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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B

Check if applicable

☐

Address change

☐

Name change

☐

Initial return

☐

Terminated

☐

Amended return

☐

Application pending

C

Name of organization
OUR SUNDAY VISITOR INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
200 NOLL PLAZA

Room/suite

City or town, state or country, and ZIP + 4
HUNTINGTON, IN 467504310

F

Name and address of principal officer
LINDA TEETERS
200 NOLL PLAZA
HUNTINGTON,IN 467504310

D

Employer identification number

35-0563920

E

Telephone number

(260) 359-2555

G

Gross receipts \$ 70,955,690

H(a)

Is this a group return for affiliates?

☐ Yes☒ No

H(b)

Are all affiliates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c)

Group exemption number ▶ 0928

I

Tax-exempt status

☒ 501(c)(3)☐ 501(c) () ◀(insert no)☐ 4947(a)(1) or☐ 527

J

Website: ▶ WWW.OURSUNDAYVISITOR.COM

K

Form of organization

☒ Corporation☐ Trust☐ Association☐ Other ▶

L

Year of formation 1937

M

State of legal domicile IN

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities OUR SUNDAY VISITOR PRODUCES HIGH-QUALITY AND TRUSTWORTHY RESOURCES THAT ARE ENGAGED WITH THE CONTEMPORARY WORLD AND FAITHFUL TO WHAT THE CATHOLIC CHURCH TEACHES
	2	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) 11
	4	Number of independent voting members of the governing body (Part VI, line 1b) 11
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) 398
Revenue	6	Total number of volunteers (estimate if necessary) 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 1,281,283
	b	Net unrelated business taxable income from Form 990-T, line 34 125,530
Expenses	8	Contributions and grants (Part VIII, line 1h) 0
	9	Program service revenue (Part VIII, line 2g) 51,713,070
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,696,299
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 53,409,369
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,693,707
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 19,640,107
Net Assets or Fund Balances	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 28,922,087
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 51,255,901
	19	Revenue less expenses Subtract line 18 from line 12 2,153,468
Beginning of Current Year	20	Total assets (Part X, line 16) 82,655,820
	21	Total liabilities (Part X, line 26) 20,999,034
	22	Net assets or fund balances Subtract line 21 from line 20 61,656,786

Part II

Signature Block

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

Sign Here

Signature of officer

2013-11-13

Date

LINDA TEETERS TREASURER/VP OF FINANCE

Type or print name and title

Prnt/Type preparer's name
TOD E WILSON

Preparer's signature

Date

Check ☐ if self-employed

PTIN
P00290706

Firm's name ▶ SCHNEIDER DOWNS & CO INC

Firm's EIN ▶ 25-1408703

Firm's address ▶ 41 S HIGH ST STE 2100
COLUMBUS, OH 43215

Phone no (614) 621-4060

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

OUR SUNDAY VISITOR'S MISSION IS TO SERVE THE CHURCH BY PROVIDING CATHOLICS WITH MATERIALS THAT WILL STRENGTHEN THEIR RELATIONSHIP WITH CHRIST, DEEPEN THEIR COMMITMENT TO THE CHURCH AND HELP THEM TO SEE THE WORLD THROUGH THE EYES OF FAITH

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

YesNo

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 48,789,165 including grants of \$ 2,153,828) (Revenue \$ 52,733,073)

OUR SUNDAY VISITOR PROVIDES BOOKS, PERIODICALS, REFERENCE, EDUCATION, AND STEWARDSHIP MATERIALS, AND SERVICES INCLUDING OFFERTORY ENVELOPES FOR AND TO THE CATHOLIC CHURCH AND INDIVIDUALS WITHIN THE CATHOLIC COMMUNITY FOR THE EVANGELIZATION AND GROWTH OF THE CATHOLIC CHURCH ADDITIONALLY, OUR SUNDAY VISITOR PROVIDES STEWARDSHIP AND COMMUNICATION MATERIALS AND SERVICES INCLUDING OFFERTORY ENVELOPES FOR NON-CATHOLIC CHURCHES AND ORGANIZATIONS IN THE UNITED STATES

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 48,789,165

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)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i> 		No
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> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
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 "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
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? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> 		No
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? <i>If "Yes," complete Schedule D, Part VIII</i> 	Yes	
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? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> 		No
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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		No
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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
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	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	490			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	398			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
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				No
b	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?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c				No
d	If "Yes," indicate the number of Forms 8822 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
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				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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				No
9 Sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter						
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11 Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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?						
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.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a11		
	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	1b11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	LINDA TEETERS 200 NOLL PLAZA HUNTINGTON, IN (260) 359-2555

