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.... **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

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rmation about Form 990 and	its instructions is at www.irs.gov/form990.	Inspection
ot enter social security num	bers on this form as it may be made public.	Open to Pub

	nal Revenu	e Service	► Information about Form 990 and its Instructions is at www.irs.go	ovitorm99	0	Inspection	อท	
<u>A</u>	For the	2016 cale	ndar year, or tax year beginning , 2016, and ending			, 20		
В	Check if a	applicable.	C Name of organization Urbi et Orbi Communications, inc		D Employer Identification number			
	Address	change	Doing business as			61-1238135		
	Name cha	ange	Number and street (or P O. box if mail is not delivered to street address) Room/suite		E Telepho	ne number		
	Initial retu	-	14 West Main Street		•	(202) 657-4833		
		v/terminated	City or town, state or province, country, and ZIP or foreign postal code			(202) 007-4000		
$\overline{\sqcap}$	Amended		Front Royal, VA, 22630		G Gross re	nacinto é	704 440	
$\overline{\Box}$			F Name and address of principal officer	114-5 1- 45			761,419	
	Application	- 1				subordinates? Ves		
_	T		Craig Richardson, 1610 Walden Dr., McLean, VA 22101			s included? Yes a list. (see instructions		
<u>'</u>	Website:	pt status:	✓ 501(c)(3)	┪		•	.)	
_			//insidethevatican com/urbi-et-orbi ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	H(c) Group				
_	art I			1993	M State	of legal domicile	KY	
		Summ						
40			scribe the organization's mission or most significant activities: The orga	nization p	iblishes a	and distributes the		
Activities & Governance]	magazine	"Inside the Vatican" and other additional books and materials					
Ë								
ĕ			is box $ ightharpoonup$ if the organization discontinued its operations or disposed of	more thar	125% of	its net assets.		
Ğ			of voting members of the governing body (Part VI, line 1a)				4	
ජ ග			of independent voting members of the governing body (Part VI, line 1b)		4		4	
ij			nber of individuals employed in calendar year 2016 (Part V, line 2a)	<i>.</i>	5		0	
₹.	6	Total nun	nber of volunteers (estimate if necessary)		6		2	
¥	7a -	Total unre	elated business revenue from Part VIII, column (C), line 12		7a		0	
	b	Net unrel	ated business taxable income from Form 990-T, line 34		7b		0	
				Prior Ye	ar	Current Year	r	
ø	8	Contribut	ions and grants (Part VIII, line 1h)		178,074		225,798	
Revenue	9 1	Program	service revenue (Part VIII, line 2g)		138,707		52,762	
eke	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		14	-	8	
Œ	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		303,066)	(2:	39.434)	
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,729		39,134	
			nd similar amounts paid (Part IX, column (A), lines 1-3)		10,000		49,350	
	1		paid to or for members (Part IX, column (A), line 4)		0			
			other compensation, employee benefits (Part IX, column (A), lines 5–10)		0		0	
Expenses	l l	-	nal fundraising fees (Part IX, column (A), line 11e)				0	
£	1				0		0	
꿃	b	otal lund	draising expenses (Part IX, cotumn (D)-line-25)				* ; ,	
_			penses (Part IX, column (A), lines (1) a=11,d=111-24e)		239,025		229,707	
	18	ı otal exp	enses. Add lines 13–1.7 (must equal Part IX, column) (A), line 25)		249 025	2	279,057	
		Hevenue	less expenses. Subtract line 18 from line 127.		235,296)		<u>39,923)</u>	
ssets or Salances			1 1 1221	ginning of Cu		End of Year		
Safa	20	lotal ass	ets (Part X, line 16)		170,512		106,446	
Net As Find B					898,124	1,C	073,981	
-			s or fund balances. Subtract line 21 from line 20		727,612)	(9)	<u>67,535)</u>	
P	art II	Signat	ure Block					
			y, I declare that I have examined this return, including accompanying schedules and stateme			ny knowledge and be	ali ef , it is	
	e, correct,	and compl	ete Declaration of preparer (other than officer) is based on all information of which preparer ha	as any know	eage			
	i		en E. Keeleel		<u> </u>	14, 2017		
Sig		Sign	ature of officer	Da	te ()	•		
He	re		resident					
	[Туре	or print name and title					
Pa	id	Print/Typ	pe preparer's name Preparer's signature Date	1	Check [Z) if PTIN		
	nu eparer	Diane F	Perret Royal, CPA Mane Vernet Royal CPA 8/	1412017	self-emp		072	
				Firm	's EIN ▶	P01701072		
US	e Only	,	ddress ► 3009 Jolly Rd , Jacksonville, FL 32207		ne no	(904) 396-688		
Ma	y the IR		this return with the preparer shown above? (see instructions)			Yes [
_			ction Act Notice, see the separate instructions.	11282Y		Form 99		



