

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

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

Open to Public Inspection

Dep	artment mai Revo	of the Treasury now Service	► The organization may have to use a copy of this return to satisfy state reporting	ng require	ments	Inspection					
A			dar year, or tax year beginning , 2012, and ending			, 20					
B Check If applicable: C Name of organization Urbs et Orbs Communications, Inc. D Employer identification number											
	Addres	s change	Doing Business As			61-1238135					
	Name o	thange	Number and street (or P.O. box if mail is not delivered to street addross) Room/suite E Telephone number								
	initial re	tel return 6375 New Hope Road (202) 657-4833									
Terminated City, town or post office, state, and ZIP code											
Ц		T	New Hope, KY, 40052		Gross n	<u></u>					
Ш	Applica	tion pending				for affiliates? Yes Vo					
-						ncluded? Yes No a list. (see instructions)					
÷	Websit	empt status	√ 501(c)(3)								
K			InsIdethevatican.oro H(Corporation	1993		of legal domicile KY					
_	art I	Summa		1993	IN Otale	or regar dornione X1					
-	1	Briefly de	cribe the organization's mission or most significant activities: The organiza	otlon sub	liabas	and distributon the					
_			Inside the Vatican" and other educational books and materials.								
Activíties & Governance		HOTOTALIA.	HISTOC. COR. PARCE DI. COM DITIOL EQUICACIO (M. DIQUES, CDM DIMERCOIS								
Ē	1	********	454 % t 4 4 4 4 4 5 4 5 4 5 4 6 4 6 6 6 7 4 6 6 7 4 6 6 7 7 6 6 7 4 6 6 7 4 6 7 4 7 6 7 7 6 7 7 7 7								
Š	2	Check this	box ▶☐ if the organization discontinued its operations or disposed of mor	re than 2	5% of	its net assets.					
ğ	3	Number o	f voting members of the governing body (Part VI, line 1a)		3						
8	4	Number o	findependent voting members of the governing body (Part VI, line 1b)		4	5					
Ť	5	Total num	ber of Individuals employed in calendar year 2012 (Part V, line 2a)		5	0					
Ç	6	Total num	per of volunteers (estimate if necessary)		6	2					
•	7a	Total unre	ated business revenue from Part VIII, column (C), line 12		7a	0					
	ь	Net unrela	ted business taxable income from Form 990-T, line 34	<u> </u>	7b	0					
	1		<u> </u>	Prior Year		Current Year					
9	8		ons and grants (Part VIII, line 1h)	2	13,490	172.380					
Revenue	9		ervice revenue (Part VIII, line 2g)		59,063	60.924					
Š	10		t income (Part VIII, column (A), lines 3, 4, and 7d)			45					
_	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,594	(191.646)					
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3	16,224	41.703					
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		0	0					
	14		ald to or for members (Part IX, column (A), line 4)		0	0					
98	15		her compensation, employee benefits (Part IX, column (A), lines 5-10)		1,800	1,800					
Expenses	16a		al fundralsing fees (Part IX, column (A), line 11e)		0 #131505	1.200					
꿃	_b		raising expenses (Part IX, column (D), line 25)								
_	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		17,901	138.937					
	18 19	•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		19,701	141.937					
		neversue		ing of Curre	(3,477)	(100.234) End of Year					
Net Assets or Fund Balances	20	Total acca			29,545						
A SE	21		is (Part X, line 16)		15,805	152,112					
題	22		or fund balances Subtract line 21 from line 20		36,260)	538.606					
	rt II		re Block	120	10,200)	(386,494)					
			I declare that I have examined this return, including accompanying schedules and statements,	and to the	best of n	ny knowledge, and bolief, it is					
			Declaration of preparer (other than officer) is based on all information or which preparer has an			,					
			Miren h Dodd	8	/15/	2013					
Sig	n	Signat	ure of officer	Date							
He	re	1	LAUREEN M Dodd, Treasurer								
		Type	r print name and title								
Pai	Н	Print/Type	preparer's name Preparer's signature Date	0//	Check [T # PTIN LOCACO					
	pare	P Dlane Pe	rret Royal, CPA Nano Ensot Royal CPA	X15/LF	eif-emp						
	e Oni		ne ▶ Diane Perret Royal, CPA	Firm's	EIN >	P01701072					
			ress ➤ 3009 Jolly Rd., Jacksonville, FL 32207	Phone	<u>No</u>	904-396-6881					
May	the IF		his return with the preparer shown above? (see instructions)	$I \cdot I$	KE/	Yes No					
For	Paper	vork Reduc	ion Act Notice, see the separate instructions. Cat No 112	数/	1	/ Fpmy990-(2012)	1				
			· /	&/		- VEU 7	- [
				Ý/ A	Us a		V				
			V/V /4	1	JU 2	0 ₂₀₁₃ S	^				
				77		~~~ /ợ/					
				ŲG.	DE	12/					
					Y []	V. 17=14=1					
			•		_	~~~! —					
						7					