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See 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, or 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS N LORSUNG DIRECTOR	1 00	X						12,000	0	0
(2) MICHAEL T FLOOD DIRECTOR	1 00	X						17,000	0	0
(3) FATHER VAL J PETER DIRECTOR	1 00	X						16,000	0	0
(4) MARY LOU GORNO DIRECTOR	1 00	X						18,800	12,000	0
(5) BISHOP KEVIN C RHOADES CHAIRMAN	1 00	X						0	0	0
(6) KEVIN LOWRY DIRECTOR	1 00	X						18,500	0	0
(7) SISTER NANCY KAZIK DIRECTOR	1 00	X						0	0	0
(8) FATHER ALFRED MCBRIDE DIRECTOR	1 00	X						0	0	0
(9) ROBERT DOELLING JR DIRECTOR	1 00	X						15,000	0	0
(10) J MICHAEL KEEFER DIRECTOR	1 00	X						15,500	0	0
(11) THOMAS BLEE SECRETARY	1 00			X				24,000	12,000	0
(12) GREG ERLANDSON PRESIDENT PUBLISHING	45 00			X				213,465	0	40,376
(13) KYLE HAMILTON PRESIDENT OFFERTORY	45 00			X				274,104	0	52,712
(14) LINDA L TEETERS TREASURER/VP OF FINANCE	45 00			X				164,011	0	23,491
(15) TIMOTHY SHOUP MANUFACTURING	45 00					X		135,011	0	23,856
(16) JOHN CHRISTENSEN DIRECTOR OF MARKETING	45 00					X		128,988	0	26,063
(17) ELIZABETH MCNAMARA GENERAL MANAGER CURRICULUM	45 00					X		151,262	0	27,121

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SABRINA MAGNUSON ASSOCIATE PUBLISHER	45 00					X		122,850	0	29,959
(19) EDWARD POPLAVA MARKETING AND SALES	45 00					X		124,357	0	25,206
(20) SHEAMUS CLARKE TECHNOLOGY DIRECTOR (EXIT 1/2013)	45 00					X		104,019	0	15,796
(21) GEORGE PAPE MAINTENANCE SPECIALIST	45 00					X		103,779	0	26,801
(22) BRIAN TOPPING DIRECTOR OF SALES	45 00					X		101,378	0	2,257

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,760,024	24,000	293,638

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
TSI GRAPHICS 1300 S RANEY STREET EFFINGHAM IL 62401	DIGITAL PREPRESS, EDITORIAL, DESIGN, ART	147,517

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	ENVELOPE SALES	Business Code				
			900003	32,314,851	31,160,131	1,154,720	
	b	PUBLISHING AND ADVERTISING ACTIVI	900003	20,418,222	20,291,659	126,563	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		52,733,073			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,090,883		1,090,883	
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			16,080,552	1,051,182			
			15,441,780	124,424			
			638,772	926,758			
	d	Net gain or (loss)		1,565,530		1,565,530	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . . .					
	9a	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	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		55,389,486	51,451,790	1,281,283	2,656,413	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 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 governments and organizations in the United States. See Part IV, line 21.	2,153,828	2,153,828		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	904,959	633,471	271,488	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	13,956,012	12,560,411	1,395,601	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,317,537	1,173,864	143,673	
9	Other employee benefits.	2,643,989	2,485,350	158,639	
10	Payroll taxes.	1,271,522	1,121,396	150,126	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	142,720		142,720	
c	Accounting.	89,774		89,774	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	285,091	257,490	27,601	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	764,625	739,268	25,357	
12	Advertising and promotion.	311,609	311,609		
13	Office expenses.	8,259,735	8,140,972	118,763	
14	Information technology.	606,749	606,641	108	
15	Royalties.	604,954	604,954		
16	Occupancy.	1,833,130	1,691,324	141,806	
17	Travel.	1,245,390	1,141,043	104,347	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	339,762	339,762		
20	Interest.	256,323	256,323		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,157,625	3,101,773	55,852	
23	Insurance.	201,424	51,349	150,075	
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):				
a	UBI TAX	32,168	32,168		
b	COST OF GOODS SOLD	9,291,952	9,291,952		
c	MISCELLANEOUS	1,057,052	853,949	203,103	
d	OSV INSTITUTE EXPENSE	472,324	472,324		
e	All other expenses	811,806	767,944	43,862	
25	Total functional expenses. Add lines 1 through 24e.	52,012,060	48,789,165	3,222,895	0
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).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,180,355	1	2,954,405
	2	Savings and temporary cash investments		1,322,215	2	3,702,593
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,704,587	4	4,660,917
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,028,520	8	6,196,493
	9	Prepaid expenses and deferred charges		3,406,306	9	4,758,572
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a33,153,817			
	b	Less accumulated depreciation	10b20,706,450	12,258,163	10c	12,447,367
	11	Investments—publicly traded securities		33,740,353	11	34,161,295
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		6,731,210	13	6,554,154
	14	Intangible assets		13,284,111	14	13,843,099
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		82,655,820	16	89,278,895
Liabilities	17	Accounts payable and accrued expenses		2,771,938	17	3,046,240
	18	Grants payable		2,521,956	18	280,088
	19	Deferred revenue		2,192,804	19	2,530,003
	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		8,800,000	23	10,600,000
	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		4,712,336	25	5,970,395
	26	Total liabilities. Add lines 17 through 25		20,999,034	26	22,426,726
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		61,656,786	27	66,852,169
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			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		61,656,786	33	66,852,169
	34	Total liabilities and net assets/fund balances		82,655,820	34	89,278,895