rom 99		<u> </u>				Page 2
Part !		_	ce Accomplishments			
			a response or note to any	line in this Part	<u> </u>	<u> L</u>
1	•	the organization's mi		\{_1; = = = = = = =	an nationiaa muchtiankiana A	alalia: (1)
			ites the magazine "Inside the upports the Roman Catholic fa			
	organization edi	deates the public and si	apports the noman camone is	atti by occasions	iny promoting concerts and	Comercinces.
2			ignificant program services	during the year	which were not listed on t	he
	prior Form 990				· · · · · · · · · · · · · · · · · · ·	☐ Yes ☑ No
_		be these new services				
3		zation cease conduc	ting, or make significant o	changes in how	it conducts, any progra	
	services?					☐ Yes ☐ No
4		be these changes on S				
4			service accomplishments for (c)(4) organizations are requ			
			y, for each program service		e amount of grants and a	mocations to others
	ino total expens	500, and 1010, as, ii a.	y, re. cue program co, nec	roportou.		
4a	(Code:) (Expenses \$	605,475 including grants	of \$	0) (Revenue \$	295,437)
	(0000.	(Exponded 4	g granto	· · · · · · · · · · · · · · · · · · ·		200,101
	Publishes the m	agazine "Inside the Vat	ican." Approximately 95,800 v	vere distributed t	o subscribers in 2016.	
			and materials supporting the			e Catholic faith
	and educating p	eople about it.				
		,				
				••••		
				· · · · · · · · · · · · · · · · · · ·		
	(Code:) (Expenses \$	433,631 including grants	of \$	0) (Revenue \$	327,165)
76	(0000.) (Expenses \$	garana	ο, ψ		027,103)
	The organization	n has organized a proje	ct called the "Urbi et Orbi Fou	ndatin." which w	orks to improve friendship a	and
			ferent denomination, which p			
	purpose.					
4c	(Code:) (Expenses \$	including grants	of \$) (Revenue \$	
	(0000.) (Exponded \$	moraumy grants	· •	/ (1.10101120 4	/
				·		
					**	
	,					
				•••••		
	Other program	services (Describe in S	Schedule (C.)			
4d	(Expenses \$		g grants of \$	o) (Revenue \$	0)	
		service expenses	1,039,106	U) (Hoveride w		
	F - 3		1,000,100			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	 	├
0	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		1
6		├ -	 	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ì	1	}
	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,"	ا ا		 '
	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			ł
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
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		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	-	
• •	VII, VIII, IX, or X as applicable.	ì	, ,	,
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		···	2
а	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		_	
	·	11c		✓
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 • • • •		<u> </u>
	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		`
-	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
U	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		✓
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		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			÷
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
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			,
	If "Yes," complete Schedule G, Part III	19		✓
		Fom	1 990	(2016)

Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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		✓
	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 24c		
d 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 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	-	√
26	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		√
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):			2
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ ³
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>·</u> ✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	-	✓ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>√</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>·</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes,"</i> 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		<u>√</u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	/	
		Form	990	(2016)

Form **990** (2016)

<u>P</u> art				_
	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			1.00
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		ļ
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	-	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u>-</u>	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		 	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	<u> </u>	 	-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	İ	[ĺ
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	··-		t
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		•	
	(FBAR).			-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	/
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		 -
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		'
_	gifts were not tax deductible?	6b		Į
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7	-	3 4
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			, 2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			na (_
11	Section 501(c)(12) organizations. Enter:	1 .		
a	Gross income from members or shareholders	l l		-
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		j	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
4	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		ļ	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		<u> </u>

