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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Form 990 (2011)

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2011 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Urbi Et Orbi Communications, Inc. Doing Business As Address change 61-1238135 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 6375 New Hope Road (502) 549-5454 City or town, state or country, and ZIP + 4 Terminated New Hope ΚY 40052 G Gross receipts \$ Amended return F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes X James E Murphy 3793 Strathmoor Circle, Virginia Beach, VA 23452 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status X | 501(c)(3) 501(c) 4947(a)(1) or) < (insert no) Website: ▶ www insidethevatican org H(c) Group exemption number ▶ K Form of organization X Corporation Association Other > L Year of formation M State of legal domicile 1993 ΚY Part I Summary Briefly describe the organization's mission or most significant activities The organization publishes and distributes the magazine "Inside the Vatican" and other educational books and materials Activities & Governance Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2011 (Part V, line 2a). 5 0 Total number of volunteers (estimate if necessary) 6 2 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 170.683 213,490 9 Program service revenue (Part VIII, line 2g) 61,894 59,063 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 77 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,568 43.594 12 Total revenue—add lines 8 through 11 Junust equal Part VIII, column (A), line 12) 246,199 316,224 Grants and similar amounts pare TP art IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), (ine 4)
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 14 0 15 1,800 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part-IX, column (D), line 25) ▶ 30,643 Other expenses (Part IX column (A) Ines 11a-11d, 11f-24e) 17 244,532 317,901 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 244,532 319,701 19 Revenue less expenses Subtract line 18 from line 12 1.667 -3,477 ŏ **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 100,876 129,545 21 Total liabilities (Part X, line 26) 143.982 415.805 -43,106 Net assets or fund balances Subtract line 21 from line 20 -286,260 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 polete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and 8/14/2012 Sign Here James Murphy Vice President Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Check SELF-PREPARED RETURN self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) No Yes

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Part IV Checklist of Required Schedules

	ı		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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		×
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			_^_
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		_^_
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		Х
0	complete Schedule D, Part III	8		_x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		
	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, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
12	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		^
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 assistance			
	to individuals located outside the United States? 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		х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~

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Part IV Urbi Et Orbi Communications, Inc

Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	28a		X
С	Schedule L, Part IV 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	28b 28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
22	Part I	31		Х
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? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within			v
36	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		_ <u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	36		<u> </u>
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38	х	
			990	

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes Nο Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1¢ Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter Gross income from members or shareholders а 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year |12b| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand C Did the organization receive any payments for indoor tanning services during the tax year? Х 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 9	990 (2011) Urbi Et Orbi Communications, Inc.	61-123	28125	-	age 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 throuse response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response to any question in this Part VI.	gh 7b below, and for	a "No)"	ions.
	 	• • •		•	X
Seci	ion A. Governing Body and Management				r
10	Enter the number of voting members of the governing hady at the and of the tay year	ر ا	,	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a 3	긱		
	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		1		
_	•	46			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3	킥		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with	<u> </u>		 _
_	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or unc		l _		
_	supervision of officers, directors, or trustees, or key employees to a management company or c		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4_		Х
5	Did the organization become aware during the year of a significant diversion of the organization	's assets? .	5		Х
6	Did the organization have members or stockholders?	•	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertain	iken during			1
	the year by the following				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue C	ode)		
				Yes	No
	Did the organization have local chapters, branches, or affiliates? .		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of su	- · · · · · · · · · · · · · · · · · · ·			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided and organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided and organization p	ore filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"			
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and ap				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?			
а	The organization's CEO, Executive Director, or top management official		15a		Х
þ	Other officers or key employees of the organization	•	15b		Х
	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 arra	angement	l		
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	afeguard			
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► KY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501(c)(3)s	only))
	available for public inspection Indicate how you made these available. Check all that apply				
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing document	its, conflict of interes	t		
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and records of the	е		