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,389,486
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,012,060
3	Revenue less expenses Subtract line 2 from line 1	3	3,377,426
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,656,786
5	Net unrealized gains (losses) on investments	5	1,757,042
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	60,915
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,852,169

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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	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?		No
3b	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		

SCHEDULE A
(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization OUR SUNDAY VISITOR INC	Employer identification number 35-0563920
--	--

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 11, check only one box)

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	☐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
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	☐	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)												
9	☐	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)												
10	☐	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 that describes the type of supporting organization and complete lines 11e through 11h <table><tr><td>a</td><td>☐</td><td>Type I</td><td>b</td><td>☐</td><td>Type II</td><td>c</td><td>☒</td><td>Type III - Functionally integrated</td><td>d</td><td>☐</td><td>Type III - Non-functionally integrated</td></tr></table>	a	☐	Type I	b	☐	Type II	c	☒	Type III - Functionally integrated	d	☐	Type III - Non-functionally integrated
a	☐	Type I	b	☐	Type II	c	☒	Type III - Functionally integrated	d	☐	Type III - Non-functionally integrated			
e	☒	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box												
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <table><tr><td>(i)</td><td>A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?</td></tr><tr><td>(ii)</td><td>A family member of a person described in (i) above?</td></tr><tr><td>(iii)</td><td>A 35% controlled entity of a person described in (i) or (ii) above?</td></tr></table>	(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	(ii)	A family member of a person described in (i) above?	(iii)	A 35% controlled entity of a person described in (i) or (ii) above?						
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?													
(ii)	A family member of a person described in (i) above?													
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?													
h	☐	Provide the following information about the supported organization(s)												

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) FORT WAYNESOUTH BEND DIOCESE	350876373	1	Yes		Yes		Yes		354,835
Total									354,835

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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						▶
b 33 1/3% support test—2011. 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—2012. 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						▶
b 10%-facts-and-circumstances test—2011. 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						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART I UNDER THE DIRECTION OF THE FORT WAYNE/SOUTH BEND DIOCESE, OUR SUNDAY VISITOR PROVIDES ADDITIONAL GRANTS TO THE CATHOLIC COMMUNITY

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OUR SUNDAY VISITOR INC

Employer identification number
35-0563920

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	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 impermissible private benefit? ☐ Yes☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

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 an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_____

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____

8

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)?

☐ Yes☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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) Revenues included in Form 990, Part VIII, line 1

▶\$ _____

(ii) Assets included in Form 990, Part X

▶\$ _____

2

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

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

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?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	134,508		134,508
b	Buildings	8,866,819	6,874,614	1,992,205
c	Leasehold improvements			
d	Equipment	23,817,987	13,831,836	9,986,151
e	Other	334,503		334,503
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,447,367

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
		FIN 48 FOOTNOTE MANAGEMENT EVALUATES TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZES A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. THE ORGANIZATION HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS REQUIRING AN ACCRUAL OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THERE WERE NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011 RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE TAX EXAMINATIONS FOR YEARS PRIOR TO 2009. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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.

[illegible]

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 1

3 Enter total number of other organizations or entities ►

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Supplemental Information
Complete this part to 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).