OHH 9	30 (2012)	1	Page Z
Part		Statement of Program Service Accomplishments	
		Check if Schedule O contains a response to any question in this Part III	<u></u>
1	•	y describe the organization's mission:	
		rganization publishes and distributes the magazine."Inside the Vatican and other religious publicatins. Additionally	
	organi	nization_educates_the_public_and_supports_the_Roman_Catholic_faith_by_occasionally_promoting_concerts_and_confer	es
2	Did th	he organization undertake any significant program services during the year which were not listed on the	
		Form 990 or 990-EZ?	Yes 🗆 No
		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program	
	service	ces?	Yes 🗹 No
		s," describe these changes on Schedule O.	
4		ribe the organization's program service accomplishments for each of its three largest program services, as	
		nses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation Tall expenses, and revenue, if any, for each program service reported.	ns to others
	เทษ เบเ	oral expenses, and revenue, if any, for each program service reported.	
4a	(Code	e:) (Expenses \$ 123.710 including grants of \$ 0) (Revenue \$ (17	\
70	(0000	123.710 moduling grants of \$\(\pi\) (17)	6.235) /
	Dublic	shed and distributed the magazine."Inside the Vatican." Appoximately 103,000 magazines were distributed to subsc	
		rganization also distributed books and materials supporting the Roman Catholic faith, thereby promoting the Catho	-
		ducating georie about it.	

	•••••		
4b	(Code:	e:) (Expenses \$ 2.890 including grants of \$ 0) (Revenue \$	0)
	,	V / V	V /
	The or	rganization has also organized a project, called the "Urbi et Orbi Foundation." which works to improve friendship al	nd
		standing among Christians of different denominations, which promotes the Catholic faith, and so also fulfills the ex	
	soawa	S&	
4c	(Code:	e:) (Expenses \$including grants of \$) (Revenue \$)
			•••••
4d		program services (Describe in Schedule O.)	
	(Expen		<u></u>
44	I ATAL P	program service expenses	

rarı	Oneckilst of nequired Schedules		,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	<u> </u>		-
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>,</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>,</u>
A	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
f		11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		√
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			,
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	(0040)

Form 99	90 (2012)		1	Page (
Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
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? If "Yes," complete Schedule L, Part II.	26		✓
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? If "Yes," complete Schedule L, Part III	27		√
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>·</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u>√</u> ./
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>·</u> ✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

37

Part				
	Check if Schedule O contains a response to any question in this Part V	• •		<u> </u>
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			- <i></i> -
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	 -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		}
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	ii		ł
	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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\
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		✓
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).			
а	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		1
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 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 f	•	1
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		
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	7=0		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		ſ	
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	134		
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		Ì	
^	Enter the amount of reserves on hand			
C 140		140		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

rait				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
Cook	Check if Schedule O contains a response to any question in this Part VI		<u> </u>	. 🗸
Secu	ion A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a		103	"
ıa	Enter the number of voting members of the governing body at the end of the tax year	i]
	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 . 1b	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	4	ļ	1
	any other officer, director, trustee, or key employee?	2		1
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	1
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1_		١,
	one or more members of the governing body?	7a	<u> </u>	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	 -	
·	the year by the following:		1	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	
_			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-		ŀ
42	describe in Schedule O how this was done	12c		
13 14	Did the organization have a written whisheblower policy?	13		✓
15	Did the process for determining compensation of the following persons include a review and approval by	17		-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		\
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	, , , , ,			
	with a taxable entity during the year?	16a		✓
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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► KX Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	_ F04'	-)(0):	
18		n 501(_{೮)(} ૩)S	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inter	oet n	oliov
13	and financial statements available to the public during the tax year.	'i iiilei	ear b	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	1	
	organization: ► Hugh Pimentel 2050 Gap Knob Rd. New Hope KV 40052 270.325.3061	J		