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins						
Section	Check if Schedule O contains a response or note to any line in this Part VI		•	. 🛂				
<u>ocou</u>			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		,,				
	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. Enter the number of voting members included in line 1a, above, who are independent . 1b	4						
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-						
_	any other officer, director, trustee, or key employee?	2		1				
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	✓					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓				
6	Did the organization have members or stockholders?	6	ļ	✓				
7a	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?							
	Are any governance decisions of the organization reserved to (or subject to approval by) members.	<u>7a</u>	 	-				
b	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:	1912	7					
а	The governing body?	8a	1					
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	1		١.				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-	<u> </u>				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	Yes	No				
40-	Did the organization have local chapters, branches, or affiliates?	10a	 	1				
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.		 	 				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	ļ	✓				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	′						
	describe in Schedule O how this was done	12c	 	-				
13	Did the organization have a written whistleblower policy?	13		1				
14 15	Did the process for determining compensation of the following persons include a review and approval by) (A)	· ·				
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-77	- J X3					
а	The organization's CEO, Executive Director, or top management official	15a		1				
b	Other officers or key employees of the organization	15b		√				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	, E 42	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27/2 27/2 27/2 27/2 27/2 27/2 27/2 27/2				
16a		'	- ^t	احــــــا				
	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		-	, 1				
	organization's exempt status with respect to such arrangements?	16b	 -	لــــا				
Soct	on C. Disclosure	100	1	<u> </u>				
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 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for applicable), 990, and 990-T (Section 6104 requires an organization for applicable), 990, and 990-T (Section 6104 requires applicable), 990, and 990-T (Section 6104 requires applicable), 990, and 990-T (Section 6104 requires applicable), 990	on 501	(c)(3)s	only)				
-	available for public inspection. Indicate how you made these available. Check all that apply.							
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of i	nterest	polic	y, and				
	financial statements available to the public during the tax year.	-						
20	State the name, address, and telephone number of the person who possesses the organization's books and	records	5: ▶					
	Diane Royal, 3009 Jolly Rd., Jacksonville, FL 32207 (904) 396-6881							

om	aan	1201	6)	
OHIL	230	1201	U)	

2	_	~	_	4

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 orga	aniz	ati <u>o</u>	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
				((> }					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	than o	an	Reportable	Reportable	Estimated
	hours per week (list any		_			or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	취후	Former	the	organizations	compensation
	related organizations	řed	tutic	ĕ	em	o se	ਬੂ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	[호 #	onal		ş	1 g S		(11 2 1000 111100)		and related
	line)	ıst	Į,		ee	l per				organizations
		86	stee			Highest compensated employee				
(1) Craig Ricjardson	11									
President & Director		✓		✓			_	0	0	0
(2) Jim Garman	11				1					
Vice President & Director	ļ <u> </u>	✓		✓_			<u> </u>	0	0	0
(3) Stefanie Stark	ļ <u>1</u>									
Secretary & Director	<u> </u>	✓		✓			<u> </u>	0	0	0
(4) James Murphy	11									
Director		✓					_	0	0	0
(5)	 									
(6)										
(7)				_						
	ļ	ļ								
(8)	 							,		
(9)										
(10)	 			_	-					
(10)										
(11)	Ţ									
(12)							-			
	ļ	<u></u>		<u>_</u>						
(13)	 									
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighe	st C	ompensated E	mployees (c	ontinu	ied)		
		į			•	C)								
	(B)	Position (do not check more than o					one	(D)	(E)			(F)		
	Name and title	Average hours per	e Dext, among person is be						Reportable compensation	Reportable compensation			mated ount of	
		week (list any			_	_		, -	from	related		o	ther	
		hours for related	Individual trustee or director	Institutional trust	Officer	Key employee	nple	Former	the organization	organization (W-2/1099-Mi			ensatic m the	on
		organizations below dotted	ctor	tion		힣	yee co	*	(W-2/1099-MISC)			-	nization	
		line)	trus	al tr	1	уее	mp						related nzation	
			ee	stee			Highest compensated employee							
					<u> </u>		<u> </u>							
(15)		ļ					ļ				ļ			
(16)			ļ	_	-		 	-	 					
<u>(16)</u>			}				1	1		•				
(17)							-	\vdash						
3			1											
(18)														
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(19)			ł					-						
(20)		 _					<u> </u>	-			-+			
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(21)						-		\vdash	 		$\overline{}$			
3							<u> </u>						_	
(22)										 1				
			ļ		ļ		ļ	<u> </u>	 					
(23)		 	1				 			1	- 1			
(24)							 	-	 		-+			
(24)			1]	1						
(25)		 				<u> </u>	 -				-+			
32-22			1											
1b	Sub-total								0		0			0
C	Total from continuation sheets to Part			•	•		•	•	0		0			0
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>	<u> </u>	0		0			0
2	Total number of individuals (including but reportable compensation from the organic		to tr	ose	list	ed a	above	e) w		ore than \$100	3,000	of		
	reportable compensation from the organi	Zation							00				Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	еe,	key e	emp	oloyee, or high	est compen	sated	[·	-103	110
	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the												`	
	organization and related organizations	greater th	an \$1	150,	000)? /i	f "Ye.	s, "	complete Sch	edule J for	such			
_	individual			•						. , , , , , , , , , , , , , , , , , , ,	احدادها	4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indiv		5		
Section	on B. Independent Contractors									· · · · · ·	<u> </u>			
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	acto	ors that receive	d more than	\$100	,000 of		
	compensation from the organization. Rep													ìх
	year.									· ,_				
	(A) Name and business add	rono						ĺ	(B) Description of se	25/1000	,	(C)	ntion.	
	Name and business add				<u> </u>			 	Description of se	SIVICES		Compens ———		
	Aho Vationa Inc. 44 Work Main Chroat Event	Paval VA 1	22620					250	aduace the entir					
inside	the Vatican, Inc., 14 West Main Street, Front	Royal, VA	22030						oduces the entire the magazine &				45	6,000
								$\overline{}$	erations	manayes				
2	Total number of independent contractor							th	nose listed abo	ve) who				
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion			1					
												Forn	1990	(2016)