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
OUR SUNDAY VISITOR INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number
35-0563920

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

85

3

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

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT APPLICANTS ARE REQUIRED TO COMPLETE A GRANT APPLICATION THE APPLICATIONS ARE REVIEWED AT THE INSTITUTE ADVISORY COMMITTEE MEETINGS GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL ONCE THE FUNDS ARE DISTRIBUTED, RECIPIENTS ARE REQUIRED TO COMPLETE AND SUBMIT A QUARTERLY REPORT THE QUARTERLY REPORT PROVIDES DETAILS ON WHAT THE GRANT MONIES WERE SPENT ON TO DATE THE QUARTERLY REPORT IS REVIEWED BY THE INSTITUTE DIRECTOR

Software ID:

Software Version:

EIN: 35-0563920

Name: OUR SUNDAY VISITOR INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS CATHOLIC NEWMAN CTR230 E UNIVERSITY DR CHANDLER,AZ 85224	30-0514126	501(C)(3)	6,000				RELIGIOUS MISSIONS
AQUINAS COLLEGE4201 HARDING PIKE NASHVILLE,TN 37205	53-0196617	501(C)(3)	20,000				RELIGIOUS MISSIONS
ARCHDIOCESE OF BALTIMORE320 CATHEDRAL STREET BALTIMORE,MD 21201	52-0591535	501(C)(3)	15,000				RELIGIOUS MISSIONS
ARCHDIOCESE OF BOSTON 66 BROOKS DR BRAINTREE,MS 02184	04-2395520	501(C)(3)	9,002				RELIGIOUS MISSIONS
ARCHDIOCESE OF INDIANAPOLIS1400 N MERIDIAN ST INDIANAPOLIS,IN 46202	35-1018460	501(C)(3)	32,000				RELIGIOUS MISSIONS
ARCHDIOCESE OF PHILADELPHIA222 N 17TH ST PHILADELPHIA,PA 19103	23-1360839	501(C)(3)	13,000				RELIGIOUS MISSIONS
ARCHDIOCESE OF SANTA FE4000 ST JOSEPH PLACE NW ALBUQUERQUE,NM 87120	85-6009986	501(C)(3)	20,000				RELIGIOUS MISSIONS
ASSUMPTION COLLEGE500 SALISBURY ST WORCHESTER,MA 01609	04-2105776	501(C)(3)	20,000				RELIGIOUS MISSIONS
AUGUSTINE INSTITUTEPO BOX 1126 DENVER,CO 80236	20-2349108	501(C)(3)	15,000				RELIGIOUS MISSIONS
AVILA UNIVERSITY11901 WORNALL RD KANSAS CITY,MO 64145	44-0617326	501(C)(3)	15,000				RELIGIOUS MISSIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHLEHEM FARM INCPO BOX 415 TALCOTT,WV 24981	26-4449900	501(C)(3)	15,000				RELIGIOUS MISSIONS
BOYS TOWN DOWN CHAPEL 13943 DOWD DR BOYS TOWN,NE 68010	47-0376606	501(C)(3)	10,000				RELIGIOUS MISSIONS
CARMELITE SISTERSMOST SACRED920 E ALHAMBRA RD ALHAMBRA,CA 91801	11-3835568	501(C)(3)	20,000				RELIGIOUS MISSIONS
CATHOLIC CAMPUS MINISTRY ASSOC430 READING RD STE 400 CINCINNATI,OH 45202	23-7191131	501(C)(3)	10,000				RELIGIOUS MISSIONS
CATHOLIC CHARITIES123 NW 4TH ST STE 603 EVANSVILLE,IN 47708	35-0890893	501(C)(3)	124,000				RELIGIOUS MISSIONS
CATHOLIC CHARITIES USA 1000 HOWARD AVE NEW ORLEANS,LA 70113	72-0408911	501(C)(3)	25,000				RELIGIOUS MISSIONS