٠.			
-om	990	/2012\	

_	=
Page	•

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

Check if Schedule C	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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
			(0	C)						
(A) Name and Title	(B) Average hours per week (list any	(do n box, i office	unles er and	neck s pe	rson	(E) Reportable compensation from related	(F) Estimated amount of other			
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Crain Richardson	1	✓		1				o	O	
(2) Jim Garmen Vice President & Director	2	1		✓				o	Q	
(3) Stefanie Stark Secretary & Director	1	1		✓				0	0	
(4) Maureen Dodd	2	1		1				0	0	
(5) James Murphy.	2	1						1.800	0	
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Par	(A) Name and title	(B) Average hours per Officer and a director/truste							(D) Reportable compensation	(E) Reportable compensation from	ole n from	(F) Estimated		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-I	ons	comp fro orga and	other bensation om the anization related nization	n t
(15)	· · · · · · · · · · · · · · · · · · ·						-							
(16)														
(17)								 						
(18)													-	
(19)														
(20)														
(21)														
(22)				,										
(23)				_	_						\dashv			
(24)				-										
(25)														
1b c	Sub-total							>	1.800		0			(
d	Total (add lines 1b and 1c)							>	1.800	era than \$1	00,000) of		
	reportable compensation from the organi				list			5) VVI					Vaa	Na
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							emp		•			Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	ortab	le c	om	per	satio		nd other comp		om the			✓
_	individual	·							· · · · · ·			4		1
	for services rendered to the organization?											5		✓
Section 1	on B. Independent Contractors Complete this table for your five highest of compensation from the organization. Replyear.													ax
	(A) Name and business addi	ess							(B) Description of se	ervices		(C) Compens	ation	
Robert Movnihan. Inside the Vatican. Inc. produces the entire														
320 N.	Roval Ave Front Roval. VA 22630	,						con	ntents of the ma	uaziñe.			43	2.000
	Total number of independent continues	m (inaled)-	a bes		. P!	m:4:		āl-	ooo listed at a	vo)b.:				
2	Total number of independent contractor received more than \$100,000 of compens		-					in(use iisted add 1	ve) wno				

	990 (201 t VIII		enue					Page
		Check if Schedule O	contains a resp	onse to any quest				[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
at str	1a	Federated campaigns		0	_			
E S	Ь	Membership dues .		0				
₹,¥	С	Fundraising events .		0				,
igi.	d	Related organizations		- <u>0</u>				
Sir.	e f	Government grants (cor All other contributions, g		<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	'	and similar amounts not in						
草豆	g	Noncash contributions include		172.380				
9 E	h	Total. Add lines 1a-1	· · · · · · · · · · · · · · · · · · ·	•	172.380			
				Business Code	172,500			
Ven	2a	Advertising revenue		541800	60.924	60.924	0	
æ	b				0	0	0	
ξ	C				0	0	0	
Program Service Revenue	d	***************************************			0	0	0	
펿	е				0	0	0	
īg	f	All other program ser			0	0		<u> </u>
	3	Total. Add lines 2a-2 Investment income	<u>T</u> (including divid	lands interest	60.924			
	"	and other similar amo			4.5			_
	4	Income from investmen	•		45 0	. 0	0	4
	5	Royalties		•			<u> </u>	
	1	•	(ı) Real	(II) Personal				
	6a	Gross rents	0	0	ļ			
	b	Less: rental expenses	0	0				•
	c	Rental income or (loss)		0				
	_d	Net rental income or (▶	0	0	0	
	7a	Gross amount from sales of	(i) Securities	(II) Other				
	١.	assets other than inventory	0	0		•		
	b	Less: cost or other basis and sales expenses .						
	_	·	0					
	4	Gain or (loss)	0					
	d	Net gain or (loss) .			0	0	0	
9	8a	Gross income from fu	ındraising					
Other Reven		events (not including \$						
æ	ļ	of contributions reporte	ed on line 1c).					,
P		See Part IV, line 18 .	a	اها				
育	ь	Less: direct expenses	b	0				
		Net income or (loss) fi	•	events . ►	o		0	
	9a	Gross income from ga						
		See Part IV, line 19 .		<u>~~~</u>				'
	b	Less: direct expenses		<u> </u>				
		Net income or (loss) fi		ivities ▶	٥	0	O	, ,
	10a	Gross sales of in returns and allowance						
	_		_				'	_
	D C	Less: cost of goods so Net income or (loss) fr						
		Miscellaneous R		Business Code	(237.159)	(237.159)	0	
	11a	Mail list rentals		900099	45.513	0	0	45.51:
-	b	Mail IIST Centals		EGUUUE	45.513	0	0	43.31.
	С		•••••		0	0	0	
	d	All other revenue .			0	0	0	

