines 1b and 1c).							>	0.	0			0.
	number of individuals (including but not limited the organization $\ \ \ \ \ \ \ \ \ \ \ \ \ $	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable com	pensatio		
3 Did th	he organization list any former officer, direc	tor, or tru	stee,	key	, en	nplo	/ee,	or h	nighest compensa	ted employee	3	Yes	No
	ne 1a? If 'Yes,' compléte Schedule J for suc any individual listed on line 1a, is the sum of arganization and related organizations greate										3		X
such	individual										4		Х
for se	ervices rendered to the organization? If 'Yes B. Independent Contractors	s,' comple	te So	chea	lule	J fo	r suc	ch p	erson		5		X
1 Comp	plete this table for your five highest compen ensation from the organization. Report compen	sated indes	epeno the ca	dent alen	t coi dar j	ntra year	ctors endi	tha	t received more the truth or within the or	nan \$100,000 of ganization's tax yea	ar.		
	(A) Name and business address								(B) Description (of services	Compe	C) ensatio	n
	number of independent contractors (including b,000 of compensation from the organization		ited to	o tho	ose I	ısted	abo	ve)	who received more	than			

	Check if Schedule O contains a response or note to any	line in this Part VI	IL		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$ 1,899				
an Co	h Total. Add lines 1a-1f	801,337.			
Program Service Revenue	Business Code 2 a b c d e f All other program service revenue				
Ŗ.	g Total. Add lines 2a-2f				
	 Investment income (including dividends, interest and other similar amounts)	53,462.			53,462.
	5 Royalties.	220.			220.
	(i) Real (ii) Personal 6 a Gross rents				
	d Net rental income or (loss)	89,073.	89,073.		
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 1,164,913.				
	b Less: cost or other basis and sales expenses				
	d Net gain or (loss)	12,593.	12,593.		
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
ರ	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b 165,778. c Net income or (loss) from sales of inventory▶	13,240.	13,240.		
	Miscellaneous Revenue Business Code	==,===	,,		
	11a <u>OTHER INCOME</u> 900099 b	3,732.	3,732.		
	d All other revenue				
	e Total. Add lines 11a-11d	3,732.			
	12 Total revenue. See instructions.	973,657	118,638	0.	53, 682

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX								
Do i 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
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 5	Benefits paid to or for members	0.	0.	0.	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.			
7	Other salaries and wages	185,159.	126,005.	41,123.	18,031.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		3,209.	·	,			
0	' '	4,719.	,	1,038.	472.			
9	Other employee benefits	19,945.	13,563.	4,388.	1,994.			
10	Payroll taxes	14,158.	9,627.	3,115.	1,416.			
	Fees for services (non-employees):							
	Management							
	Legal	24,679.	19,743.	4,936.				
C	: Accounting	34,500.		34,500.				
	Lobbying	30,861.		30,861.				
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)							
13	Office expenses	570.	541.	29.				
14	Information technology	570.	341.	25.				
15	Royalties							
16	Occupancy							
17	Travel.	262.			262			
	L	262.			262.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	46,586.	32,610.	13,976.				
23	Insurance	21,930.	10,872.	10,934.	124.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	,	·					
а	TRANSLATION	134,474.	134,474.					
	BOOK SALES AND DISTRIBUTIONS	49,697.	49,697.					
	WEBSITE DEVELOPMENT AND FEES	40,003.	40,003.					
	FUNDRAISING PROGRAMS	24,364.	40,003.		24,364.			
	All other expenses. SEE SCH. O	135,749.	107,118.	23,083.	<u>24,364.</u> 5,548.			
25	Total functional expenses. Add lines 1 through 24e	767,656.	547,462.	167,983.	52,211.			
		101,030.	347,402.	101,303.	JZ, ZII.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)							