CATHOLIC FAMILY & HUMAN RIGHTS1100 G ST NW STE 450 WASHINGTON,DC 20005	13-3964076	501(C)(3)	18,000				RELIGIOUS MISSIONS
CATHOLIC GUARDIAN SOCHOME BUREAU1011 FIRST AVE NEW YORK,NY 10022	13-5562186	501(C)(3)	20,000				RELIGIOUS MISSIONS
CATHOLIC LEADERSHIP INSTITUTE440 E SWEDES FORD RD STE 3040 WAYNE,PA 19087	23-2661414	501(C)(3)	25,000				RELIGIOUS MISSIONS
CATHOLIC LEGAL IMMIGRATION NETWORK 415 MICHIGAN AVENUE NE WASHINGTON,DC 20017	52-1584951	501(C)(3)	30,000				RELIGIOUS MISSIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC NETWORK OF VOLUNTEER6930 CARROLL AVE STE 820 TAKOMA PARK,MD 20912	52-1106192	501(C)(3)	10,000				RELIGIOUS MISSIONS
CATHOLIC SCHOOLS OFFICE915 S CLINTON ST FT WAYNE,IN 46802	35-0876373	501(C)(3)	27,000				RELIGIOUS MISSIONS
CATHOLIC VOLUNTEERS IN FLORIDAPO BOX 536476 ORLANDO,FL 32853	59-3087902	501(C)(3)	15,000				RELIGIOUS MISSIONS
CHARIS MINISTRIES1333 WDEVON AVE CHICAGO,IL 60660	36-4497384	501(C)(3)	11,470				RELIGIOUS MISSIONS
CHRISM OFFICEREGION BISHOP236 PLEASANT ST S WEYMOUTH,MA 02190	04-2106175	501(C)(3)	5,000				RELIGIOUS MISSIONS
DIOCESE OF BEAUMONT 703 ARCHIE ST BEAUMONT,TX 77701	74-1551958	501(C)(3)	15,000				RELIGIOUS MISSIONS
DIOCESE OF EL PASO499 SAINT MATTHEWS EL PASO,TX 79907	74-6000751	501(C)(3)	21,000				RELIGIOUS MISSIONS
DIOCESE OF FORT WAYNE S BEND915 S CLINTON FT WAYNE,IN 46801	35-0876373	501(C)(3)	354,835				RELIGIOUS MISSIONS
DIOCESE OF GREEN BAY 1825 RIVERSIDE DR GREEN BAY,WI 54305	53-0196617	501(C)(3)	5,000				RELIGIOUS MISSIONS
DIOCESE OF LAS CRUCES 1280 MED PARK DR LAS CRUCES,NM 88006	85-0303816	501(C)(3)	6,860				RELIGIOUS MISSIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF MANCHESTER 153 ASH ST MANCHESTER,NH 03104	02-6004670	501(C)(3)	15,000				RELIGIOUS MISSIONS
DIOCESE OF NORWICH201 BROADWAY NORWICH,CT 06360	06-0687373	501(C)(3)	5,100				RELIGIOUS MISSIONS
DIOCESE OF SAN BERNARDINO1201 E HIGHLAND AVE SAN BERNARDINO,CA 92404	95-3293901	501(C)(3)	25,000				RELIGIOUS MISSIONS
DIOCESE OF SIOUX CITY 1821 JACKSON ST SIOUX CITY,IA 51102	53-0196617	501(C)(3)	18,800				RELIGIOUS MISSIONS
DIOCESE OF SPRINGFIELD 601 S JEFFERSON AVE SPRINGFIELD,MO 65806	44-0609997	501(C)(3)	5,000				RELIGIOUS MISSIONS
DISMAS MINISTRYPO BOX 070363 MILWAUKEE,WI 53207	39-1895019	501(C)(3)	10,000				RELIGIOUS MISSIONS
ENDOW1300 SOUTH STEELE STREET DENVER,CO 80210	83-0362209	501(C)(3)	20,000				RELIGIOUS MISSIONS
FELLOWSHIP OF CATHOLIC SCHOLARS441 E FORDHAM RD BRONX,NY 10458	35-0868188	501(C)(3)	25,000				RELIGIOUS MISSIONS
FOCUSPO BOX 18710 GOLDEN,CO 80402	84-1522811	501(C)(3)	50,000				RELIGIOUS MISSIONS
FRANCISCAN SISTERS OF LITTLE116 8TH AVE SOUTHEAST LITTLE FALLS,MN 56345	41-0695518	501(C)(3)	10,000				RELIGIOUS MISSIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUADALUPE REGIONAL MIDDLE SCHOOL1214 E LINCOLN ST BROWNSVILLE,TX 78251	13-4103746	501(C)(3)	11,000				RELIGIOUS MISSIONS
HEARTS HOME USA108 SAINT EDWARDS ST BROOKLYN,NY 11205	20-0701395	501(C)(3)	19,000				RELIGIOUS MISSIONS
HOGARES TERESA TODAP O BOX 868 CANOVANAS,PR 00729	66-0488810	501(C)(3)	12,000				RELIGIOUS MISSIONS
HUMAN ADVENTURE CORP 125 MAIDEN LANE STE 15E NEWYORK,NY 10038	68-0194625	501(C)(3)	25,500				RELIGIOUS MISSIONS
IMAGO DEI INC2510 VIRGINIA AVE NW UNIT 905N WASHINGTON,DC 20037	20-8400442	501(C)(3)	25,000				RELIGIOUS MISSIONS
ITEST20 ARCHBISHOP MAY DR STE 3400A ST LOUIS,MO 63119	23-7000424	501(C)(3)	28,000				RELIGIOUS MISSIONS
JESUIT SCHOOL OF THEOLOGY OF1735 LEROY AVE BERKELEY,CA 94709	94-1156462	501(C)(3)	25,000				RELIGIOUS MISSIONS
LIFEWAY NETWORK INC85-10 61ST RD REGO PARK,NY 11374	20-8645579	501(C)(3)	19,000				RELIGIOUS MISSIONS
LIVING FAITH FINE ARTS 36703 KENMORE DR FARMINGTON,MI 48335	36-4673926	501(C)(3)	30,000				RELIGIOUS MISSIONS
MATERNAL LIFE INTERNATIONAL326 A S JACKSON ST BUTTE,MT 59701	84-1405715	501(C)(3)	20,000				RELIGIOUS MISSIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEXICAN AMERICAN CATHOLIC COLLEGE3115 WASHBY PL SAN ANTONIO,TX 78228	74-1712528	501(C)(3)	10,000				RELIGIOUS MISSIONS
NAT'L CATHOLIC ED ASSOC1077 30TH ST NW STE 100 WASHINGTON,DC 20007	53-0196616	501(C)(3)	5,500				RELIGIOUS MISSIONS
NAT'L FEDERATION FOR CATHOLIC415 MICHIGAN AVE NE STE 40 WASHINGTON,DC 20017	52-1260147	501(C)(3)	35,000				RELIGIOUS MISSIONS
NATURAL FAMILY PLANNING CTR4400 EAST WEST HIGHWAY 911 BETHESDA,MD 20814	52-1292238	501(C)(3)	32,800				RELIGIOUS MISSIONS
OBLATE SCHOOL OF THEOLOGY285 OBLATE DR SAN ANTONIO,TX 78216	74-1357323	501(C)(3)	11,500				RELIGIOUS MISSIONS
PASTORAL INSTITUTE7200 DOUGLASTON PARKWAY LITTLENECK,NY 11362	11-1631807	501(C)(3)	7,000				RELIGIOUS MISSIONS
PASTORAL SOLUTIONS INSTITUTE234 ST JOSEPH DR STEUBENVILLE,OH 43952	34-1969063	501(C)(3)	30,000				RELIGIOUS MISSIONS
REDEEMER RADIO4705 ILLINOIS RD STE 104 FT WAYNE,IN 46804	22-3864296	501(C)(3)	5,000				RELIGIOUS MISSIONS
RENEW INTERNATIONAL 1232 GEORGE ST PLAINFIELD,NJ 07062	22-3436711	501(C)(3)	15,000				RELIGIOUS MISSIONS
ROUNDTABLE ASSOC OF CATHOLIC1225 OTIS ST NE WASHINGTON,DC 20017	27-2161660	501(C)(3)	10,000				RELIGIOUS MISSIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART CATHEDRAL414 LEXINGTON AVE ROCHESTER,NY 14613	16-0755749	501(C)(3)	10,000				RELIGIOUS MISSIONS
SCHOTT MEMORIAL CENTER6591 S FLAMINGO RD FT LAUDERDALE,FL 33330	65-0556524	501(C)(3)	25,000				RELIGIOUS MISSIONS
SERVANTS OF ST CAMILLUS8009 MIRAMAR PARKWAY MIRAMAR,FL 33025	53-0196617	501(C)(3)	10,000				RELIGIOUS MISSIONS
SISTERS OF ST JOSEPH215 COURT ST CONCORDIA,KS 66901	48-0622382	501(C)(3)	10,000				RELIGIOUS MISSIONS
SOCIETY OF THE DIVINE WORD1985 WAUKEGAN RD TECHNYY,IL 60082	36-2183817	501(C)(3)	25,000				RELIGIOUS MISSIONS
ST CHARLES BORROMEIO SEMINARY100 E WYNNEWOOD RD WYNNEWOOD,PA 19096	23-1370450	501(C)(3)	10,000				RELIGIOUS MISSIONS
ST JEROME CHURCH632 BRIDGE ST N WEYMOUTH,MA 02191	04-2106290	501(C)(3)	5,000				RELIGIOUS MISSIONS
ST JOHNS SEMINARY127 LAKE ST BRIGHTON,MA 02135	04-2104873	501(C)(3)	34,950				RELIGIOUS MISSIONS
ST LAWRENCE CATHOLIC 1631 CRESCENT RD LAWRENCE,KS 66044	48-0790929	501(C)(3)	15,000				RELIGIOUS MISSIONS
ST MATTHEW CATHOLIC CHURCH221 JOHN PAUL AVE STATESBORO,GA 30458	58-0625963	501(C)(3)	25,000				RELIGIOUS MISSIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PATRICK CENTER800 N TUCKER BLVD ST LOUIS,MO 63101	43-1263499	501(C)(3)	10,820				RELIGIOUS MISSIONS
ST PAUL'S OUTREACH110 CRUSADER AVE W WST PAUL,MN 55118	41-1621192	501(C)(3)	7,500				RELIGIOUS MISSIONS
ST PETER CATHOLIC STUDENT CTR1415 S 9TH ST WACO,TX 76706	74-2693453	501(C)(3)	10,000				RELIGIOUS MISSIONS
ST THOMAS AQUINAS CATHOLIC CHURCH904 14TH ST BOULDER,CO 80302	84-0430715	501(C)(3)	20,000				RELIGIOUS MISSIONS
ST THOMAS MORE CATHOLIC CH8035 S QUEBEC ST CENTENNIAL,CO 80112	84-0642458	501(C)(3)	15,000				RELIGIOUS MISSIONS
STEWARDSHIP A MISSION OF FAITH48 INDUSTRIAL RD ELIZABETHTOWN,PA 17022	27-2195524	501(C)(3)	10,000				RELIGIOUS MISSIONS
THE CATHOLIC DISTANCE 120 E COLONIAL HIGHWAY HAMILTON,VA 20158	54-1251090	501(C)(3)	5,000				RELIGIOUS MISSIONS
THE ROSE HOME2208 WAYNE TRACE AVE FT WAYNE,IN 46803	26-0833406	501(C)(3)	5,000				RELIGIOUS MISSIONS
THEOLOGY OF THE BODY INSTITUTE479 THOMAS JONES WAY STE 100 EXTON,PA 19341	27-0092633	501(C)(3)	40,000				RELIGIOUS MISSIONS
THOMAS MORE COLLEGE OF6 MANCHESTER ST MERRIMACK,NH 03054	02-0344073	501(C)(3)	10,000				RELIGIOUS MISSIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIGUA NATIVE AMERICAN MINISTRY131 S ZARAGOSA ST EL PASO,TX 79907	74-6000751	501(C)(3)	25,000				RELIGIOUS MISSIONS
UNIVERSITY OF NOTRE DAME100 MAIN BLDG NOTRE DAME,IN 46556	35-0868188	501(C)(3)	148,018				RELIGIOUS MISSIONS
UNIVERSITY OF SAN FRANCISCO2130 FULTON ST LMR 313 SAN FRANCISCO,CA 94117	41-0693970	501(C)(3)	25,000				RELIGIOUS MISSIONS
UNIVERSITY OF ST THOMAS2115 SUMMIT AVE/MAIL 55-S ST PAUL,MN 55115	41-0693970	501(C)(3)	15,000				RELIGIOUS MISSIONS
USCCB3211 4TH ST NE WASHINGTON,DC 20017	53-0196617	501(C)(3)	24,671				RELIGIOUS MISSIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
OUR SUNDAY VISITOR INC