Part	VIII	Statement of Reve			nanco ar nata ta	any lina in thia	Dort VIII		
		Check if Schedule C	contains a	a resp	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	3	1a	0				
irar	b	Membership dues .	•	1b	0				
s, G Am	С	Fundraising events .	[1c	81,980				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	3	1d	0				
	е	Government grants (con		1e	0				
	f	All other contributions, g							
rib. Oth		and similar amounts not inc	L	1f	143,818				
ont	g	Noncash contributions includ			0				
	h	Total. Add lines 1a-1	T		Business Code	225,798			
Program Service Revenue	2a				- Dudiniedo Codo	0	0		
Rev	b	Advisable languages and			541800	52,762	52,762	0	
ce	C				341000	0	<u> </u>	0	
ervi	ď					0	0	0	(
m S	e					0	0	0	
gra	f	All other program ser	vice revenu	e .		0	0	0	C
Pro	g	Total. Add lines 2a-2			▶	52,762			
	3	Investment income and other similar amo			ends, interest,	8	0	0	F
	4	Income from investmen	t of tax-exen	npt bo	ond proceeds ►	0	0	0	C
	5					0	0	0	C
			(ı) Real		(II) Personal				
	6a	Gross rents		0	0			-	
	b	Less: rental expenses		0	0				
	С	Rental income or (loss)		0	0		mone was remarkable to the same to be a second	er a anexamina estas e companyabes estas e	
	d	Net rental income or			▶	0	0	0	<u></u>
	7a	Gross amount from sales of assets other than inventory	(ı) Securiti						
	b	Less: cost or other basis and sales expenses .		0	0				
	С	Gain or (loss)		0					
	d	Net gain or (loss) .			▶	0	0	0	0
Other Revenue		Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18 . Less: direct expenses	81,98 ed on line 10	c). · a	= 10,100			•	
O		Net income or (loss) f				32,870		0	32,870
	9a	Gross income from ga See Part IV, line 19			0				
		Less: direct expenses							
		Net income or (loss) f Gross sales of in	_	_	vities >	0	0	0	0
		returns and allowance	es	· a					
		Less: cost of goods s						·	
	c	Net income or (loss) f		of inv		(302,158)	(302,158)	0	0
		Miscellaneous F			Business Code			·	
	11a	Mail list rentals			900099	29,854	29,854	0	. 0
	b					0	0	0	0
	C	All other reverses				0	0	0	0
	d	All other revenue . Total. Add lines 11a-		•		20.954	0	0	0
	е 12	Total revenue. See in			, , , , , , , , , , , , , , , , , , ,	29,854 39,134	(219,542)	0	20.070
	_ -	. Jta Jronder Joe II				39,1341	(215,542)		32,878 Form 990 (2016)

