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# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

| <u>A</u>   | For the                      |   | r year, or tax year beginnin   |   |                                       | nd ending                               |                     | , 20          |                         |              |  |
|--|------------------------------|---|--|---|---------------------------------------|---|---------------------|---------------|-------------------------|--------------|--|
| В  | Check if a                   | pplicable: C N                                  | ame of organization Urbl et Or   | bi Communication                        | is, Inc.                              |   |                     | <b>Employ</b> | er identification n     | umber        |  |
|  | Address o                    |   | oing business as   |   |                                       |   | 1                   |               | 61-1238135              |              |  |
|  | Name cha                     | inge N  | lumber and street (or P.O. box if r                                      | mail is not delivered to                | street address)                       | Room/suite                              | E                   | Telepho       | ne number               |              |  |
|  | Initial retu                 | m 14 \  | West Main Street   |   |                                       |   |                     |               | (202) 657-4833          |              |  |
|  | Final return                 | /terminated Ci                                  | ity or town, state or province, cou                                      | intry, and ZIP or forei                 | gn postal code                        |   |                     |               |                         |              |  |
|  | Amended                      | return Fro                                      | nt Royal, VA 22630   |   |                                       |   | 6                   | Gross re      | eceipts \$              | 969,720      |  |
|  | Applicatio                   | n pending F Na                                  | ame and address of principal offic                                       | cer:                                    |                                       |   | H(a) is this a grou | so return for | subordinates? Yes       |              |  |
|  | • •                          | Cra   | ig Richardson, 1610 Walde  | n Dr., McLean, VA                       | 22101                                 |   |                     |               | s included? Tyes        |              |  |
| ī  | Tax-exem                     |   | 501(c)(3) 501(c)   |   | o.) 4947(a)(1) or                     | 527                                     |                     |               | a list. (see instructio |              |  |
| Ţ  | Website:                     | ► http://in                                     | sidethevatican.com/urbi-et-  |   |                                       |   | H(c) Group e        | xemption      | number ►                |              |  |
| ĸ  | Form of or                   |   | Corporation Trust Associ   |   | L Yea                                 | r of formation                          |                     |               | of legal domicile:      | КҮ           |  |
|  | art 📳                        | Summary   | <del></del>  |   |                                       |   | 1000                |               |                         |              |  |
|  |                              |   | ibe the organization's mis   | sion or most slar                       | ificant activities:                   | The orga                                | nization pub        | lishes a      | and distributes t       | he           |  |
| ø  | 1                            | -   | iside the Vatican" and other   | _                                       |                                       | *************************************** |                     |               |                         |              |  |
| Activities & Governance  | 1 -                          | nagazine, in                                    | Side the Validan and Other   | Cuucanonai booi                         | Co and materials                      |   |                     | <del></del>   |                         |              |  |
| Ž  | 2 7                          | Check this h                                    | ox ▶☐ if the organization  | discontinued its                        | operations or dis                     | enocod of                               | more than 2         | 05% of        | ite not accote          |              |  |
| ĕ  | •                            |   | oting members of the government  |   | •                                     | sposed of i                             |                     | 3/00/         | lis not assets.         | -            |  |
| Ű  |                              |   | idependent voting membe  |   |                                       |   |                     | 4             |                         | 5            |  |
| တ္ထ  | 1                            |   | r of individuals employed  | •                                       | • • •                                 | •                                       |                     | 5             |                         | 5            |  |
| Ę  | 1                            |   |  | •                                       | • •                                   | •                                       |                     | 6             |                         | 0            |  |
| Ç  |                              |   | r of volunteers (estimate if   |   | (0) !: 10                             |   | • • •               |               |                         | 2            |  |
| ⋖  | i .                          |   | ed business revenue from   |   | • •                                   |   |                     | 7a            |                         | 0            |  |
|  | <u>b 1</u>                   | vet unrelated                                   | d business taxable income  | from Form 990-                          | 1, line 34                            | • • • •                                 | <del></del>         | 7b            |                         | 0            |  |
|  |                              |   |  | 41.5                                    |                                       | ļ                                       | Prior Year          |               | Current Ye              |              |  |
| 91   |                              | Contributions                                   |  | 252,703                                 |                                       | 391,090                                 |                     |               |                         |              |  |
| Revenue  | 1                            | rogram serv                                     |  | 71,735                                  |                                       | 106,673                                 |                     |               |                         |              |  |
| ě  |                              |   | ncome (Part VIII, column (/  |   |                                       |   | <del></del>         | 54            |                         | 30           |  |
| 12   | 11 (                         | Other revenu                                    | ie (Part VIII, column (A), lin   | es 5, 6d, 8c, 9c,                       | 10c, and 11e) .                       |   | (6                  | 65,885)       |                         | (151,283)    |  |
|  | 12 T                         | otal revenue                                    | -add lines 8 through 11 (  | must equal Part V                       | /ill, column (A), lin                 | e 12)                                   | 2                   | 258,607       |                         | 346,510      |  |
|  | 13 (                         | Frants and s                                    | imilar amounts paid (Part  | IX, column (A), lir                     | nes 1-3)                              |   |                     | 15,000        |                         | 36,000       |  |
|  | 14 E                         | Benefits paid                                   | I to or for members (Part I  | X, column (A), lin                      | e4)                                   |   |                     | 0             |                         | 0            |  |
| ģ  | 15 5                         | Salaries, othe                                  | r compensation, employee   | benefits (Part IX,                      | column (A), lines 5                   | ;–10)                                   |                     | 0             |                         | 0            |  |
| Expenses   | 16a F                        | Professional                                    | fundraising fees (Part IX, o   | column (A), line 1                      | l1e)                                  |   | 750                 |               |                         | 1,500        |  |
| Ď.   | t .                          |   | sing expenses (Part IX, co   | • •                                     | -                                     | 5.500                                   | 1 Apr 1 1 1 1 2 2 1 |               | Contract of the second  | 7.25.5       |  |
| ŭ  |                              |   | ses (Part IX, column (A), lir  |   |                                       |   |                     | 27,181        |                         | 330,334      |  |
|  | 1                            | •   | es. Add lines 13-17 (must  |   | •                                     |   |                     | 42.931        |                         | 367,834      |  |
|  | 1                            | -   | expenses. Subtract line  | •                                       |                                       |   |                     | 34,324)       | <del></del>             | (21,324)     |  |
| <u> ν</u>  |                              | .010.100  | , oxposiosos, oaddadot iii/o   | , | · · · · · · · · · · · · · · · · · · · | Beg                                     | inning of Curro     |               | End of Yea              |              |  |
| Assets or<br>Balances  | 20 T                         | ntal accete (                                   | (Part X, line 16)  |   |                                       | · , 💳                                   |                     | 09,191        |                         | 255,039      |  |
| 855  | 21 T                         |   | s (Part X, line 26)  | • • • • •                               | · -: · JUI! •!                        | · ·                                     |                     | 80.009        |                         | 747,181      |  |
| E E  | 1                            |   | fund balances. Subtract  | lina 21 from lina :                     |                                       | • -                                     |                     | 70,818)       |                         | (492,142)    |  |
|  |                              | Signature                                       |  | mic 21 nom mo                           |                                       | <del>!</del>                            | (4)                 | 10,010)       |                         | 432,142]     |  |
|  |                              |   | ······································                                   | rotum includence cons                   | manarana cabadulac                    | and statemen                            | ote and to the      | hort of n     | ny kaoulodaa aad        | baliaf it is |  |
| trus   | oer penalli<br>e. correct. : | and complete. D                                 | declare that I have examined this<br>Declaration of preparer (other than | n officer) is based on a                | all information of which              | h preparer ha                           | s any knowled       | ge.           | ny knowledge and        | טסוטי, וניוט |  |
|  | <del></del>                  |   | 1-0-1-1-1  | Ad                                      |                                       | <del></del>                             |                     |               |                         |              |  |
| Sig  |                              | Signature                                       | of officer   |   |                                       | <del></del>                             | Date                |               |                         |              |  |
|  |                              | y Signature                                     | 11. 2 11 11  | N                                       | i<br>nocuto                           |   | ۔ اسے               | 24/-          | 2015                    |              |  |
| He   | 10                           |   | HUREEN M DO  | DD IR                                   | easyer                                |   | 3/0                 | ( 1/0         | <u> </u>                |              |  |
|  |                              | <u>',                                      </u> | rint name and title  | <del></del>                             |                                       | 15.                                     | <del></del>         |               | (Fra)                   |              |  |
| Pai  | id                           | Print Type pri                                  | eparer's name  | Preparer's signature                    | ALT Day                               | (A) Date                                | 20/10-              | Check [       |                         |              |  |
|  | eparer                       | Diane Perre                                     | et Royal, CPA  | 12mm L                                  | MATCH TOWN                            | 11111111111111111111111111111111111111  | 27/15               | self-emp      |                         |              |  |
|  | e Only                       | Firm's name                                     | ▶ Diane Perret Royal, CI   | PA                                      | · <u>U</u>                            | · .                                     | Firm's              | EIN ▶         | P0170107                |              |  |
| Firm's address ► 3009 Jolly Rd., Jacksonville, FL 32207 Phone no. 904-396-6881 |                              |   |  |   |                                       |   |                     |               |                         |              |  |
| May  | the IRS                      | discuss this                                    | s return with the preparer   | shown above? (s                         | ee instructions)                      |   |                     | · · ·         | V Yes                   |              |  |
|  |                              |   |  |   |                                       |   |                     |               | _ ^                     | 00 000       |  |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