3 Pledges and grants receivable, net			Check if Cahadula O contains a recommendation of	o oper tie	o in this Dort V					
1 Cash = non-interest-bearing 227, 403 1 332,753 2 Savings and temporary cash investments 227, 403 1 332,753 3 Piedges and grants receivable, net 100,766 3			Check it Scriedule O contains a response or note to	o any iir	ie iii tilis Part X					
2 Savings and temporary cash investments. 307, 998, 2 441,723.						(A) Beginning of year		(B) End of year		
2 Savings and temporary cash investments. 307, 998, 2 441, 723.		1	Cash — non-interest-bearing			227,403.	1	332,753.		
3 Pledges and grants receivable, net		2	Savings and temporary cash investments				2	441,723.		
4 Accounts receivable, net		3					3	•		
Part II of Schedule		4				·	4	60,296.		
Section 4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L.		5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	officers mployee	, directors, es. Complete		5			
Solution Solution		6	Loans and other receivables from other disqualified posetion 4958(f)(1)), persons described in section 4958(c)(comployers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6					
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10a 1,852,473.	ts	7	Notes and loans receivable, net				7			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10a 1,852,473.	sse	8	Inventories for sale or use			305,751.	8	235,166.		
Complete Part VI of Schedule D	As	9	Prepaid expenses and deferred charges			1,565.	9	9,075.		
b Less: accumulated depreciation.		10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1.852.473.					
11 Investments — publicly traded securities. 2,857,308. 11 3,079,448. 12 Investments — other securities. See Part IV, line 11. 13 13 14 Investments — program-related. See Part IV, line 11. 13 14 Intangible assets. 14 15 15 15 15 15 15 16 16		b				505 701	10 c	501 465		
12 Investments — other securities. See Part IV, line 11						·		·		
13 Investments - program-related. See Part IV, line 11.			·	2,037,300.		3,073,440.				
14										
15 Other assets. See Part IV, line 11. 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 4,373,577. 16 4,659,926. 17 Accounts payable and accrued expenses 44,006. 17 46,314. 18 Grants payable . 18 19 Deferred revenue . 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable to unrelated third parties . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 Total liabilities. Add lines 17 through 25. 44,006. 26 46,314. 27 Unrestricted net assets . 3,140,266. 27 3,424,097. 28 Temporarily restricted net assets . 31,805. 28 32,015. 29 Permanently restricted net assets . 1,157,500. 29 1,157,500. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 Total net assets or fund balances . 4,329,571. 33 4,613,612.										
16 Total assets. Add lines 1 through 15 (must equal line 34).										
18 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 23 24 Unsecured notes and loans payable to unrelated third parties. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 25 26 27 27 28 29 29 29 29 29 29 29				1 272 577		1 650 026				
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19 Deferred revenue										
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties. 24 24 Unsecured notes and loans payable to unrelated third parties. 25 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 Total liabilities. Add lines 17 through 25. 44,006. 26 46,314. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 3,140,266. 27 3,424,097. 28 Temporarily restricted net assets. 31,805. 28 32,015. 29 Permanently restricted net assets. 31,805. 29 1,157,500. 29 1,157,500. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances. 4,329,571. 33 4,613,612.					L					
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29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 1,157,500. 29 1,157,500. 30 31 32 32 32 32 33 4,613,612.	Sala	28	Temporarily restricted net assets				28			
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2 34 Total liabilities and net assets/fund balances 4, 323, 371. 33 4, 613, 612.) te					A 320 571		A 612 612		
	ž	34			<u> </u>	4,329,371.	34	4,659,926.		