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).

Secin	on 50 I(c)(5) and 50 I(c)(4) organizations must con	 	<u>-</u>	s must complete co	iumm (A).
	Check if Schedule O contains a respon				<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	•	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,800	0	1,800	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,350			
7		U		0	
7 8	Other salaries and wages	Q	Q	0	0
0	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	o	0
10 11	Payroll taxes	00	o	0	0
а	Management	اه	اه	o	0
b	Legal	0	0	0	0
C	Accounting	n	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	1,200	V		1.200
f	Investment management fees	0	0	0	1.200
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	V	<u> </u>		,
40			0	O	0
12	Advertising and promotion	13.718	10.241		3.477
13	Office expenses	3.264	2.638	626	0
14	Information technology	2.783	2.783	0	0
15	Royalties	0	0	0	0
16	Occupancy		0	0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		o l	0	0
19	Conferences, conventions, and meetings .	n	n n	<u></u>	<u> </u>
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	n	0
23	Insurance	0	0	n	<u></u>
24	Other expenses. Itemize expenses not covered	•	,		
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	;			
а	credit card processing fees	7.836	0	7.836	0
b	postage & shipping	52.828	52.430	7.830	398
C	fulfillment of subscriptions	55.618	55.618	0	0
ď	Urbi et Orbi Foundation expenses	2.890	2.890	0	0
e	All other evaposes	2.090	2.030	0	<u>u</u>
25	Total functional expenses. Add lines 1 through 24e	141.937	126.600	10.262	5.075
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)	141.337	120.000	10.202	5.0/3

Form 990 (2012)
Part X Balance Sheet

	urt X	Check if Schedule O contains a response to any question in this Part X			П
		, , , , , , , , , , , , , , , , , , , ,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	43.451	1	105.357
Ş	2	Savings and temporary cash investments	2.117		2.068
	3	Pledges and grants receivable, net	0		0
	4	Accounts receivable, net	7,460	4	14.357
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	2000		(野)
	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.	0	6	7,24,
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	76.517	8	30.330
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			7. 7.
	b	Less: accumulated depreciation 10b	<u> </u>	10c	
	11	Investments—publicly traded securities	0	11	0
	12	Investments – other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0.	13	0
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	129,545	16	152.112
	17	Accounts payable and accrued expenses	415.805	17	
	18	Grants payable		18	538.606
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0		0
	21		0	20	<u>0</u>
		Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	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	9 1 - 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ē.	22	Secured mortgages and notes payable to unrelated third parties	0		0
_	23 24	, , ,	0	23	0
	25 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	0	24	<u> </u>
	00	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
\dashv	26	Total liabilities. Add lines 17 through 25	415.805	26	538,606
ces		complete lines 27 through 29, and lines 33 and 34.	·		الله بالله الله الله الله الله الله الله
<u>ā</u>	27	Unrestricted net assets	(286.260)	27	(395.424)
8	28	Temporarily restricted net assets	0	28	8.930
밀	29	Permanently restricted net assets	0	29	Q
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	, a, c	: - ,	97.28
য়	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>آ</u> و	33	Total net assets or fund balances	(286.260)	33	(386,494)
_	34	Total liabilities and net assets/fund balances	129.545	34	152.112
					Form 990 (2012)