| Part |  |
|------|--|
|      | Check if Schedule O contains a response or note to any line in this Part III   |
| 1    | Briefly describe the organization's mission:   |
|      | The organization publishes and distributes the magazine "inside the Vatican" and other religious publications. Additionally, the |
|      | organization educates the public and supports the Roman Catholic faith by occasionally promoting concerts and conferences        |
|      |  |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the                     |
|      | prior Form 990 or 990-EZ?  |
| •    | 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?                     |
|      | services?  |
| 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 \$ 244,807 including grants of \$ 0) (Revenue \$ 518,194)  |
|      | <b></b>  |
|      | Published the magazine "Inside the Vatican." Approximately 145,000 magazines were distributed to subscribers.                    |
|      | The organization also distributed books and materials supporting the Roman Catholic faith, thereby promoting the Catholic faith  |
|      | and educating people about it.   |
|      |  |
|      | •••••••••••••••••••••••••••••••••••••••  |
|      |  |
|      | ***************************************  |
|      | ***************************************  |
|      | ***************************************  |
| 4b   | (Code: ) (Expenses \$ 88,397 including grants of \$ 36000 ) (Revenue \$ 0)   |
| •••  | (Codes   |
|      | The organization has organized a project called the "Urbi et Orbi Foundation," which works to improve friendship and             |
|      | understanding among Christians of different denominations, which promotes the Catholic faith and so also fulfills the exempt     |
|      | purpose.   |
|      |  |
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|      | ,  |
| 4¢   | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )   |
|      | ***************************************  |
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|      | ***************************************  |
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|      |  |
|      |  |
|      | Other program services (Describe in Schedule O.)   |
|      | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e   | Total program service expenses ► 333,204   |

**Checklist of Required Schedules** 

Part IV

|      |   |     | 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   | 1          |  |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   | 1          | <del>                                     </del> |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   | \ <u>\</u> | 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   |            | 1  |
| 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 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   |            | <b>,</b> ✓                                       |
| 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.   |     |            |  |
| a    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a |            | 1  |
| 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 |            | 1  |
| 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 |            | 1  |
| d    |   | 11d |            | <b>√</b>   |
| A    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |            | <b>V</b>   |
| f    |   | 11f |            | <b>√</b>   |
| 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 |            | ✓  |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |            | ✓  |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |            | <b>√</b>   |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | <b>√</b>   |  |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  | 1          |  |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.   | 16  |            | <b></b> -  |
| 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  |            | <u>*</u><br>✓                                    |
| 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  | •          | <u> </u>   |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |            | <del>*</del>                                     |
|      | - ,   | 20a |            | <u>v</u>   |

Checklist of Required Schedules (continued)

|          |  |            | Yes                                    | No            |
|----------|--|------------|--|---------------|
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |  | 1             |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |  | · ✓           |
| 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         |  |               |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                                     | 24a        |  | <b>✓</b>      |
| b<br>c   | 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        |  |               |
| d<br>25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d<br>25a |  | <b>✓</b>      |
| 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        |  | <b>√</b>      |
| 26       | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  | 26         |  | ✓             |
| 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         | 1                                      |               |
| 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<br>b   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a<br>28b |  | <b>√</b>      |
| C        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c        | 1                                      |               |
| 29<br>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<br>30   |  | ✓<br>✓        |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |  | <u>·</u><br>✓ |
| 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         |  | ✓             |
| 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         |  | ✓             |
| 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<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a<br>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? <i>If "Yes," complete Schedule R, Part VI</i>   | 37         |  | <b>√</b>      |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38         | /                                      |               |

| Part       | V Statements Regarding Other IRS Filings and Tax Compliance  |          |              | -            |
|------------|--|----------|--------------|--------------|
|            | Check if Schedule O contains a response or note to any line in this Part V   |          |              |              |
|            |  |          | Yes          | No           |
| 1a         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3  | 4        |              | ļ            |
| b          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   | 4        | 1            | 1            |
| С          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | ١.       |              |              |
| <b>2</b> a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  | 1c       | /            | -            |
|            | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0   | İ        |              | l            |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b       | -            |              |
| -          | <b>Note.</b> 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       |              | 1            |
| b          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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   |          |              |              |
|            | account)?  | 4a       |              | <b>/</b>     |
| b          | If "Yes," enter the name of the foreign country: ▶   | ļ        |              | l            |
|            | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  | ļ        |              |              |
| E0         | (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | En       | 1            | /            |
| 5a<br>b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5a<br>5b |              | 1            |
| 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   |          | l            |              |
|            | 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       |              | <b>/</b>     |
|            | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       | <del> </del> |              |
| ·          | required to file Form 8282?  | 7c       |              | 1            |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year  |          |              |              |
| е          | 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? .   | 7f       |              | <b>√</b>     |
| 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       |              | ļ            |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | ١_       |              |              |
| ^          | sponsoring organization have excess business holdings at any time during the year?   | 8        |              |              |
| 9          | Sponsoring organizations maintaining donor advised funds.  | 00       |              | ł            |
| a<br>b     | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a<br>9b | <u> </u>     | <del> </del> |
| 10         | Section 501(c)(7) organizations. Enter:  | 55       |              | <del></del>  |
| а          | Initiation fees and capital contributions included on Part VIII, line 12   |          |              |              |
|            | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  | 1        |              |              |
| 11         | Section 501(c)(12) organizations. Enter:   |          |              | İ            |
| 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.)  |          |              |              |
|            | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |              |              |
| b<br>13    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          |              |              |
|            | 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.  |          |              |              |
| 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   |          |              |              |
|            | Enter the amount of reserves on hand   |          |              |              |
|            | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |              | ✓            |
| b          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .  | 14b      |              |              |

Part VI

|        | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S  |            |             | ions.    |  |  |  |  |
|--------|--|------------|-------------|----------|--|--|--|--|
|        | Check if Schedule O contains a response or note to any line in this Part VI  |            |             |          |  |  |  |  |
| Secti  | ection 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 1a 5   |            |             |          |  |  |  |  |
|        | 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.  |            |             | }        |  |  |  |  |
| ь<br>2 | Enter the number of voting members included in line 1a, above, who are independent .    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          |             |          |  |  |  |  |
| 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          | <b>√</b>    | <b>√</b> |  |  |  |  |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4          | <u> </u>    | 1        |  |  |  |  |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5          |             | <b>V</b> |  |  |  |  |
| 6      | Did the organization have members or stockholders?   | 6          |             | 1        |  |  |  |  |
| 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         |             | 1        |  |  |  |  |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |            |             | <u> </u> |  |  |  |  |
| -      | stockholders, or persons other than the governing body?  | 7b         |             | ✓        |  |  |  |  |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  | ,          |             |          |  |  |  |  |
| а      | The governing body?  | 8a         | ✓_          |          |  |  |  |  |
| b      | Each committee with authority to act on behalf of the governing body?  | 8b         | ✓           |          |  |  |  |  |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at   | ı          |             | _        |  |  |  |  |
|        | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9          | لِبِ        | <b>√</b> |  |  |  |  |
| ecti   | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | Je Co      | Yes         | No       |  |  |  |  |
| 100    | Did the organization have local chapters, branches, or affiliates?   | 40-        | 165         | /        |  |  |  |  |
| 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?   | 10a<br>10b |             | <b>V</b> |  |  |  |  |
| 11a    | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a        | 7           |          |  |  |  |  |
| b      | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 110        | <u> </u>    |          |  |  |  |  |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a        |             | J        |  |  |  |  |
| 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   | 12c        |             |          |  |  |  |  |
| 13     | Did the organization have a written whistleblower policy?  | 13         | $\neg \neg$ | 1        |  |  |  |  |
| 14     | Did the organization have a written document retention and destruction policy?   | 14         | $\neg$      | 1        |  |  |  |  |
| 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?   |            |             |          |  |  |  |  |
| а      | The organization's CEO, Executive Director, or top management official   | 15a        |             | ✓_       |  |  |  |  |
| 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).  | .          | İ           |          |  |  |  |  |
| 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        |             | 1        |  |  |  |  |
| 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        |             |          |  |  |  |  |
| ecti   | on C. Disclosure   |            |             |          |  |  |  |  |
| 17     | List the states with which a copy of this Form 990 is required to be filed ► KY  |            |             |          |  |  |  |  |
| 18     | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.  | 501(       | c)(3)s      | only)    |  |  |  |  |
|        | ☐ 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 interinancial statements available to the public during the tax year.   | rest p     | oolicy      | , and    |  |  |  |  |
| 20     | State the name, address, and telephone number of the person who possesses the organization's books and rec   | ords:      | <b>&gt;</b> |          |  |  |  |  |
|        | Diane Royal, 3009 Jolly Rd., Jacksonville, FL 32207 904-396-6881   |            |             |          |  |  |  |  |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

| _    | - |
|------|---|
| Page |   |
|      |   |

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

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 org  | aniz                  | atic    | n c          | ompe                         | nsa    | ted any currer                                 | it officer, directo                         | r, or trustee.   |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A)<br>Name and Title                           | (B)<br>Average<br>hours per  | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D) Reportable compensation                    | (E) Reportable compensation from            |  |
|   | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | ndıvidua<br>or directo   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Craig Richardson President & Director       | 11   | 1  |                       | 1       |              |                              |        | 0  | 0   | 5,000  |
| (2) Jim Garman Vice President & Director        | 1  | 1  |                       | 1       |              |                              |        | 0  | 0   |  |
| (3) Stefanle Stark Secretary & Director         | 11   | 1  |                       | 1       | _            |                              |        | 0  | 0   |  |
| (4) Maureen Dodd<br>Treasurer & Director        | 11   | 1  |                       | 1       |              |                              |        | 0  | 0   |  |
| (5) James Murphy Director (6)                   | 1  | 1  |                       |         |              |                              |        | 0  | 0   | C  |
| (7)   |  |  |                       |         |              |                              |        |  |   |  |
| (8)   |  |  |                       |         |              |                              |        |  |   |  |
| (9)   |  |  |                       |         |              |                              |        |  |   |  |
| (10)  |  |  | _                     |         |              |                              |        | ·  |   |  |
| (11)  |  |  | _                     |         |              |                              |        |  |   |  |
| (12)  |  |  |                       |         |              |                              |        |  |   |  |
| (13)  |  |  |                       |         |              |                              |        |  |   |  |
| (14)  | ļ  |  |                       |         |              |                              |        |  |   |  |

|         | VII Section A. Officers, Directors, Trus . (A)   | (B)  |                                |                       | Pos           | C)<br>ation    | than o                          |            | (D)                                    | (E)                                  |  | (F)   |                     |
|---------|--|--|--------------------------------|-----------------------|---------------|----------------|---------------------------------|------------|--|--------------------------------------|--|---|---------------------|
|         | ' Name and title   | Average<br>hours per<br>week (list any                         | box,                           | unles<br>ir and       | s pe<br>d a d | rson<br>lirect | is both<br>or/trus              | an<br>tee) | Reportable compensation from           | Reportable compensation from related | 1  | Estima<br>amoun<br>othe                           | t of                |
|         |  | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer       | Key employee   | Highest compensated<br>employee | Former     | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)     |  | mpens<br>from t<br>rganiza<br>and rela<br>rganiza | he<br>ation<br>ated |
| (15)    |  |  |                                |                       | -             |                |                                 |            |  |                                      |  |   |                     |
| (16)    |  |  |                                |                       |               |                |                                 |            |  |                                      | <del> </del>                                     |   |                     |
| (17)    |  |  |                                |                       |               |                |                                 |            |  |                                      |  |   |                     |
| (18)    |  |  |                                |                       |               |                |                                 |            |  |                                      |  |   |                     |
| (19)    |  |  |                                |                       |               |                |                                 |            |  |                                      |  | <del></del>                                       |                     |
| (20)    |  |  |                                |                       |               |                |                                 |            |  |                                      |  |   |                     |
| (21)    |  |  |                                |                       |               |                |                                 |            |  |                                      |  |   |                     |
| (22)    |  |  |                                |                       |               |                |                                 |            |  |                                      |  |   |                     |
| (23)    |  |  |                                |                       |               |                |                                 |            |  |                                      | <del>                                     </del> |   |                     |
| (24)    |  |  |                                |                       |               | -              |                                 |            |  |                                      |  |   |                     |
| (25)    |  |  |                                |                       |               |                |                                 |            |  |                                      | -  |   | <del></del>         |
| 1b<br>c | Sub-total  | VII, Section   | n A                            |                       |               |                | •                               | <b>A A</b> | 0                                      | (                                    |  |   | 5,000               |
| d2      | Total (add lines 1b and 1c)  | not limited  |                                |                       |               |                | above                           | e) w       | <del>'</del>                           |                                      | · I  |   | 5,000               |
| 3       | Did the organization list any former of employee on line 1a? If "Yes," complete s              | ficer, direct  |                                |                       |               |                |                                 | mp         | loyee, or high                         | est compensat                        |  | Y   | es No               |
| 4       | For any individual listed on line 1a, is the organization and related organizations individual |  |                                |                       |               |                |                                 |            |  |                                      | the ch   |   |                     |
| 5       | Did any person listed on line 1a receive of for services rendered to the organization?         |  |                                |                       |               |                |                                 |            |  | ation or individ                     | ual  | 5   | 1                   |
| Section | n B. Independent Contractors   |  |                                |                       |               |                |                                 |            |  |                                      | ···········                                      |   |                     |
| 1       | Complete this table for your five highest compensation from the organization. Repyear.         |  |                                |                       |               |                |                                 |            |  |                                      | organiza   | ation':   | s tax               |
|         | (A)<br>Name and business add   | ress   |                                |                       |               |                |                                 |            | (B)<br>Description of se               | ervices                              |  | (C)<br>ensatio                                    | n                   |
| Inside  | the Vatican, Inc., 14 West Main Street, Front  | Royal, VA 2  | 2630                           |                       |               |                |                                 | _          | duces the entir                        |                                      |  |   | 432,000             |
|         |  |  |                                |                       |               |                |                                 |            | v                                      |                                      |  |   |                     |
| 2       | Total number of independent contractor received more than \$100,000 of compens                 |  |                                |                       |               |                |                                 | the        | ose listed abo                         | ove) who                             | ······································           |   |                     |

| Part   | VIII       | Statement of Revenue Check if Schedule O contains a res   | ponse or note to | any line in this     | Part VIII                              |   |  |
|--|------------|---|------------------|----------------------|--|---|--|
|  |            | CHECK II GUIRGUIG O COMAINS & 103   | poriso di Noto d | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue       | (D) Revenue excluded from tax under sections 512-514 |
| Grants   | 1a<br>b    | Federated campaigns 1a  Membership dues 1b  | 0                |                      | `                                      |   |  |
| Gifts,<br>ilar An                                      | c<br>d     | Fundraising events 1c Related organizations 1d  | 0                |                      |  |   | ,  |
| utions,<br>er Sim                                      | f          | Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  16 | 0                |                      |  |   | -  |
| Contributions, Gifts, Grants and Other Similar Amounts | g<br>h     | Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f   | 391,090<br>0     | 391,090              |  |   | ,  |
| <del>0</del>   |            | Total Add lines to 11   | Business Code    | 031,030              |  |   |  |
| Program Service Revenue                                | 2a         | Advertising revenue   | 541800           | 106,673<br>0         | 106,673<br>0                           | 0   | 0  |
| 8  |            |   |                  | 0                    | 0                                      | 0   | 0  |
| ķ  | , C        |   |                  | 0                    | 0                                      | 0   | 0  |
| နှင့်  | đ          |   |                  | 0                    | 0                                      | 0   | 0  |
| ran  | е          | All other presume condes revenue  |                  | 0                    | 0                                      | <u>_</u>                                      | 0  |
| 5  | T          | All other program service revenue.  |                  |                      | U.                                     |   |  |
| ۵.   | 3          | Total. Add lines 2a-2f  | lends, interest, | 106,673              |  |   |  |
|  |            |   |                  | 30                   | 0                                      | <u> </u>                                      | 30   |
|  | 4          | Income from investment of tax-exempt b  |                  | 0                    | 0                                      | 0   | 0  |
|  | 5          | Royalties   | (ii) Personal    | 0                    | 0                                      | <u>,                                     </u> | 0  |
|  |            | <u>`</u>  | <del></del>      |                      |  |   | -  |
|  | 6a         | Gross rents   | <del>1</del>     |                      |  |   | ,  |
|  | b          | Less: rental expenses 0   | 0                | , i                  |  |   | ,  |
|  | С          | Rental income or (loss)   | )] 0             |                      |  |   | _  |
|  | d          | Net rental income or (loss)   |                  | 0                    | 0                                      | 0   | 0  |
|  | 7a         | Gross amount from sales of assets other than inventory (i) Securities   | (ii) Other       | , ,                  |  |   |  |
|  | b          | Less: cost or other basis and sales expenses .  | 0                | ,                    |  | ٠,  |  |
|  | С          | Gain or (loss)  |                  |                      |  | , ,   |  |
|  | ď          | Net gain or (loss)  | ▶                | 0                    | 0                                      | 0   | 0  |
| Other Revenue  | 8a         | Gross income from fundraising events (not including \$ 114,450  |                  |                      |  |   |  |
| ier Re   |            | of contributions reported on line 1c).<br>See Part IV, line 18 a  |                  | . ,                  |  |   | ,  |
| Ö  |            | Less: direct expenses b   | (01)0101         |                      | 1                                      | :   |  |
|  |            | Net income or (loss) from fundraising   | events . >       | (35,848)             | , ,                                    | 0   | (35,848)   |
|  | 9a         | Gross income from gaming activities.  |                  | ,                    | ٠.                                     |   | <del>-</del>   |
|  |            | See Part IV, line 19 a  | 0                |                      |  |   |  |
|  |            | Less: direct expenses b   |                  |                      |  |   |  |
|  |            | Net income or (loss) from gaming act  | tivities 🕨       | 0                    | 0                                      | 0   | 0  |
|  | 10a        | Gross sales of inventory, less returns and allowances a   | 357,269          |                      |  |   |  |
|  | ь          | Less: cost of goods sold b  |                  | 1                    |  |   | 1  |
|  |            | Net income or (loss) from sales of inv  |                  | (168,093)            | (168,093)                              | 0   | 0  |
|  | <b>─</b> ─ | Miscellaneous Revenue   | Business Code    | (100,000)            |  | !   |  |
|  | 11a        | Mail list rentals   | 900099           | 52,658               | 52,658                                 | o   | _0   |
|  | b          | must 113t 1011ta13  | 33333            | 02,555               | 02,000                                 | 0   | 0  |
|  | _          |   |                  | 0                    | 0                                      | 0   | 0  |
|  | C          | All other revenue   | <del> </del>     | 0                    | 0                                      | 0   | 0  |
|  | d          | Total. Add lines 11a-11d  |                  | 52,658               | <del>-</del>                           |   |  |
|  | 12         | Total revenue. See instructions   |                  |                      |  | 0   | (35,818)   |
| i  | 14         | i ordi i otonido, oco mondonono.  |                  | 346,510              | (0,702)                                | <u> </u>                                      | (00,010)   |

# Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c) | (4) organizations must compl | lete all columns. All other orga | anizations must complete column ( | A). |
|------------------------------|------------------------------|----------------------------------|-----------------------------------|-----|
|                              |                              |                                  |                                   |     |

|    | Charle if Cahadula O contains a respect                                  | on or note to ony li  | no in this Dort IV   | <del></del>  |  |
|----|--|-----------------------|--|--|--|
|    | Check if Schedule O contains a respon                                    |                       | , i  | (0)  | · · · · · · · · · · · · · · · · · · ·  |
|    | nt include amounts reported on lines 6b, 7b,<br>o, and 10b of Part VIII. | (A)<br>Total expenses | (B) Program service expenses   | Management and general expenses  | (D)<br>Fundraising<br>expenses   |
| 1  | Grants and other assistance to domestic organizations                    |                       |  |  |  |
|    | and domestic governments. See Part IV, line 21                           | ٥ ا                   | n  |  |  |
| 2  | Grants and other assistance to domestic                                  | <del>-</del>          | · · · · · · · · · · · · · · · · · · ·  | The way of the state of the sta | The second secon |
| _  | individuals. See Part IV, line 22  | _                     |  |  |  |
| _  |  | 0                     | 0  | A A A A A A A A A A A A A A A A A A A  | Tall and the same of the same  |
| 3  | Grants and other assistance to foreign                                   | 1                     | ļ.   |  | A. C. L. S. C. C. C. C. C. C. C. C. C. C. C. C. C.   |
|    | organizations, foreign governments, and foreign                          | 1                     |  | A STATE OF THE PERSON OF THE P | a gradular picture   |
|    | individuals. See Part IV, lines 15 and 16                                | 36,000                | 36,000   |  |  |
| 4  | Benefits paid to or for members  | 0                     | 0  |  | on the land of the land  |
| 5  | Compensation of current officers, directors,                             |                       | <del>-</del>   |  |  |
| •  | trustees, and key employees  | ,                     |  |  |  |
| •  | - · · · ·  | 0                     | 0  | 0  | <u> </u>   |
| 6  | Compensation not included above, to disqualified                         |                       |  |  |  |
|    | persons (as defined under section 4958(f)(1)) and                        | !                     |  |  |  |
|    | persons described in section 4958(c)(3)(B)                               | j0                    | 0  | 0  | 0  |
| 7  | Other salaries and wages   | 0                     | 0  | 0  | 0  |
| 8  | Pension plan accruals and contributions (include                         |                       |  |  |  |
| _  | section 401(k) and 403(b) employer contributions)                        | 0                     | 0  | ,  | ĺ  |
| _  | **   | } <del></del>         | <del></del>  | 0  |  |
| 9  | Other employee benefits  | 0                     | 0  | 0  |  |
| 10 | Payroll taxes  | 0                     | 0  | 0  | 0  |
| 11 | Fees for services (non-employees):                                       |                       |  |  |  |
| а  | Management   | 24,000                | 8,000  | 12,000   | 4,000  |
| b  | Legal  | 0                     | 0  | 0  | 0  |
| C  | Accounting   | 6,650                 | 4450   | 2200   | 0  |
| d  | Lobbying   | 0,000                 | 0  |  | 0  |
|    | Professional fundraising services. See Part IV, line 17                  | 4.500                 | No. of the last of |  |  |
| e  |  |                       |  |  | 1,500  |
| Ţ  | Investment management fees   | 0                     | 0  | 0  | 0  |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column                |                       |  |  |  |
|    | (A) amount, list line 11g expenses on Schedule O.)                       | 0                     | o  | 0  | 0  |
| 12 | Advertising and promotion  | 24,659                | 24,659   | 0  | 0  |
| 13 | Office expenses  | 69,336                | 67,116   | 2,220  | 0  |
| 14 | Information technology   | 14,873                | 14,873   | 0  | 0  |
| -  |  | <del></del>           |  | 0  | <del>-</del>   |
| 15 | Royalties  | 0                     | 0  |  |  |
| 16 | Occupancy  | 0                     | 0  | 0  | ·  |
| 17 | Travel   | 4,708                 | 4,708  | 0  | 0  |
| 18 | Payments of travel or entertainment expenses                             |                       |  |  |  |
|    | for any federal, state, or local public officials                        | 0                     | 0  | 0  | 0  |
| 19 | Conferences, conventions, and meetings .                                 | 780                   | 0  | 780  | 0  |
| 20 | Interest   | 0                     | 0  | 0  | 0  |
| 21 | Payments to affiliates   | 0                     | 0  | 0  | 0  |
| 22 | Depreciation, depletion, and amortization .                              | 0                     | 0  | 0  | 0  |
|    |  |                       | U  | 0  |  |
| 23 | Insurance  | 0                     | U  | U  | 0  |
| 24 | Other expenses. Itemize expenses not covered                             |                       | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  |
|    | above (List miscellaneous expenses in line 24e. If                       |                       |  |  |  |
|    | line 24e amount exceeds 10% of line 25, column                           | - 12 align            | -  |  |  |
|    | (A) amount, list line 24e expenses on Schedule O.)                       | distant minima with   |  |  | The state of the s |
| а  | Credit card processing fees  | 7,362                 | 0  | 7,362  | 0  |
|    | Postage & shipping   |                       | 05.400   |  | 0  |
| b  |  | 95,527                | 95,409   | 118  |  |
| C. | Fulfillment of subscriptions   | 49,441                | 49,441   | 0  | 0  |
| ď  | Urbl et Orbi Foundation expenses   | 32,998                | 32,998   | 0  | 0  |
| е  | All other expenses   | 0                     | 0  | 0  | 0  |
| 25 | Total functional expenses. Add lines 1 through 24e                       | 367,834               | 337,654  | 24,680   | 5,500  |
| 26 | Joint costs. Complete this line only if the                              |                       | _ :  |  |  |
|    | organization reported in column (B) joint costs                          | 1                     |  |  |  |
|    | from a combined educational campaign and                                 |                       |  |  |  |
|    | fundraising solicitation. Check here Following SOP 98-2 (ASC 958-720)    |                       |  |  |  |
|    |  |                       |  |  |  |

Part X Balance Sheet

|                             |     | Check if Schedule O contains a response or note to any line in this Par   | t X                      |     | <u> </u>               |
|-----------------------------|-----|---|--------------------------|-----|------------------------|
|                             | ,   |   | (A)<br>Beginning of year |     | (B)<br>End of year     |
|                             | 1   | Cash—non-interest-bearing   | 159,253                  | 1   | 160,561                |
|                             | 2   | Savings and temporary cash investments  | 2,018                    |     | 1,967                  |
|                             | 3   | Pledges and grants receivable, net  | 0                        | 3   | 29,000                 |
|                             | 4   | Accounts receivable, net  | 16,217                   | 4   | 31,269                 |
|                             | 5   | Loans and other receivables from current and former officers, directors,  |                          | ,   |                        |
|                             |     | trustees, key employees, and highest compensated employees.   |                          |     |                        |
|                             |     | Complete Part II of Schedule L  | 0                        | 5   | 0                      |
| झ                           | 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   | 0                      |
| Assets                      | 7   | Notes and loans receivable, net   | 0                        | 7   | 0                      |
| Ä                           | 8   | Inventories for sale or use   | 31,703                   | 8   | 32,242,                |
|                             | 9   | Prepaid expenses and deferred charges   | 0                        | 9   | 0                      |
|                             | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0   | 4                        | ,   |                        |
|                             | b   | Less: accumulated depreciation 10b 0  | 0                        | 10c | 0                      |
|                             | 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  | 0                      |
|                             | 15  | Other assets. See Part IV, line 11  | 0                        | 15  | 0                      |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)   | 209,191                  | 16  | 255,039                |
|                             | 17  | Accounts payable and accrued expenses   | 649,978                  | 17  | 733,003                |
|                             | 18  | Grants payable  | 0                        | 18  | 0                      |
|                             | 19  | Deferred revenue  | 30,031                   | 19  | 14,178                 |
|                             | 20  | Tax-exempt bond liabilities   | 0                        | 20  | 0                      |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D.  | 0                        | 21  | 0                      |
| 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  | 0                        | 22  | 0                      |
| Lia                         | 23  | Secured mortgages and notes payable to unrelated third parties  | 0                        | 23  | 0                      |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties  | 0                        |     | 0                      |
|                             | 25  | Other liabilities (including federal income tax, payables to related third  |                          |     | <u></u>                |
|                             | 20  | parties, and other liabilities not included on lines 17-24). Complete Part X  |                          |     |                        |
|                             |     | of Schedule D   | 0                        | 25  | 0                      |
|                             | 26  | Total liabilities. Add lines 17 through 25  | 680,009                  |     | 747,181                |
| G                           |     | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and  |                          |     |                        |
| 8                           |     | complete lines 27 through 29, and lines 33 and 34.  |                          |     |                        |
| lan                         | 27  | Unrestricted net assets   | (531,630)                |     | (636,963)              |
| B                           | 28  | Temporarily restricted net assets   | 60,812                   |     | 144,821                |
| 밀                           | 29  | Permanently restricted net assets   | 0                        | 29  | 0                      |
| Net Assets or Fund Balances |     | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.   |                          |     |                        |
| ţ                           | 30  | Capital stock or trust principal, or current funds  |                          | 30  |                        |
| še                          | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |                          | 31  |                        |
| ۲                           | 32  | Retained earnings, endowment, accumulated income, or other funds .  |                          | 32  |                        |
| Ę                           | 33  | Total net assets or fund balances   | (470,818)                | 33  | (492,142)              |
| _                           | 34  | Total liabilities and net assets/fund balances  | 209,191                  | 34  | 255,039                |
|                             |     |   |                          |     | Form <b>990</b> (2014) |

| _    | - |   |
|------|---|---|
| Pane |   | - |
|      |   |   |

| Par  | XI Reconciliation of Net Assets  |          |          |       |          |
|------|--|----------|----------|-------|----------|
|      | Check if Schedule O contains a response or note to any line in this Part XI  |          |          |       |          |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1        |          | 34    | 6,510    |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        |          | 36    | 7,834    |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        |          | (2    | 1,324)   |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [  | 4        |          | (47)  | 0,818)   |
| 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   | - 1      |          |       |          |
|      |  | 10       |          | (49   | 2,142)   |
| Part | XII Financial Statements and Reporting   |          |          |       | _        |
|      | Check if Schedule O contains a response or note to any line in this Part XII   | <u> </u> | <u> </u> |       | للا      |
|      |  |          |          | Yes   | No       |
| 1    | Accounting method used to prepare the Form 990:  Cash Accrual Other  | 1312 20  | -        |       |          |
|      | If the organization changed its method of accounting from a prior year or checked "Other," exp<br>Schedule O.  | iain ir  | '        |       |          |
| _    |  |          |          |       | ,        |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant? .  |          | 2a       |       | <u> </u> |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compireviewed on a separate basis, consolidated basis, or both:                     | ileu oi  | '   ` .  |       | ,        |
|      | •  |          |          |       |          |
| 1    | Separate basis Consolidated basis Both consolidated and separate basis   |          | 2b       |       | ,        |
| D    | Were the organization's financial statements audited by an independent accountant?   |          |          |       | <u> </u> |
|      | separate basis, consolidated basis, or both:   | ı on a   | ١        |       |          |
|      |  |          | [ , ]    |       | !        |
| _    | Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | reigh    | ,        |       |          |
| C    | of the audit, review, or compilation of its financial statements and selection of an independent account   |          | 2c       |       |          |
|      | If the organization changed either its oversight process or selection process during the tax year, exp   |          |          |       |          |
|      | Schedule O.  | ran i    | '        |       |          |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set for   | orth in  |          |       |          |
| Vu   | 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 undergo   | go the   |          |       |          |
| ~    | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au  |          | 3b       |       |          |
|      |  |          |          | n 990 | (2014)   |
|      |  |          |          |       |          |

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

|        | of the organization  |  |  |  |                                    | Employer identification                                 | n number  |
|--------|--|--|--|--|------------------------------------|---|---|
|        | et Orbi Communications, Inc.   |  |  |  |                                    | 61-12   | 38135   |
| _      | rt I Reason for Public Cha<br>organization is not a private found  |  |  |  |                                    |   | ons.  |
| 11.0   | A church, convention of church   |  |  |  |                                    |   |   |
| 2      | A school described in section  |  |  | ibea iii se  | ,0001 17                           | <b>Ο(Β)(1)(Α)(Ι).</b>                                   |   |
| 3      | ☐ A hospital or a cooperative ho   |  |  | in section   | 170(b)(                            | 1)(A)(iii).   |   |
| 4      | A medical research organizati hospital's name, city, and state   | on operated in c   | onjunction with a hos  | pital desc   | ribed in s                         | section 170(b)(1)(A)                                    |   |
| 5      | An organization operated for section 170(b)(1)(A)(iv). (Com  |  | college or university  | owned o  | r operate                          | ed by a governmen                                       | tal unit described in                           |
| 6<br>7 | ☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1  | receives a subs  | stantial part of its sup   |  |                                    |   | n the general public                            |
| 8      | ☐ A community trust described  | in section 170(b   | )(1)(A)(vi). (Complete   | Part II.)  |                                    |   |   |
| 9      | An organization that normally receipts from activities relate support from gross investme acquired by the organization a   | receives: (1) mo<br>d to its exempt<br>ent income and<br>after June 30, 19   | ore than 331/3% of its<br>functions—subject to<br>unrelated business<br>75. See section 509(         | support for certain to taxable in | exception<br>ncome (l<br>nplete Pa | ns, and (2) no more<br>less section 511 ta<br>art III.) | e than 331/₃% of its                            |
|        | An organization organized and  |  | •  |  |                                    |   |   |
| 11     | An organization organized and one or more publicly supported the box in lines 11a through 11   | d organizations of   | described in section 5   | 09(a)(1) or  | r section                          | 509(a)(2). See sect                                     | i <b>on 509(a)(3).</b> Check                    |
| a      | ☐ Type I. A supporting organization(sorganization. You must con  | s) the power to re   | egularly appoint or ele  |  |                                    |   |   |
| b      | ☐ Type II. A supporting organic control or management of the organization(s). You must control to the organization organization organization.  ☐ Type II. A supporting organization organization organization organization.  ☐ Type II. A supporting organization organization organization.  ☐ Type II. A supporting organization organization organization.  ☐ Type II. A supporting organization organization organization.  ☐ Type II. A supporting organization organization.  ☐ Type II. A supporting organization organization.  ☐ Type II. A supporting organization organization.  ☐ Type II. A supporting organization organization.  ☐ Type II. A supporting organization organization.  ☐ Type II. A supporting organization organization.  ☐ Type II. A supporting organization organization.  ☐ Type II. A supporting organization.  ☐ Type II. A | ne supporting org  | ganization vested in th  |  |                                    |   |   |
| С      | ☐ Type III functionally integrated its supported organization(s)   |  |  |  |                                    |   | y integrated with,                              |
| d      | that is not functionally integr<br>requirement (see instructions   | ated. The organ<br>s). You must co   | ization generally must<br>mplete Part IV, Secti  | satisfy a ions A an  | distributi<br>d <b>D, and</b>      | on requirement and Part V.                              | an attentiveness                                |
| е      | Check this box if the organiz<br>functionally integrated, or Ty  |  |  |  |                                    |   | I, Type III                                     |
| f<br>g | Enter the number of supported e<br>Provide the following information   |  | oorted organization(s)   |  |                                    |   |   |
|        | (i) Name of supported organization   | (ii) EIN   | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions)) | (iv) Is the or<br>listed in you<br>docun   | r governing                        | (v) Amount of monetary support (see instructions)       | (vi) Amount of other support (see instructions) |
|        |  |  | ,  | Yes  | No                                 |   |   |
| (A)    |  |  |  |  |                                    |   |   |
| (B)    |  |  |  |  |                                    |   |   |
| (C)    |  |  |  |  |                                    |   | · · · · · · · · · · · · · · · · · · ·           |
| (D)    |  |  |  |  |                                    |   |   |
| (E)    | •  |  |  |  |                                    |   |   |
| Total  |  | The state of the s |  | man of the second  |                                    |   | <u> </u>  |

#### 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.)

|         | it the organization talls to quality  | dilder the tes                             | ts listed bolo                     | W, picase co                        | inpicto i diti                        | <u> </u>                        |             |
|---------|---|--|------------------------------------|-------------------------------------|---------------------------------------|---------------------------------|-------------|
|         | on A. Public Support  | 7  |                                    |                                     |                                       |                                 |             |
| Calen   | idar year (or fiscal year beginning in)   | (a) 2010                                   | (b) 2011                           | (c) 2012                            | (d) 2013                              | (e) 2014                        | (f) Total   |
| 1       | Gifts, grants, contributions, and membership fees   |  |                                    |                                     |                                       |                                 | <del></del> |
|         | received. (Do not include any "unusual grants.")  | 170,683                                    | 213,490                            | 172,380                             | 252,703                               | 391,090                         | 1,200,346   |
| 2       | Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose | 362,153                                    | 396,820                            | 331,508                             | 414,467                               | 357,269                         | 1.862.217   |
| 3       | Gross receipts from activities that are not an unrelated trade or business under section 513  | 0  | 0                                  | 0                                   | 0                                     | 0                               | 0           |
| 4       | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   | 0  | O                                  | 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  | 532,836                                    | 610,310                            | 503,888                             | 667,170                               | 748,359                         | 3,062,563   |
| 7a      | Amounts included on lines 1, 2, and 3 received from disqualified persons .  | 0  | 0                                  | 0                                   | 0                                     | 0                               | 0           |
| b       | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000  |  |                                    |                                     |                                       |                                 |             |
|         | or 1% of the amount on line 13 for the year   | 0  | 0                                  | 0                                   | 48,561                                | 188,606                         | 237,167     |
| C       | Add lines 7a and 7b   | 0  | 0                                  | 0                                   | 48,561                                | 188,606                         | 237,167     |
| 8       | Public support (Subtract line 7c from line 6.)  | The second second                          | STATE STATE                        |                                     | ENTS.                                 |                                 | 2,825,396   |
| Secti   | on B. Total Support   | L  |                                    |                                     |                                       |                                 |             |
| Calen   | dar year (or fiscal year beginning in)  | (a) 2010                                   | (b) 2011                           | (c) 2012                            | (d) 2013                              | (e) 2014                        | (f) Total   |
| 9       | Amounts from line 6   | 532,836                                    | 610,310                            | 503,888                             | 667,170                               | 748,359                         | 3,062,563   |
| 10a     | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.   | 54   | 77                                 | 45                                  | 54                                    | 30                              | 260         |
| b       | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | 0  | 0                                  | 0                                   | 0                                     | 0                               | 0           |
| С       |   | 54   | 77                                 | 45                                  | 54                                    | 30                              | 260         |
| 11      | Net income from unrelated business activities not included in line 10b, whether   |  |                                    |                                     |                                       |                                 |             |
|         | or not the business is regularly carried on   | 0  | 0                                  | 0                                   | 0                                     | 0                               | 0           |
| 12      | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   | 35,799                                     | 34,348                             | 45,513                              | 48,097                                | 52,658                          | 216,415     |
| 13      | Total support. (Add lines 9, 10c, 11, and 12.)  |  |                                    |                                     |                                       |                                 |             |
| 14      | First five years. If the Form 990 is for the  | _  |                                    |                                     |                                       |                                 |             |
| Section | organization, check this box and stop he on C. Computation of Public Suppor   |  |                                    |                                     |                                       | • • • • •                       | . • []      |
| 15      | Public support percentage for 2014 (line to   |  |                                    | column (f))                         |                                       | 15                              | 86.16 %     |
| 16      | Public support percentage for 2014 (line of Public support percentage from 2013 Sch   | •    | •                                  |                                     |                                       | 16                              | 90.81 %     |
|         | on D. Computation of Investment In  |  |                                    |                                     | · · · · · · · · · · · · · · · · · · · | 1.0.1                           | 30.01 /0    |
| 17      | Investment income percentage for 2014 (   |  |                                    | line 13. colum                      | ın (fi)                               | 17                              | %           |
| 18      | Investment income percentage from 2013  |  |                                    |                                     |                                       | 18                              | %           |
| 19a     | 331/3% support tests-2014. If the organ   | ization did not d                          | heck the box                       | on line 14, an                      | d line 15 is mo                       | ore than 331/3%                 | , and line  |
|         | 17 is not more than 331/3%, check this box  |  |                                    |                                     |                                       |                                 |             |
| b       | 331/3% support tests—2013. If the organiz line 18 is not more than 331/3%, check this b   | ation did not ch<br>oox and <b>stop he</b> | eck a box on li<br>re. The organiz | ne 14 or line 19<br>ation qualifies | 9a, and line 16<br>as a publicly su   | is more than 33 pported organiz | ation ► 🗌   |

| Part VI        | Supplemental Information. 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 | o 12 represents income from mail list rentals.  |
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#### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990.

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

Inspection Employer identification number

|              | t Orbi Communications, Inc.  |                                     |   |   |  | 61-1238      | 3135  |
|--------------|--|-------------------------------------|---|---|--|--------------|---|
| Par          | General Information<br>Form 990, Part IV, line                               |                                     | es Outside  | the United States. Com  | plete if the organiza  | tion answere | d "Yes" on  |
| 1            | For grantmakers. Does the assistance, the grantees' eligrants or assistance? | igibility for the                   |   |   |  | vard the     | Yes □No   |
|              | grants of assistancer.   |                                     |   |   |  | ٠. ١         | Tes LINO  |
| 2            | For grantmakers. Describe assistance outside the Unite                       |                                     | he organizati   | on's procedures for moni  | toring the use of i  | ts grants an | d other   |
| 3            | Activities per Region. (The fo   | ollowing Part I                     | l, line 3 table o   | can be duplicated if additio  | nal space is needed  | l.)          |   |
|              | (a) Region   | (b) Number of offices in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in<br>a program servic<br>describe specific ty<br>service(s) in regio | ים ו מי      | (f) Total<br>penditures for<br>d investments<br>in region |
| (1)          | Еигоре   | 0                                   | 0   | Program services  | Catholic/Orthodox o  | dialogue     | 31,000  |
| (2)          |  |                                     |   |   |  |              |   |
| (3)          |  |                                     |   |   |  |              |   |
| (4)          |  |                                     |   |   |  |              |   |
| (5)          |  |                                     |   |   |  |              |   |
| (6)          |  |                                     |   |   |  |              |   |
| (7)          |  |                                     |   |   |  |              | •   |
| (8)          |  |                                     |   |   |  |              | <del></del>   |
| (9)          |  |                                     | <del></del>   |   |  |              |   |
| (10)         |  |                                     |   |   |  |              |   |
| (11)         |  |                                     |   |   |  |              |   |
|              |  |                                     |   |   |  |              |   |
| (12)<br>(12) |  |                                     |   |   |  |              |   |
| (13)         |  |                                     |   |   |  |              |   |
| (14)         |  |                                     |   |   |  |              | <del></del>   |
| (15)         |  |                                     |   |   |  | <del></del>  |   |
| (16)         |  |                                     |   |   |  |              |   |
| (17)         |  |                                     |   |   |  |              |   |
| 3a<br>b      | Sub-total Total from continuation sheets to Part I                           | 0                                   | 0   |   |  |              | 31,000  |
| •            | Totals (add lines 3a and 3b)   | 0                                   | 0   |   | <u> </u>   |              | 31 000  |

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

| (i) Method of<br>Valuation<br>(book, FMV,<br>appra'sal,<br>other) | FMV                   | FMV                   |     |     |     |     |     |     |     |      |      |      |      |      |      |      | 8  |
|---|-----------------------|-----------------------|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|--|
| (h) Description<br>of non-cash assistance                         |                       |                       |     |     |     |     |     |     |     |      |      |      |      |      |      |      | tax-exempt   |
| (g) Amount of<br>non-cash<br>assistance                           | 0                     | 0                     |     |     |     |     |     |     |     |      |      |      |      |      |      |      | intry, recognized as t   |
| (f) Manner of<br>cash<br>disbursement                             | 7,000 wire transfer   | 24,000 wire transfer  |     |     |     |     |     |     |     |      |      |      |      |      |      |      | es by the foreign cou  |
| (e) Amount of cash grant  | 7,000                 | 24,000                |     |     |     |     |     |     |     |      |      |      |      |      |      |      | at are recognized as charities by the f<br>a section 501(c)(3) equivalency letter                                    |
| (d) Purpose of<br>grant   | support for book edit | support for conferenc |     |     |     |     |     |     |     |      |      |      |      |      |      |      |  |
| (c) Region  | Europe                | Europe                |     |     |     |     |     |     |     |      |      |      |      |      |      |      | Enter total number of recipient organizations listed above the JRS, or for which the grantee or counsel has provided |
| (b) IRS code<br>section and EIN<br>(if applicable)                |                       |                       |     | ,   |     |     |     |     |     | ,    |      | ,    | ,    |      | -    |      | mber of recipie  |
| 1 (a) Name of organization  | 3                     | (2)                   | (6) | (4) | (5) | (9) | (2) | (8) | (6) | (10) | (11) | (12) | (13) | (14) | (15) | (16) |  |

Schedule F (Form 990) 2014

0

Enter total number of other organizations or entities

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| Part | V 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; do not file with Form 990) | ☐ 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, Information 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; do not file with Form 990)  | ☐ Yes | ☑ No |

| Part V       | Supplemental Information   |
|--------------|--|
|              | Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). |
| Part I, line | 2: The organization monitors the use of funds granted by visiting the recipients several times a year and  |
| discuss      | es how the funds have been distributed.  |
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#### SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Urbi et Orbi Communications, Inc. 61-1238135 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants а ☐ Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col (i) (vi) Amount paid to (or retained by) organization (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? or entity (fundraiser) from activity Yes No 1 2 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

|                 |             | than \$15,000 of fundraising gross receipts greater that  |  | and groot moome on                               | OIIII 550-LZ, IIIIe5 1 6 | and bb. List events with                               |
|-----------------|-------------|---|--|--|--------------------------|--|
|                 | ,           | g   | (a) Event #1 Dinner & breakfast  | (b) Event #2                                     | (c) Other events         | (d) Total events<br>(add col. (a) through<br>col. (e)) |
| <i>a</i> .      | ]           |   | (event type)   | (event type)                                     | (total number)           | coi. (cj)  |
| Revenue         | 1           | Gross receipts  | 176,450  |  |                          | 176,450  |
| Œ               | 2           | Less: Contributions Gross income (line 1 minus  | 114,450  |  |                          | 114,450  |
|                 |             | line 2)   | 62,000   |  | <del></del>              | 62,000   |
|                 | 4           | Cash prizes   | 0  |  |                          | 0  |
|                 | 5           | Noncash prizes  | 0  |  |                          | 0  |
| Direct Expenses | 6           | Rent/facility costs   | 1,150  |  |                          | 1,150  |
| ĒXĐ             | 7           | Food and beverages  | . 18,631   |  |                          | 18,631   |
| Direc           | 8           | Entertainment   | · 0  |  |                          | 0  |
|                 | 9           | Other direct expenses .   | 78,067   |  |                          | 78,067   |
|                 | 10<br>11    | Direct expense summary. Ad<br>Net income summary. Subtra  | act line 10 from line 3, c   | olumn (d)  |                          | 97,848<br>(35,848)                                     |
| Pa              | rt III      | Gaming. Complete if the than \$15,000 on Form 99  |  | ed "Yes" to Form 990                             | , Part IV, line 19, or i | reported more  |
| Revenue         |             |   | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming         | (d) Total gaming (add col. (a) through col. (c))       |
| <u>R</u>        | 1           | Gross revenue   |  |  |                          |  |
| Ses             | 2           | Cash prizes   | ***  |  |                          |  |
| Expenses        | 3           | Noncash prizes  |  |  |                          |  |
| Direct          | 4           | i   |  |  |                          |  |
|                 | 1           | Rent/facility costs   |  |  |                          |  |
|                 | 5           | Rent/facility costs  Other direct expenses .  |  |  |                          |  |
|                 | 5<br>6      | -   | ☐ Yes%<br>☐ No   | ☐ Yes%<br>☐ No                                   | ☐ Yes%<br>☐ No           |  |
|                 |             | Other direct expenses .   | □ No   | □ No   | L 100                    |  |
|                 | 6           | Other direct expenses . Volunteer labor   | No No d lines 2 through 5 in co  | No Dlumn (d)                                     | □ No                     |  |
| 9               | 6<br>7<br>8 | Other direct expenses .  Volunteer labor  Direct expense summary. Ad  Net gaming income summary   | No d lines 2 through 5 in co   | No Dlumn (d)                                     | □ No                     |  |
|                 | 6 7 8 Er    | Other direct expenses .  Volunteer labor  Direct expense summary. Ad  Net gaming income summary  nter the state(s) in which the ore the organization licensed to co | No d lines 2 through 5 in co d. Subtract line 7 from linganization conducts gainduct gaming activities | No Dlumn (d)                                     | □ No                     |  |

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| Urbi et Orbi Communications, Inc.   | 61-1238135                         |
|---|------------------------------------|
|   |                                    |
| Form 990, Part VI, Section A, line 3: The organization has engaged the services of Inside the Vatican,  | Inc. to perform management duties. |
| The services provided include the administration of the day-to-day activities of Urbi et Orbi, fundraising, and development of relationships, |                                    |
| and the creation and organization of projects, including the Urbl et Orbi Foundation.   |                                    |
| Urbi et Orbi Communicatins, Inc. has never had any employees. No current or former officers, directors, or trustees of Urbi et Orbi           |                                    |
| Communications have ever been compensated by Inside the Vatican, Inc.   |                                    |
|   |                                    |
| Form 990, Part VI, Section B, line 11a: A complete copy of this 990 was emailed to all Board members  | for review before filing.          |
| ·   |                                    |
| Form 990, Part VI, Section C, line 19: Copies of the organization's governing documents, financila sta  | tements, and 990s are provided to  |
| anyone upon request. Form 990 in also available on the internet from Guidestar.   |                                    |
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