Pai	art 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		9	73,6	557.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	7	67,6	556.	
3	Revenue less expenses. Subtract line 2 from line 1	3	3	2	06,0	001.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1	4,3	29,5	571.	
5	Net unrealized gains (losses) on investments	5	5		78,C	040.	
6	Donated services and use of facilities	6					
7	' Investment expenses		7				
8	Prior period adjustments	8	3				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	,	16	12 6	512.	
Pai	art XII Financial Statements and Reporting			4,0	13,0)12.	
	Check if Schedule O contains a response or note to any line in this Part XII						
	Check if Schedule O Contains a response of note to any line in this Part Air				Yes		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				162	NO	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev	riewed c	n a				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
ŀ	b Were the organization's financial statements audited by an independent accountant?			2 b	Χ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	parate					
	basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	nudit,		2 c	Χ		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3 8	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
ŀ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits						
	The state of the s			3 b			

BAA Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number URANTIA FOUNDATION 36-2435086 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 Χ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) 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	tion A. Public Support									
begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	855,451.	778,580.	843,131.	1,029,107.	801,337.	4,307,606.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental	855,451.	778,580.	843,131.	1,029,107.	801,337.	4,307,606.			
	unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,078,662.			
6	Public support. Subtract line 5 from line 4						3,228,944.			
Sec	tion B. Total Support						_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	855,451.	778,580.	843,131.	1,029,107.	801,337.	4,307,606.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	71,070.	87,524.	33,224.	46,407.	53,462.	291,687.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	71,070.	077321.	337221.	10, 10, 1	337 102.	0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI	51,904.	11,673.	13,556.	3,986.	3,732.	84,851.			
	Total support. Add lines 7 through 10						4,684,144.			
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	1,214,531.			
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth	tax year as a sectio	n 501(c)(3)	▶□			
Sec	tion C. Computation of Pul	blic Support P	ercentage							
	Public support percentage for 20 Public support percentage from 2						68.93%			
	33-1/3% support test—2016. If the	he organization di	d not check the bo	ox on line 13. an	d line 14 is 33-1/3	S% or more, check	71.50 % this box			
b	and stop here. The organization 33-1/3% support test—2015. If the and stop here. The organization	e organization did	not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	check this box			
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test. check this	box and stop her	e. Explain in Part	VI how			
	 b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
10	Tivate loundation. If the organi.	Zation ulu not che		J, 10a, 10b, 17a	, or itb, check till		su ucuons			

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

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

Sec	tion A. Public Support	,	<u> </u>	,			
	lar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1			T	
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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.)						
	First five years. If the Form 990 organization, check this box and	stop here		id, third, fourth, c	or fifth tax year as	a section 501(c)(3) ►
Sec	tion C. Computation of Pul						
	Public support percentage for 20						
	Public support percentage from 2	10	6 %				
	tion D. Computation of Inv						
	Investment income percentage for	•	• •	-			
	Investment income percentage fi					<u> </u>	
	33-1/3% support tests—2016. If t is not more than 33-1/3%, check 33-1/3% support tests—2015. If t	this box and sto he organization o	p here. The organ did not check a bo	ization qualifies : x on line 14 or lir	as a publicly supp ne 19a, and line 1	orted organizat 6 is more than	33-1/3%, and
	line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ualifies as a public	ly supported or	ganization

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No				
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1						
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).	2						
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a						
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.	3b						
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.	3с						
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a						
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.	4b						
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.	4c						
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).							
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?	5b						
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c						
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> 'Yes,' provide detail in Part VI .	6						
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7						
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8						
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 .	9a						
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b						
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с						
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)? If 'Yes,' answer 10b below.	10a						
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.)	10b						

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization'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		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2016 URANTIA FOUNDATION			35086	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Type III Non-Functionally Integrated	anizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). Se through E.	е
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
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			,
Sec	ction B – Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
;	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	c Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			·
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

10 Line 8 amount divided by Line 9 amount

00110	date // (offi 550 of 550 E2) 2510 Old MIII I OONDMIION	33000	· ugu i
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		
Sec	tion D — Distributions	Current Ye	ear
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 from Section C, line 6		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			
PAA		Schodulo A (Eo	rm 990 or 990 E7) 2016

BAA

Schedule A (Form 990 or 990-EZ) 2016

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE			2016		2015		2014		2013		2012	
OTHER REVENUE	TOTAL	\$ \$	3,732. 3,732.	<u>\$</u> \$	3,986. 3,986.	<u>\$</u> \$	13,556. 13,556.	<u>\$</u> \$	11,673. 11,673.	\$ \$	51,904. 51,904.	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