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com	olete ali columnis. Al	Tourier Organizations	s must complete con	um (/y.
	Check if Schedule O contains a respons				
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0	,	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	49,350	49,350		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	o	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	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11 a	Fees for services (non-employees): Management	24,000	8,000	12,000	4,000
b	Legal	0	0	0	0
c	Accounting	5,400	3,600	1,800	0
d	Lobbying	0	0	0	O
e	Professional fundraising services. See Part IV, line 17	0	,		0
f	Investment management fees	0	0	0	C
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	
40	Advertising and promotion	1,046	1,046	0	
12	-	3,377	3,377	0	
13	•	13,054	13,054	0	
14	Information technology	13,034	13,034	0	
15	Royalties	0	0	0	
16	Occupancy			0	
17	Travel	3,635	3,635		
18	Payments of travel or entertainment expenses				(
	for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings	0		0	
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	
23	Insurance	ó	0	U	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		10.000		<u>`</u>
а	Postage & shipping	48,234			
b	Fulfillment of subscriptions	33,933			
C	Urbi et Orbi Foundation expenses	88,859			
d	Credit card processing	8,169		8,169	
е	All other expenses	0	 	 	(
25	Total functional expenses. Add lines 1 through 24e	279,057	253,074	21,983	4,000
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Tonowing doi to 2 (rice dos 126)	<u> </u>	<u></u>		Form 990 (2016

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 75,785 53,369 2 2 1.718 1,468 ol 3 3 4 60.943 19,098 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. ol 5 0 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 6 0 0 **Assets** 7 7 0 0 8 32,066 8 32,511 9 0 Prepaid expenses and deferred charges . . . 0 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b 0 10c Less: accumulated depreciation 0 0 0 11 Investments—publicly traded securities 0 11 12 0 Investments—other securities. See Part IV, line 11 . . . 0 12 0 13 Investments—program-related. See Part IV, line 11 13 0 0 14 14 0 0 15 15 0 170,512 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . _ . 106,446 16 848,508 17 1,042,135 17 0 18 0 18 19 19 49,616 31.846 20 20 0 Escrow or custodial account liability. Complete Part IV of Schedule D . 0 21 0 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 23 Unsecured notes and loans payable to unrelated third parties . . . 24 οi 0 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 898.124 26 1.073.981 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 (841, 982)(1,129,747)27 114,370 28 162,212 28 29 ol 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 (727,612)(967,535)170,512 106,446 Form 990 (2016)

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Page		_
		_

Part	XI Reconciliation of Net Assets		-=			
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	✓	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	9,134	
2	Total expenses (must equal Part IX, column (A), line 25)	2		27	9,057	
3						
4						
5	Net unrealized gains (losses) on investments	5			0	
6	Donated services and use of facilities	6			0	
7	Investment expenses	7			0	
8	Prior period adjustments	8			0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		(96	<u>7,535)</u>	
<u>Part</u>	XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			ᆜ	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain ir	י וי			
_	Schedule O.					
2a					- ✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were comparisoned as a constant basic consultated basic or both:	ollea o		•	1	
	reviewed on a separate basis, consolidated basis, or both:			7.		
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				- , 1	
b		 مصمام	2b		✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	on a	,		. 1	
	separate basis, consolidated basis, or both:		х.		, ,	
	☐ 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	oreigh			لمسا	
С	of the audit, review, or compilation of its financial statements and selection of an independent accou					
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	ріант п	' <u>;</u>		,	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir	າ			
	the Single Audit Act and OMB Circular A-133?		3a		✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	• [
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b			
			Fort	n 990	(2016)	