organization ► Hugh Pimentel (270) 325-3061
3050 Gap Knob Road, New Hope, KY 400

•		-					_					
Form 990 (2011)	Urbi Et Orbi Communications, Inc									61-12381	35 Page	7
Part VII	Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a re	ontractors		-		•	-			ensated		_
Section A.			•							• • •	<u> </u>	
	Officers, Directors, Trustees, Key I this table for all persons required to be									ng with or within	the	_
organization's	tax year	•	·						•	Ü		
of compensat List all o List the who received organization a	of the organization's current officers, on Enter -0- in columns (D), (E), and of the organization's current key emplorganization's five current highest coreportable compensation (Box 5 of Found any related organizations	(F) if no compe loyees, if any S impensated emp orm W-2 and/or	nsati ee in ploye Box	on v stru es (7 of	was ctio othi For	pai ns f er th m 1	d for de nan a 099-	finit n of MIS	ion of "key emp ficer, director, tr C) of more than	loyee " rustee, or key en \$100,000 from	nployee) the	
\$100,000 of re	of the organization's former officers, keportable compensation from the organization	nization and an	y rela	ated	org	janı	zatioi	าร.				
	of the organization's former directors more than \$10,000 of reportable comp						-		•		of the	
	n the following order individual trustee employees, and former such persons		nstitu	ition	al ti	rust	ees,	offic	ers, key employ	ees, highest		
Check thi	s box if neither the organization nor a	ny related organ	uzatı	on c	om	pen	sated	lan	y current officer,	director, or trus	tee	
	(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe d a d	erson	than is both	n an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) James l Vice Presiden		2 00	х		x				1,800	0		0
(2) James (President	Garman	1 00	х		x				0	0		0
(3) Mauree Secretary	n Dodd	1 00	х		х				0	0		0
(4)									-			_
(5)												_
(6)												_
_(7)												
(8)												

(10)

(11)

(12)

(13)

(A) Name and title		(B) Average hours per	box,	unles	Pos eck s pe	rson	than is both or/trus	n an tee)	compensation	(E) Reportable compensation		Esti amo	(F) mated	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	composition from the composition of the composition from the composition	ther ensati m the nizatio relate nizatio	on ed
(15)		-						_						
(16)														
(17)									-		\top			
(18)														
(19)												-		
(20)														
(21)			_								\top			
(22)					-									
(23)											-			
(24)														
(25)				_										
1b Sub-total c Total from continuation sheet d Total (add lines 1b and 1c)			•					> > >	1,800 0 1,800		0 0			0
2 Total number of individuals (increportable compensation from t			listed		ove 0) wh	no red	ceiv	ved more than \$1	100,000 of				
3 Did the organization list any for employee on line 1a? If "Yes," of						yee	, or h	iigh	est compensate	d		3 Y	es	No X
For any individual listed on line the organization and related organization											_	4		×
5 Did any person listed on line 1a for services rendered to the org	anızation? If "Y									dıvıdual		5		Х
Section B. Independent Contracto Complete this table for your five compensation from the organize year	e highest compe	ensated indepe	nden	t co	ntra	acto	rs tha	at re	eceived more thang with or within	an \$100,000 the organiza	of ition's	s tax		
Name	(A) e and business addr	ess							(B) Description of serv	rices	Cor	(C)	ation	
Inside the Vatican, Inc.	159 Cond	uit Street, Anna	polis	, MI	D 2	140	1	pro	ducing entire co	ntent of r			354,	985, 0
													-	0
Total number of independent co	entropters (mal	oduna bus 1		4a 4'			40-1							0
2 Total number of independent co more than \$100,000 of compen			nited '	io ir	iose	e IIS	ιeα a 1	/Oui	ve) who received	'				