URANTIA FOUNDATION 36-2435086 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III Organizations Maintaini	ing Collections	of Art, Histori	ical Treasures, or	Other Similar Ass	ets (co	ntinu	ed)			
3 Using the organization's acquisition, a items (check all that apply):	ccession, and other	records, check any	of the following that are	e a significant use of its	collection					
a Public exhibition d Loan or exchange programs										
b Scholarly research	b Scholarly research e Other									
c Preservation for future generati	ons	_								
4 Provide a description of the organizati Part XIII.	on's collections and	explain how they for	urther the organization's	s exempt purpose in						
to be sold to raise funds rather than	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
line 9, or reported an an	nount on Form	990, Part X, li	e organization ans	swered Yes on Fo	rm 990	, Par	t IV,			
1 a Is the organization an agent, trusted on Form 990, Part X?	e, custodian or oth	er intermediary fo	r contributions or othe	er assets not included	Yes	Γ	No			
b If 'Yes,' explain the arrangement in				·		<u> </u>	_			
					Amount					
c Beginning balance				1 c						
d Additions during the year				1 d						
e Distributions during the year										
f Ending balance										
2a Did the organization include an amo				- L	Yes		No			
b If 'Yes,' explain the arrangement in	Part XIII. Check h	ere if the explana	tion has been provide	d on Part XIII		· · · · L				
				200 5 1 11 / 11						
Part V Endowment Funds. Con										
4 Danississa of seas belowe	(a) Current year	(b) Prior year	(c) Two years back			our years				
1 a Beginning of year balance	1,157,500.	1,157,50	0. 1,157,500	1,157,500.	<u> </u>	15/,	500.			
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs				0.						
f Administrative expenses				0.	+					
q End of year balance	1,157,500.	1,157,50	0. 1,157,500	1,157,500.	1	157	500.			
2 Provide the estimated percentage of						131,	300.			
a Board designated or quasi-endowment	-	%	rg, coluini (a)) nola (
b Permanent endowment ►	·									
c Temporarily restricted endowment		%								
The percentages on lines 2a, 2b, and										
3 a Are there endowment funds not in the organization by:	possession of the o	rganization that are	held and administered	for the	Г	Yes	No			
(i) unrelated organizations					3a(i)		X			
(ii) related organizations					. 3a(ii)		X			
b If 'Yes' on line 3a(ii), are the related	d organizations list	ed as required on	Schedule R?		. 3b					
4 Describe in Part XIII the intended u	ses of the organiza	ation's endowmen	t funds.		<u> </u>		<u> </u>			
Part VI Land, Buildings, and Ed	uipment.									
Complete if the organiza	• •	'Yes' on Form	990. Part IV. line	11a. See Form 99	0. Part	X. lir	ne 10.			
Description of property		or other basis	(b) Cost or other	(c) Accumulated		ook va				
Description of property	(in	vestment)	basis (other)	depreciation	(u) D	JUN VA	iiue			
1 a Land		•	45,000.			45,	,000.			
b Buildings			1,176,486.	751,651.			,835.			
c Leasehold improvements				,						
d Equipment			172,953.	165,931.		7,	,022.			
e Other			458,034.	433,426.			,608.			
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 501, 465.										