Form 9	90 (2012)			Pŧ	age 12
Par	t XI Reconciliation of Net Assets				
·	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			41.703
2	Total expenses (must equal Part IX, column (A), line 25)	2			41.937
3	Revenue less expenses. Subtract line 2 from line 1	3		(10	0.234)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(28	6.260)
5	Net unrealized gains (losses) on investments	5			. 0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		(38	6.494)
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>		. 🗸
				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," exp	olain ir	' [١, , ,
	Schedule O.				1
2a			2a	<u> </u>	✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled o	r	, , , , , , , , , , , , , , , , , , ,	1
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1 1 2
b			2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	1		'
	separate basis, consolidated basis, or both:				'
	Separate basis Consolidated basis Both consolidated and separate basis				لــــا
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account			L	
	If the organization changed either its oversight process or selection process during the tax year, exp	olain ir	۱		,
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth ir			١.
	the Single Audit Act and OMB Circular A-133?	• •	3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b	1	I

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Urbi et Orbi Communications, Inc. 61-1238135 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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. **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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting П Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). h (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Did you notify (vi) Is the (ii) EIN (vii) Amount of monetary in col (i) listed in your the organization in (described on lines 1-9 organization omanization in col. support governing document? col. (i) of your (i) organized in the above or IRC section support? U.S.? (see instructions)) Yes Yes No (A) (B) (C) (D) (E)

Total

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Cooti	ion A. Public Support	dridor the to	oto notea bon	ow, picase ce	inplace i alt	/	
		4 3 2000	710000				
_	ndar 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.")	469.640	146.838	170.683	213.490	172.380	1.173.031
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	409.774	359.421	362.153	396.820	331.508	1.859.676
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	o	0	0	O	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	879.414	506.259	532.836	610.310	503.888	3.032.707
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		o.	0	0		
b	Amounts included on lines 2 and 3 received from other than disqualified		V	V			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	_					
_		0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)		0	0	0	0	0
Secti	on B. Total Support	The Sale Constitution	Factoristics 8: la			THE SHOWING WITH ME	3.032.707
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(=) 2010	(6 Tatal
9	Amounts from line 6					(e) 2012	(f) Total
10a		879.414	506.259	532.836	610.310	503.888	3.032.707
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	643	96	54	77	45	915
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	30	34	0		913
С	Add lines 10a and 10b	643	96	U		0 45	<u>u</u>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	043	96	54	77.	45	915
12	Other income. Do not include gain or	0	0	0	0		0
	loss from the sale of capital assets (Explain in Part IV.)	49.887	31.600	61.894	59.063	60.924	263,368
13	Total support. (Add lines 9, 10c, 11, and 12.)	929.944	537.955	594.784	669,450	564.857	3.296.990
14	First five years. If the Form 990 is for the organization, check this box and stop he	e organization	's first, second	d, third, fourth,	or fifth tax ye	par as a section	1 501(c)(3)
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8	_ 		3, column (f))		15	91.98 %
16	Public support percentage from 2011 Sch		•	. , , , ,		16	92.79 %
	on D. Computation of Investment Inc					1 1	32./9 ,0
17	Investment income percentage for 2012 (line 13 colum	n (f)	17	0.03 %
18	Investment income percentage from 2011					18	0.03 70
19a	331/2% support tests—2012. If the organi	zation did not	check the box	on line 14, an	d line 15 is me	ore than 331/39/	, and line
b	331x% support tests—2011. If the organiz line 18 is not more than 331x%, check this b	ation did not ch	eck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di		_			• •	

Schedule A (F	Chedule A (Form 990 or 990-EZ) 2012						
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).						
Part III, Line	e 12 represents income from mail list rentals.						
+							
	,						
,							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

0MB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization		Employer identification number			
Urbi et Orbi Communications, Inc.		61-1238135			
Form 990, Part VI, Section B, line 11a: A complete copy of this 990 was emailed to al Board members before filing.					
Form 990, Part VI, Section C, line 19: Copies of the organization's governing					
anyone upon request. Form 990 is also available on the internet from					
anyone apon request. Total 330 to also available on the microst from					
·····					
••••					