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

61-1238135

Par	t VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ints	1a	Federated campaigns .	1a					
Gra	b	Membership dues	1b	0				
ts, An	С	Fundraising events	1c	0				
ig ig	d	Related organizations	1d	0				
ins, Sim	e	Government grants (contributions)	1e	0				
utio	1	All other contributions, gifts, grants, and						
ğ E	_	similar amounts not included above	1f	213,490				,
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f.	\$		242.400			
	h	Total. Add lines 1a-1f		Business Code	213,490			
Program Service Revenue	22	religious advertising revenue		541800	50.063	59,063		
eve	b	religious advertising revenue		341600	59,063 0	29,063	-	
Se F	ء ا				0			
ēZ	Ä				0			
S	l e				0			
gra	f	All other program service revenue			0			
P	ر م	Total. Add lines 2a–2f			59,063			
	3	Investment income (including dividends, into	eres	t and				
	*	other similar amounts)		ht, and	77			77
	4	Income from investment of tax-exempt bond	oro	oceeds ►	0			
	5	Royalties		▶	0			
		(i) Real		(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental income or (loss)		•	0			
	7a	Gross amount from sales of (i) Securities	s	(II) Other				
		assets other than inventory	0	0				!
	ь	Less cost or other basis						
		and sales expenses	0	0				
	С	Gain or (loss)	0	0	-			
	d	Net gain or (loss)		•	0	-		
Other Revenue	8a	Gross income from fundraising events (not including \$0						
er Re		of contributions reported on line 1c) See Part IV, line 18	а	0			:	
ş		Less direct expenses	b	0			_	
_	С	Net income or (loss) from fundraising events	8		0			
	9a	Gross income from gaming activities		ļ				
		See Part IV, line 19	а	0			•	
	b	Less direct expenses .	b	0			,	
	С	Net income or (loss) from gaming activities		. •	0			
	10a	Gross sales of inventory, less						
		returns and allowances	а	396,820				
	b	Less cost of goods sold	b	387,574				
	С	Net income or (loss) from sales of inventory		•	9,246	9,246		
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a	mail list revenue		900099	34,348			34,348
	b				0			
	С				0			
	d	All other revenue .			0			
	е	Total. Add lines 11a–11d		▶	34,348			
	12	Total revenue. See instructions		▶	316,224	68,309	0	34.425

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) but are
not required to complete columns (B), (C), and (D),	

	Check if Schedule O contains a response to any	question in this Pa	rt IX .		
	not include amounts reported on lines 6b, 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 governments and			-	
	organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the	_			
	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	United States See Part IV, lines 15 and 16 Benefits paid to or for members	0			
4 5	Compensation of current officers, directors,	0			
J	trustees, and key employees	1,800		1,800	
6	Compensation not included above, to disqualified	1,000		1,000	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting .	0			
d	Lobbying .	0		·	
e	Professional fundraising services See Part IV, line 17	0			
T -	Investment management fees	0			
_ g	Other .	6.701	6.024		670
12 13	Advertising and promotion Office expenses	6,701 2,685	6,031 2,014	335	670 336
14	Information technology .	2,085	2,014	333	330
15	Royalties .	0	· · 		
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance .	0			1
24	Other expenses Itemize expenses not covered			į	
	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	sales, articles, magazines, auth net	3,227	2,904		323
b	mail-lists, prospects, donor, international, paypal	70,247	52,685		17,562
c	postage	70,013			3,501
d	fulfillment of subscriptions and related expenses	165,028	156,777		8,251
е	All other expenses	0	,		<u> </u>
25	Total functional expenses. Add lines 1 through 24e	319,701	286,923	2,135	30,643
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				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 7,009 1 43,451 2 8,848 2 Savings and temporary cash investments 2,117 Pledges and grants receivable, net 3 0 3 0 7,460 0 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 0 7 8 8 Inventories for sale or use 85,019 76,517 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 0 ol 10c 0 0 0 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 0 12 0 13 Investments—program-related See Part IV, line 11 ol 0 13 14 Intangible assets ol 14 0 15 Other assets See Part IV, line 11 0 15 0 16 100,876 Total assets. Add lines 1 through 15 (must equal line 34) 16 129,545 17 Accounts payable and accrued expenses 143,982 17 415,805 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 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 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 0 25 26 Total liabilities. Add lines 17 through 25 143,982 26 415,805 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets -43,106 27 -286,260 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, 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 -43,106 33 -286,260 Total liabilities and net assets/fund balances 100,876 34 129.545

Form	Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountal if the organization changed either its oversight process or selection process during the tax year, explication of the line 2a or 2b, check a box below to indicate whether the financial statements for the year we have the line 2a or 2b, check a box below to indicate whether the financial statements for the year we have the line 2a or 2b, check a box below to indicate whether the financial statements for the year we have the line 2a or 2b, check a box below to indicate whether the financial statements for the year we have the line 2a or 2b, check a box below to indicate whether the financial statements for the year we have the least of the part X, line 25, and the part X,		1-1238135	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	· Check if Schedule O contains a response to any question in this Part XI	<u>. </u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	111		316	5,224
2		2			9,701
3		3			3,477
4		4	-	-43	3,106
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-239	9,677
6	· · · · · · · · · · · · · · · · · · ·				
	column (B))	6		-286	5,260
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
]	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigilation	nt of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	ın			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	;			
	issued on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				^
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ı			
	the Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th	е			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		26		1

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

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

201

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separa

► See separate instructions.