BAA Schedule **D** (Form 990) 2016

Part VII Investments — Other Securities.	IV1 F 00	N/A	David V Jima 10
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	r market value
(1) Financial derivatives			
(2) Closely-held equity interests(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶			
Part VIII Investments - Program Related.	N/ 1 E 00	N/A	D 1 V 1: 10
Complete if the organization answered (a) Description of investment	(b) Book value	U, Part IV, line IIC. See Form 990, (c) Method of valuation: Cost or end-of-	
	(b) book value	(c) Method of Valuation. Cost of end-or-	year market value
(1)			
<u>(2)</u> (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets. Complete if the organization answered	N/A	\ 0 Part IV line 11d See Form 990.	Part X line 15
	scription	0, 1 dit 17, iiile 11d. dee 1 diiii 330,	(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)		
Part X Other Liabilities.	awaa 000 Dawl IV lina 1	1 11f C Farm 000 Part V Line 05	
Complete if the organization answered 'Yes' on F (a) Description of liability	(b) Book value		
(1) Federal income taxes	(B) Book value		
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. •		
2 Tabliffe for consisting an archive to Dad VIII and it is a 1 to 0 to	Annal and the committee of the	to a contrat of the contrate o	D C 1 2

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,051,697.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments. 2a 78,040.		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	78,040.
3 Subtract line 2e from line 1.	3	973,657.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		973,657.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	767,656.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	767,656.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4 c	
	5	767,656.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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 X - FIN 48 FOOTNOTE

THE ORGANIZATION FILES ITS TAX RETURNS WITH THE U.S. FEDERAL AND VARIOUS STATE AND LOCAL TAX JURISDICTIONS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY MAJOR TAX JURISDICTIONS FOR YEARS ENDING DECEMBER 31, 2013 AND PRIOR. THE ORGANIZATION HAD TO INCOME TAX EXPENSES FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015.

BAA Schedule **D** (Form 990) 2016

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2016** Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UR.	ANTIA FOUNDATION				36-24350	86					
Pa	rt I General Informat on Form 990, Par	ion on Activiti t IV, line 14b.	es Outside th	e United States. Complet	e if the organization	n answered 'Yes'					
1				substantiate the amount of its gelection criteria used to award							
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.										
3	3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)										
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region					
(1)	EUROPE	1		PROGRAM SERVICES	BOOK SALES	96,872.					
	EAST ASIA AND THE					·					
(2)	PACIFIC	1		PROGRAM SERVICES	BOOK SALES	0.					
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											
(17)											
3	a Sub-total	2				96,872.					
	b Total from continuation sheets to Part I										
	C Totals (add lines 3a and 3b)	2	0			96,872.					

36-2435086

Schedule F (Form 990) 2016

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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

BAA Schedule F (Form 990) 2016

36-2435086

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
_(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2016

Pa	rt IV	Foreign Forms		
1	organi	ne organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see Instructions for Form 926).	Yes	X No
2	require of Cer	e organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be ed to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt rtain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. r (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	organi	e organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain or Corporations (see Instructions for Form 5471).	Yes	X No
4	electin <i>Returr</i>	he organization a direct or indirect shareholder of a passive foreign investment company or a qualified ig fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information in by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see ctions for Form 8621).	Yes	X No
5	organi	e organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the ization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign erships (see Instructions for Form 8865)	Yes	X No
6	If 'Yes	e organization have any operations in or related to any boycotting countries during the tax year? s,' the organization may be required to separately file Form 5713, International Boycott Report (see ctions for Form 5713; do not file with Form 990).	Yes	X No

 BAA
 TEEA3505L
 09/26/16
 Schedule F (Form 990) 2016

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.

BAA TEEA3504L 09/26/16 Schedule F (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

URANTIA FOUNDATION

36-2435086

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

FOREIGN BANK ACCOUNTS ARE MAINTAINTED IN FINLAND AND THE NETHERLANDS.

FORM 990. PART III. LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THIS PROGRAM RELATES TO THE MAINTENANCE INCLUDING REMODELING OF BUILDING PROGRAM: THE FOUNDATION'S HISTORIC BUILDING LOCATED AT 533 W. DIVERSEY PARKWAY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM IS REVIEWED BY THE ACCOUNTANT, THEN REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR. IT IS THEN SENT TO THE TREASURER AND CHAIR OF THE FINANCIAL COMMITTEE FOR REVIEW, APPROVAL, AND SIGNATURE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS ONCE A YEAR, THE BOARD OF TRUSTEES DOES A VERBAL REVIEW OF CONFLICT OF INTEREST POLICY COMPLIANCE.

FORM 990. PART VI. LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT 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, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE FOUNDATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

Name of the organization
URANTIA FOUNDATION

Employer identification number
36-2435086

FORM 990, PART IX, LINE 24E OTHER EXPENSES

(D)
RAISING
5,496.
52.
5,548.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

URANTIA FOUNDATION

Related Organizations and Unrelated Partnerships

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

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

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

36-2435086

Part I Identification of Disregarded Entities.	Complete if the organiza	ation answered 'Ye	s' on Form	990, Part IV, line	e 33.				
(a) Name, address, and EIN (if applicable) of disregarded	entity (b) Primary a	ctivity Legal dor or foreig	(c) nicile (state n country)	(d) Total income	(e) End-of-year assets		(f) Direct control entity		olling
<u>(1)</u>									
<u>(2)</u>									
<u>(3)</u>									
Part II Identification of Related Tax-Exempt Cone or more related tax-exempt organia	Prganizations. Complete Zations during the tax ye	if the organization ear.	n answered	'Yes' on Form 99	 90, Par	t IV, line 34 be	ecause	e it ha	ıd
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Co section	de Public charity (if section 50	/ status 1(c)(3))	us Direct controlling entity		Sec 512(b)(1 controlled ent	
(1) URANTIA BROTHERHOOD ASSOCIATION	STUDY &							Yes	No
533 DIVERSEY PARKWAY CHICAGO, IL 60614	DISSEMINATE THE TEACHINGS OF THE								
36-6979644 (2)	URANTIA BOOK	IL	501(C)(3) 7		N/A			Х
	-								
(3)	-								
(4)	_								

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form Subscause it had one or more related organizations treated as a partnership during the tax year.	990, Part IV, lin	ie 34
	- because it had one of more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Dispropor- tionate		Dispropor- tionate		Dispropor- tionate		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No							
(1)																		
(2)																		
<u></u>																		
	-																	
	-																	
(2)																		
(3)	-																	
	-																	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled) (b)(13) d entity?
		country)	entity	or trust)				Yes	No
(1)									
(2)									
(3)									
									<u> </u>

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a	X
b	Gift, grant, or capital contribution to related organization(s)	1 b	X
c	: Gift, grant, or capital contribution from related organization(s)	1 c	Х
d	Loans or loan guarantees to or for related organization(s).	1 d	Х
е	Loans or loan guarantees by related organization(s)	1 e	Х
f	Dividends from related organization(s)	1 f	Х
g	Sale of assets to related organization(s)	1 g	Х
h	Purchase of assets from related organization(s)	1 h	Х
i	Exchange of assets with related organization(s)	1i	Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1 k	Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X
	n Performance of services or membership or fundraising solicitations by related organization(s)	1 m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X
	Sharing of paid employees with related organization(s)	10	X
n	Reimbursement paid to related organization(s) for expenses	1 p	Х
	Reimbursement paid by related organization(s) for expenses.	1 q	X
٦		- 4	21
r	Other transfer of cash or property to related organization(s).	1r	Х
	Other transfer of cash or property from related organization(s)	1s	X
	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		- 1
_		(d)	
			termining
	type (a-s) ar	mount in	voived
1)			
2)			
3)			
4)			
5)			
٠,			
^			
6)		/Fa 1	200) 2016
AA	TEEA5003L 09/09/16 Schedule R	(Form s	JYU) ZUI6

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

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

(a) Name, address, and EIN of entity				Are all	e) partners	(g) Share of end-of-year assets	tion	h) ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No		Yes	No		Yes	No	
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>	1											
	-											
<u>(4)</u>												
(5)	-											
	- - -											
<u>(6)</u>												
<u>(7)</u>												
		l		<u> </u>	<u> </u>		<u> </u>					L

Part VII Supplemental Information.

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

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