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Urbi (et Orbi Communications, Inc.					61-12		
Pai							ns.	
The d	organization is not a private foundat		-		-			
1	A church, convention of church							
2	A school described in section 1		· · · · · · · · · · · · · · · · · · ·					
3	A hospital or a cooperative hos						(111) Fatautla	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5								
Ü	section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local govern	•	mental unit described	in sectio	n 170(b)	(1)(A)(v).		
7	An organization that normally r						the general public	
	described in section 170(b)(1)(A)(vi). (Complete	e Part II.)				•	
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	An agricultural research organiz							
	or university or a non-land-granuniversity:	-						
10	An organization that normally re receipts from activities related t	to its exempt fur	nctions — subject to ce	ertain exc	eptions,	and (2) no more that	n 33¹/₃% of its	
	support from gross investment acquired by the organization aft	income and unr ter June 30, 197	elated business taxat '5. See section 509 (a	ole incom M2). (Cor	e (less se oplete Pa	ection 511 tax) from	businesses	
11	An organization organized and							
12	An organization organized and						ry out the purposes	
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3)							
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g							
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
	the supported organization(he directors or trust	ees of the	
_	supporting organization. Yo	•						
b	 Type II. A supporting organ control or management of the 							
	organization(s). You must o				persons	that control or man	age the supported	
c	[] = 111 / a ali a libri at a an	•	•		onnection	n with, and functions	ally integrated with.	
	its supported organization(s						,	
d								
	that is not functionally integ						d an attentiveness	
	requirement (see instruction	•	•					
е	Check this box if the organi functionally integrated, or T						e II, Type III	
f								
g								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1–10 above (see instructions))	docui	ir governing ment?	support (see instructions)	other support (see instructions)	
			,			,	,	
				Yes	No			
(A)								
(B)				}				
(C)		······································						
 (D)								
(E)								
Tota	a)			1	l	1		

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

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	172,380	252,703	391,090	178,074	225,798	1,220,045
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	331,508	414,467	357,269	252,430	207,812	1,563,486
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	o	0	o	0
4	Tax revenues levied for the						
	organization's benefit and either paid	1				ł	
	to or expended on its behalf	0	0	0	o	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the					J	
	organization without charge	0	0	0	0		0
6	Total. Add lines 1 through 5	503,888	667,170	748,359	430,504	433,610	2,783,531
7a	Amounts included on lines 1, 2, and 3			ĺ			
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3	ŀ					
	received from other than disqualified					ł	
	persons that exceed the greater of \$5,000					ł	
	or 1% of the amount on line 13 for the year	0	48,561	188,606	40,000	84,513	361,680
С	Add lines 7a and 7b	0	48,561	188,606	40,000	84,513	361,680
8	Public support. (Subtract line 7c from		44	, , , , ,			
	líne 6.)	2 表达 3	_ (; ; ;	* -,	<u> </u>	B 17. B	2,421,851
	on B. Total Support	, -, -, -, -, -, -, -, -, -, -, -, -, -,		1 7 . 7 . 7			
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	503,888	667,170	748,359	430,504	433,610	2,783,531
10a	Gross income from interest, dividends,	1					
	payments received on securities loans, rents,	}				-	
	royalties and income from similar sources .	45	54	30	14	8	151
b	Unrelated business taxable income (less					ļ	
	section 511 taxes) from businesses acquired after June 30, 1975	<u> </u>					
	•	0	0	0	0	0	0
C	Add lines 10a and 10b	45	54	30	14	8	151
11	Net income from unrelated business activities not included in line 10b, whether	1		!			
	or not the business is regularly carried on					أ	
10	• •	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets	1				ļ	
	(Explain in Part VI.)	45 542	48,097	52,658	39,223	29.854	016 046
13	Total support. (Add lines 9, 10c, 11,	45,513	40,097	32,038	39,223	29,034	215,345
	and 12.)	549,446	715,321	801,047	469,741	463,472	2,999,027
14	First five years. If the Form 990 is for the						
• •	organization, check this box and stop he	_			•		
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2016 (line			3, column (f))		15	80.75 %
16	Public support percentage from 2015 Sc		•			16	85.06 %
	on D. Computation of Investment In						
17	Investment income percentage for 2016			y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 201	•		•		18	0 %
19a	331/3% support tests-2016. If the organ	nization did not	check the box	k on line 14, ar	nd line 15 is m		, and line
	17 is not more than 331/3%, check this box	and stop here.	The organizati	on qualifies as a	a publicly suppo	orted organizatio	on . 🕨 🗸
b	331/3% support tests—2015. If the organization						•
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ızatıon qualıfies	as a publicly s	upported organi	zation 🕨 🔲
20	Private foundation. If the organization d	id not check a	box on line 14	. 19a. or 19b. d	check this box	and see instruc	tions > 🗆

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part III, line	12 represents income from mail list rentals.
	3

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2016

Open to Public Inspection

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.

Employer identification number

Jrbi et	Orbi Communications, Inc.	<u> </u>					-1238135	
Part	General Information Form 990, Part IV, line 1	4b.		the United States. Comp			vered "Yes" on	
1	For grantmakers. Does the assistance, the grantees' eligorants or assistance?	gibility for the	e grants or as	rds to substantiate the amo sistance, and the selection	ount of its grants criteria used to	and other award the	□Yes □No	כ
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for monito	oring the use o	of its grants	s and other	
3	Activities per Region. (The fo	llowing Part I	, line 3 table o	can be duplicated if addition	al space is need	ded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in th	ervice, ic type of	(f) Total expenditures for and investments in the region	
(1)								
(2)							··· .	
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	<u> </u>					· ·		
(10)								
(11)								
(12)								
(13)						_		
(14)								
(15)								
							 	_
(16)								_
(17)	Sub-total	 	 					_
3a b	Sub-total			-				_
	sheets to Part I							
С	Totals (add lines 3a and 3b)							_

Page 2

Schedule F (Form 990) 2016

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

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ			Europe	see Part V	10,500	wire	0		=
(2)	2		Europe	see Part V	5,000	WIFE	0		=======================================
ල			Russia	see Part V	13,950	wire	0		
4			Europe	see Part V	15,000	wire	0		= - =-=
(2)									
9									
<u> </u>									=
<u>@</u>									- =
<u> </u>									
5									
(13)									-=
(12)									
(13)									-==
(14)									===
(15)									
(16)									== = ;
8	Enter total nu	mber of recipie	ent organizations lis	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	ognized as charities	s by the foreign cour	ntry, recognized as t	ax-exempt	

Schedule F (Form 990) 2016

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

3

Schedule F (Form 990) 201

Page 4

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)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)		 ✓ 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)		☑ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)		☑ No

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				ı		
	(B)	9	7		w	
		а	ш			

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.

Purpose of grants listed in Part II:
line 1. To support the Catholic Orthodox Forum in Paris in January 2017
line 2 To the Holy See's committee for cultural collaboration to support a children's program
line 3 To support the Summer Program of the Saints Cyril and Methodius Theological Institute
line 4 To support the Rome Exchange Project

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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-E

▶ Information about Schedule G (Form 990 or 990-EZ) and its instru

OMB No. 1545-0047

Z.			
.ctions is at www.irs.	gov/form990.	Open to Public Inspection	
	Employer ident	ification number	
		31-1238135	
d "Yes" on Forr	n 990, Part I	/, line 17.	
g activities. Chec		/ .	

Urbi et Orbi Communications, Inc. Fundraising Activities. Complete if the organization answered Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following e

Solicitation of non-government grants а Internet and email solicitations ☐ Solicitation of government grants b ☐ Phone solicitations Special fundraising events C 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? If "Yes," list the 10 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) (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity (or retained by) organization from activity or entity (fundraiser) Yes Nο 1 2 3 6 7 8 9 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.

 	 ·····	

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" on and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1 a	e 18, or reported more and 6b. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
ø.			Spring pilgrimages (event type)	Summer pilgrimages (event type)	November pilgrimag (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	102,250	124,510	100,405	327,165
ш.	2	Less: Contributions Gross income (line 1 minus	26,000	35,500	20,480	81,980
_		line 2)	76,250	89,010	79,925	245,185
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
enses	6	Rent/facility costs	0	0	0	0
Direct Expenses	7	Food and beverages	0	0	0	0
Dire	8	Entertainment	0	0	0	0
	9	Other direct expenses .	29,885	89,010	93,420	212,315
	10 11	Direct expense summary. Ac Net income summary. Subtra			>	212,315 32,870
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9				reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes	, ,			
Direct Expenses	4	Rent/facility costs		:		
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	>	
	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?					
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . Yes b If "Yes," explain:				_	

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

Department of the Treasury Internal Revenue Service

► 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.

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Name of the organization	Employer identification number
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; fundrais	ing; and development of relationships;
and the creation and organization of projects, including the Urbi et Orbi Foundation.	
Urbi et Orbi Communications, Inc. has never had any employees. No current or former officers, dire	ctors, 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, financial sta	tements, and 990s are provided to
Total 330, Fart VI, Geolion O, and 13. Copies of the organization 3 governing decaments; manifest see	
anyone upon request. Form 990 is also available on the internet from Guidestar.	