Inspection
Employer identification number

		rbi Communic									<u> 238135</u>		
Par	_			arity Status (All org						struction	าร		
The o	rgar			ation because it is (Fo									
1	\sqsubseteq			rches, or association of			ed in sec	tion 170	(b)(1)(A)(i	i).			
2	Ц	A school de	scribed in sectio	on 170(b)(1)(A)(ii). (Ai	ttach Sch	edule E)							
3	\sqcup	A hospital of	r a cooperative l	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4			esearch organiza ame, city, and st	ation operated in conju ate	unction wi	th a hosp	ıtal descrı	bed in se	ction 170)(b)(1)(A)	(iii). En	ter the	
5				r the benefit of a colle (Complete Part II)	ge or univ	ersity ow	ned or op	erated by	a govern	mental ur	nit desc	ribed	
6		A federal, st	ate, or local gov	ernment or governme	ntal unit d	lescribed	ın sectio ı	170(b)(1)(A)(v).				
7				y receives a substanti (1)(A)(vi). (Complete l		ıts suppo	rt from a g	governme	ntal unit o	or from th	e gener	al pub	lic
8		A communit	y trust described	In section 170(b)(1)	(A)(vi). (C	Complete I	Part II)						
9	$\overline{\mathbb{X}}$	An organiza receipts from support from	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
10		An organiza	tion organized a	nd operated exclusive	ly to test	for public	safety S	ee sectio	n 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 that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III—Functionally integrated d Type III—Other												
е		By checking persons other	this box, I certifer than foundation	y that the organization on managers and othe	is not co	ntrolled d	rectly or	ndirectly		more dis	qualifie	d	
			section 509(a)(•		150							
f			zation received a , check this box	a written determinatior	n from the	RS that	it is a Typ	e I, Type	II, or Typ	e III supp	orting		
g		_	st 17, 2006, has	the organization acce	pted any	gift or cor	itribution (rom any	of the				L
				or indirectly controls,	either alo	ne or toge	ther with	nersons (described	ın (u)		Yes	No
				verning body of the su		_		perderio	acoombca	()	11g(i)		
				person described in (i)							11g(ii)		
				y of a person describe							11g(iii)		
<u>h</u>		Provide the	following information	ation about the suppor	rted organ	nization(s)							
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis governing	organization sted in your document?	the organ	ou notify sization in of your port?	organizat (i) organi U	tion in col zed in the S ?	(vii) Amour support		t of
				<u> </u>	Yes	No	Yes	No	Yes	No	<u> </u>		
(A)													^
(B)			-							<u> </u>	 		0
_,													0
(C)													
		· -									<u> </u>	_	0
(D)													0
(E)													0
				,			· - 1						<u>_</u>

18

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3 0 0 0 0 0 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 0 Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2011 (a) 2007 (b) 2008 (c) 2009(d) 2010 (f) Total 0 Amounts from line 4 0 0 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 0 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 0 00% Public support percentage from 2010 Schedule A, Part II, line 14 15 15 0 00% 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