Employer identification number
35-0563920

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☒ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1bYes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)GREG ERLANDSON PRESIDENT PUBLISHING	(i) (ii)	173,862 0	35,000 0	4,603 0	17,576 0	22,800 0	253,841 0	20,000 0
(2)KYLE HAMILTON PRESIDENT OFFERTORY	(i) (ii)	200,851 0	62,500 0	10,753 0	30,208 0	22,504 0	326,816 0	37,500 0
(3)LINDA L TEETERS TREASURER/VP OF FINANCE	(i) (ii)	135,154 0	20,000 0	8,857 0	1,136 0	22,355 0	187,502 0	0 0
(4)TIMOTHY SHOUP MANUFACTURING	(i) (ii)	120,942 0	13,500 0	569 0	995 0	22,861 0	158,867 0	0 0
(5)JOHN CHRISTENSEN DIRECTOR OF MARKETING	(i) (ii)	120,577 0	8,150 0	261 0	1,412 0	24,651 0	155,051 0	0 0
(6)ELIZABETH MCNAMARA GENERAL MANAGER CURRICULUM	(i) (ii)	123,277 0	5,750 0	22,235 0	704 0	26,417 0	178,383 0	0 0
(7)SABRINA MAGNUSON ASSOCIATE PUBLISHER	(i) (ii)	116,643 0	6,028 0	179 0	2,981 0	26,978 0	152,809 0	0 0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	CHARTER TRAVEL IS AVAILABLE FOR USE BY THE DIRECTORS AND EMPLOYEES OF OUR SUNDAY VISITOR AND ITS RELATED ORGANIZATION, AMERICAN CHURCH, INC (ACI) FOR COMPANY BUSINESS TRAVEL TO AND FROM ACI. A HOUSING ALLOWANCE IS PROVIDED TO A DIRECTOR (ELIZABETH MCNAMARA) AND IS TREATED AS A TAXABLE FRINGE BENEFIT ON THE W-2.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
OUR SUNDAY VISITOR INC**Employer identification number**

35-0563920

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE FORM 990 AND ITS RELATED SCHEDULES PRIOR TO SUBMISSION TO THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS ALL BOARD OF DIRECTORS, OFFICERS, AND SENIOR MANAGEMENT ANY CONFLICTS ARE REVIEWED ANNUALLY BY HUMAN RESOURCES CONFLICTS ARE RAISED TO THE BOARD BY HUMAN RESOURCES WHEN THEY OCCUR IF THERE WAS A CONFLICT OF INTEREST IDENTIFIED, THE BOARD MEMBER WOULD BE REMOVED FROM VOTING ON ANY ISSUE RELATED TO THE CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS PERFORMS AN ANNUAL SALARY REVIEW FOR OFFICERS JOB FUNCTIONS AND RESPONSIBILITIES ARE SET FORTH ANNUALLY AND REVIEWED DURING THIS PROCESS ADDITIONALLY, PERIODIC COMPARISONS WITH FOR-PROFIT AND NOT-FOR-PROFIT ENTITIES ARE PERFORMED
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
	FORM 990, PART VI, SECTION B, LINE 13	AN INFORMAL WHISTLEBLOWER POLICY IS IN PLACE THE PROCEDURES ARE ADDRESSED WITH EMPLOYEES, HOWEVER, IT IS NOT A WRITTEN POLICY
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	GAIN FROM SUBSIDIARY 350,914 PENSION-RELATED BENEFIT CHANGES -289,999

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OUR SUNDAY VISITOR INC

Employer identification number
35-0563920

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DIOCESE OF FORT WAYNESOUTH BEND PO BOX 390 FORT WAYNE, IN 46801 35-0876373	CHURCH	IN	501(C)(3)	LINE 1	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or 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 country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) OSV HOLDINGS INC 200 NOLL PLAZA HUNTINGTON, IN 46750 20-2858398	HOLDING COMPANY	IN	OUR SUNDAY VISITOR INC	C	355,756	6,577,109	100 000 %	Yes	
(2) AMERICANCHURCH INC 200 NOLL PLAZA HUNTINGTON, IN 46750 14-1864871	MANUFACTURING	IN	OSV HOLDINGS INC	C	1,108,021	5,487,325	100 000 %	Yes	
(3) IN THE ROUND INC 3705 MIDDLEBRANCH AVE NE CANTON, OH 44705 52-2159358	WEB SERVICES	OH	OSV HOLDINGS INC	C	-280,377	931,192	80 000 %	Yes	

Part V

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

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICANCHURCH INC	D	828,377	FMV
(2) AMERICANCHURCH INC	K	6,038	FMV
(3) AMERICANCHURCH INC	R	902,521	FMV
(4) AMERICANCHURCH INC	O	314,124	FMV
(5) FORT WAYNESOUTH BEND DIOCESE	B	354,835	FMV
(6) OSV HOLDINGS INC	C	981,180	FMV

Schedule R (Form 990) 2012

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 35-0563920

Name: OUR SUNDAY VISITOR INC

--> Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AMERICANCHURCH INC	D	828,377	FMV
AMERICANCHURCH INC	K	6,038	FMV
AMERICANCHURCH INC	R	902,521	FMV
AMERICANCHURCH INC	O	314,124	FMV
FORT WAYNESOUTH BEND DIOCESE	B	354,835	FMV
OSV HOLDINGS INC	C	981,180	FMV