		ider the teets	notou bolott,	picaco compi	oto : art ii /		
	tion A. Public Support	 				·	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received (Do not include any "unusual grants ")	411,110	469,640	146,838	170,683	213,490	1,411,761
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	395,081	409,774	359,421	362,153	396,820	1,923,249
3	Gross receipts from activities that are not an unrelated trade or business under section 513		:				0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	806,191	879,414	506,259	532,836	610,310	3,335,010
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					–	0
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			· <u>·</u>	<u>-</u>		0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						3,335,010
	tion B. Total Support			·		,	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	806,191	879,414	506,259	532,836	610,310	3,335,010
10a	Gross income from interest, dividends,				,	,	
	payments received on securities loans,						
	rents, royalties and income from similar sources	434	643	96	54	77	1,304
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	434	643	96	54	77	1,304
11	Net income from unrelated business	10.1	040	30	- 57		1,004
	activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	55,375	49,887	31,600	61,894	59,063	257,819
13	Total support. (Add lines 9, 10c, 11, and 12)	862,000	929,944	537,955	594,784	669,450	3,594,133
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2011 (line 8, column		a 13 column (f)		····	15	92 79%
16	Public support percentage from 2010 Schedule A,		5 13, Coldillii (1))		ŀ	16	0 00%
	tion D. Computation of Investment Inco		ge			10 1	0 00 70
<u> </u>	Investment income percentage for 2011 (line 10c,			ımn (fl)		17	0 04%
18	Investment income percentage from 2010 Schedul		=	(1))	Ì	18	0 00%
19a	33 1/3% support tests—2011. If the organization on the more than 33 1/3%, check this box and stop he	did not check the e re. The organiza	box on line 14, a ation qualifies as	a publicly suppo	rted organizatioi	, and line 17 is	▶ X
þ	33 1/3% support tests—2010. If the organization of line 18 is not more than 33 1/3%, check this box ar						▶□
20	Private foundation If the organization did not cho						

Schedule A (Form	990 or 990-EZ) 2011	Urbi Et Orbi Communicati	ons, Inc	61-1238135	Page 4
Part IV		Information. Complete t	his part to provide the explant 12 Also complete this part for		10,
Part III Line 12	2 This revenue rep	resents income from mail-lis	st rentals		
					
					
	· • • • • • • • • • • • • • • • • • • •	•••••			
	· • • • • • • • • • • • • • • • • • • •				
		•••••			
	·				
		· 			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Urbi Et Orbi Communications, Inc.

Employer identification number

Urbi Et Orbi Communications, Inc	61-1238135
Form 990 Part VI Section Section A Line Line 11(a) James Murphy, a director and vice-preside	ent
of the organizatin, prepares the form 990. Copies are provided to the other two directors	
prior to filing	
Form 990 Part VI Section Section C Line Line 19 A copy of the governing documents, financial	
statements, and policies are provided to anyone upon request. Form 990 is also available on	
Guidestar on the Internet	
Form 990 Part XI Line Line 5 The decrease in net assets of -\$239,677 reflects an error in	•••••
reporting accounts payable on the 2010 form 990. The 2011 form 990 corrects the accounts	
payable	
••••••	
••••••	
	••••••
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . .

OMB No 1545-1709

	filing for an Additional (Not Automatic) 3-Monaplete Part II unless you have already been g		_			•	n 8868.	
Electronic a corporation 8868 to reconstruction	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the form Transfers Associated With Certain Personal (s). For more details on the electronic filing of the	8868 if you al (not auto forms listed Benefit C	u need a 3-month autor omatic) 3-month extensi d in Part I or Part II with Contracts, which must	natic extension of on of time. You can the exception of the sent to the If	time an ele f Fori	to file (6 ectronica m 8870, n paper	6 months for ally file Form Information format (see	
Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no conie	s needed)				
					s bo	x and c	complete	
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only								
All other co	rporations (including 1120-C filers), partnersh	ps. REMIC	S. and trusts must use	Form 7004 to rea				
	ne tax returns			·				
Enter filer's identifying number, see instructions								
			Employer identif	ntification number (EIN) or				
			√ 61-1238135					
	Number, street, and room or suite no If a P O box, see instructions.		Social security number (SSN)					
due date for								
filing your return See	City, town or post office, state, and ZIP code For	a foreign a	ddress, see instructions					
instructions	New Hope, KY 40052							
Enter the Return code for the return that this application is for (file a separate application for each return)								
	Application Return Application					Return		
Is For		Code	Is For				Code	
Form 990		01	Form 990-T (corporation)				07	
Form 990-	BL	02	Form 1041-A				08	
Form 990-	EZ	01	01 Form 4720				09	
Form 990-	<u>PF</u>	04	94 Form 5227				10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990-	T (trust other than above)	06	Form 8870				12	
Telephone No. ► 270-325-3061 FAX No. ► 270-325-3091 If the organization does not have an office or place of business in the United States, check this box								
 tax year beginning , 20 , and ending , 20 . If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 							n/a	
		y payments made. Include any prior year everneyment allowed as a gradit				n/a		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using					-	1114		
EFT	PS (Electronic Federal Tax Payment System).	See instruc	tions.		3с		n/a	
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions								