Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

<u>A</u>	For th	ne 2017 cale	endar year, or tax year beginning , 2017, and end	ing		, 20	
В	Check	if applicable:	C Name of organization Urbi et Orbi Communications, Inc.	·	O Emplo	yer identification nu	umber
	Addre	s change	Doing business as			61-1238135	
	Name	change	Number and street (or P O. box if mall is not delivered to street address) Room/s	sulte	E Telepho	one number	
	initial r	eturn	14 West Main Street			(202) 657-4833	
	i	tum/terminated				(202/05/-4030	
$\overline{\Box}$			Front Royal, VA 22630		G Gross	receipts \$	054 054
\exists	i	1	F Name and address of principal officer:	- 101-11-41-			651,854
	Applic	anon pending	Craig Richardson, 1610 Walden Dr., McLean, VA 22101	<i>1</i> 1		r subordinates? Yes	
	T-11 -1	amat atabus				es included? Yes a list. (see instruction	
		empt status:					115)
-	Websi		:://insidethevatican.com/urbi-et-orbi			n number >	
K			✓ Corporation Trust Association Other L Year of form	ation: 1993	M State	e of legal domicile.	KY
F	art I	Summ					
	1			rganization pu	ıblishes	and distributes ti	he
ည္		magazine	, "Inside the Vatican" and other additional books and materials.				
₽ Ha							
Š	2		is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed		25% of	its net assets.	
යි	3	Number of	of voting members of the governing body (Part VI, line 1a)		3		4
مخ «	4		of independent voting members of the governing body (Part VI, line 1b)	4		4
Ę.	5	Total num	nber of individuals employed in calendar year 2017 (Part V, line 2a)		5		0
Activities & Governance	6	Total num	nber of volunteers (estimate if necessary)		6		2
Ą	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
			ated business taxable income from Form 990-T, line 330	Prior Ye	ar	Current Yes	ar
6	8	Contribut	ions and grants (Part VIII, line 1h)		225,798		330,277
ğ	9	Program	service revenue (Part VIII, line 2g)		52,762		55,212
Revenue	10	Investme	nt income (Part VIII, column (A), linescal 4, and vol		8		13
œ	11	Other rev	service revenue (Part VIII, line 2g)	1	239,434)	····	252,734)
	12	Total reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	· · · · · · · · · · · · · · · · · · ·	39,134		132,768
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		49,350	 	13,849
	14	l	paid to or for members (Part IX, column (A), line 4)		0		10,010
Ø	15	l	other compensation, employee benefits (Part IX, column (A), lines 5-10)		0		
55	16a		nal fundraising fees (Part IX, column (A), line 11e)		0		
Expenses	b		draising expenses (Part IX, column (D), line 25) ▶ 0	BALL TALLET STATE	THE CAPE	Att of the state o	Visite Mell
ũ	17	l	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	Z 3 M 143) Same (114.5)	229,707	<u> </u>	237,094
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		279,057		250,943
Ì	19		less expenses. Subtract line 18 from line 12	1:	239,923)		118,175)
z s	1			Beginning of Cur		End of Year	
ssets or salances	20	Total asse	ets (Part X, line 16)		106,446		168,924
SS B	21		litles (Part X, line 26)		073,981		
Net As Fund B	22		s or fund balances. Subtract line 21 from line 20		967,535)		237,825
	rt II		ure Block		307,3331		068,901)
			y, I declare that I have examined this return, including accompanying schedules and state	ments, and to the	n host of a	ny kanyindan and k	notice at in
true	, correc	t, and comple	te Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowle	dge.	ny kilowicogo and b	1011 0 1, It IS
			2.1.1		Jov.	14 7016	
Sig	n	Signat	ture of officer	Date			
Her			rais E. Richardson President				
		Type	or print name and title				
		<u> </u>		ate ,		Z PTIN	
Pai		l I	erret Royal, CPA RIANO PERCET ROYAL CAT	11/14/18	Check self-emp	<u>√</u>] ∦	072
	pare	,			s EIN ▶	- 1 101101	
US	e On	, y	dress ► 3009 Jolly Road, Jacksonville, FL 32207			P01701072	
May	the IF		this return with the preparer shown above? (see instructions)	Phon	e no.	(904) 396-688 ✓ Yes {	
					• • • •	Form 99	
. 01	ahai A	LAIR LIGHT	den ver denes' see die schalare disprecions. (St. V	lo. 11282Y		romi 99	·• (2011)



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					 •		

4d	Other program services (Describe in	Schedule ().)		· · · · · · · · · · · · · · · · · · ·			
	(Expenses \$ includ	ing grants of \$) (Revenue \$)		
4e	Total program service expenses ▶		743,406,				
						Form 990	(2017)
-				***************************************	 		



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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
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		√
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	,	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		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	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
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		1
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		V
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
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?	10		./

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Part	Checklist of Required Schedules (continued)			
20 -	Did the expensation expents one or more beautiful facilities? If "Ves " complete School de Li	00-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
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 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	24d		
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	√
	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		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		▼
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		√
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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 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	√	
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Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of 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		teran.	H
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		7.4	州岸
Ć	Did the organization comply with backup withholding rules for reportable payments to vendors and		Here's	
٥-	reportable gaming (gambling) winnings to prize winners?	1c	Trecipie.	150020
2a				
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a] If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>Gross</u>	1111111
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	4.1	Wills	3444
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1,000	√
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	١. ١		,
	account)?	4a	राक्षां	V Jimes
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).		11.0	鄉
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	******	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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?	6ь		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	35-12	TERM	idno
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
	and services provided to the payor?	7a	E COL	er ann i
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was]]		
	required to file Form 8282?	7c	X 30 76	√ üähvil
d e	If "Yes," indicate the number of Forms 8282 filed during the year	遊散 7e	100	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		* _
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<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		WW.	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	TLOI		200
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	96	eners.	u.
а	Initiation fees and capital contributions included on Part VIII, line 12	整 语	#6	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	脚		加速
þ	Gross income from other sources (Do not net amounts due or paid to other sources		Th .	
	against amounts due or received from them.)	Hall		Mode.
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	A11134	49)), 2 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	THE STATE OF	386	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	-in:(71);	ONTHE
~	Note. See the instructions for additional information the organization must report on Schedule O.	3012	i de	(total
b	Enter the amount of reserves the organization is required to maintain by the states in which		编	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	開的	WW.	E.HIH
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	/2017
		rorm	220	12011)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Schedule O. S	See ins	structi	ions.
Sect	Check if Schedule O contains a response or note to any line in this Part VI ion A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·	<u>·</u>		<u> </u>
	,			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a	遊遊	1/10	Tul
,	If there are material differences in voting rights among members of the governing body, or		1000	加坡	A TO
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.		四联	a dil	114
b		1b 4	TOHAR	ALC:	To the
2	Did any officer, director, trustee, or key employee have a family relationship or a business reany other officer, director, trustee, or key employee?		COME.	7 L. L	
3	Did the organization delegate control over management duties customarily performed by or u		2	-	-
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3	1	l
4	Did the organization make any significant changes to its governing documents since the prior Form 990	•	4	<u> </u>	-
5	Did the organization become aware during the year of a significant diversion of the organization		5		7
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 e	ect or appoint			
	one or more members of the governing body?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		√
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during	鹏	理制	
	the year by the following:		The state of	<i>Dilli</i>	E II
a	The governing body?		8a	√	
9	Each committee with authority to act on behalf of the governing body?		8b	→	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		1
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)	-
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		\
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exemp		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		a lova
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		体推		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	· · · · ·	12a		<u>√</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the podescribe in Schedule O how this was done.	olicy? If "Yes,"	12c		
13	Did the organization have a written whistleblower policy?		13		1
14	Did the organization have a written document retention and destruction policy?		14		-
15	Did the process for determining compensation of the following persons include a review an		98.	- (20	ÀЩ.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a				
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).				C.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement	17217		
	with a taxable entity during the year?		16a	Cheer V	√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				Hill And III
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			HINE.	ARE
Sacti	on C. Disclosure	· · · ·	16b		
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	5016	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	(222121		-,,-	- 77
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Sche	dule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document		erest p	olicy	, 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 red	cords:	>	
	Diane Royal, 3009 Jolly Rd., Jacksonville, FL 32207 (904) 396-6881				
			~	മമറ	/004 T

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

. . 🗹

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos neck ss pe	rson	than of the both or/trus employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Craig Richardson President & Director	<u> </u>	1		✓				0	0	0
(2) Jim Garman Vice President & Director	11	1		1				0	0	o
(3) Stefanie Stark Secretary & Director	1	1		1				0		0
(4) James Murphy Director	11	1	L				_	0	0	0
(5)	1					:				
(6)										
(7)										
(8)										
(9)										
(10)										
(11)					_					
(12)										
(13)							_			· · · · · · · · · · · · · · · · · · ·
(14)										
	<u> </u>									Form 990 (2017)

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	compensated E	mployees (c	<u>ontinu</u>	ıed)	
	(A) Name and title	(B) Average hours per	box,	unles er and	Pos neck ss pe	rson	than of the thick the thic	n an	(D) Reportable compensation	(E) Reportable compensation		Esti amo	(F) mated ount of
,		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MI		composition from the compositi	ther ensation in the nization related izations
(15)										-,			
(16)											_		
(17)												-	
(18)					-						十		
(19)						-					\dagger		
		ļ						ļ			+		
(21)												.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(22)											\dashv		
					-			-	ļ		\dashv		<u>.</u>
(24)											\dashv	<u></u>	
(25)								_					,, <u>,,</u> <u></u>
1b c	Sub-total	VII, Sectio	n A					▶ ▶	0		0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited								ore than \$10		of	<u>- </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc										3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble d	com	nper	nsatio	n a	ind other comp	ensation fro	m the		
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	ompei ompl	nsat ete	tion Sch	from	n any ile J f	un or s	related organiz such person	ation or indi	/idual	5	
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate port compe	ed ind nsatio	depe on fo	end or th	ent ne c	contr alend	acto ar y	ors that receive year ending with	ed more than h or within th	\$100 ie org),000 of janizatio	n's tax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation
Inside	the Vatican, Inc., 14 West Main Street, Front	Roval, VA 2	22630					pro	duces the entire	e content		· ·	456,000
morue	and an entire in the second of							of t	the magazine & erations				
2	Total number of independent contractor received more than \$100,000 of compens							th		ove) who		and the	
	Today in the district of the state of the st			ا سو					1		(PV)	Form	990 (2017)

Par	t VIII					n Doub VIII		٠, ٣
5.101	HICEBUR	Check if Schedule C	contains a	response or note t			<u>; (c) </u>	<u>· · · · · □</u>
					(A) Total revenue	(B) Related or exempt	(C) Unrelated business	Revenue excluded from tax
						function	revenue	under sections
S to	1a	Endorated compaign	annerrenenner			revenue	35)MUMARKUMIM	512-514
Contributions, Gifts, Grants and Other Similar Amounts	1	Federated campaigns Membership dues .		la (
غ ق	b	•	<u> </u>					
Ę, Ę	C	Fundraising events .	· -					
ايِّةِ ثِي	d	Related organizations	· ·	ld c				
Sir	e`	Government grants (con		ie o				
e St	Į	All other contributions, g and similar amounts not inc						
ğ Ş	_		` _	1f 314,277				
<u> </u>	9	Noncash contributions include						
	h	Total. Add lines 1a-1	<u> </u>	Business Codo	330,277	TOTAL CENTER OF THE STATE OF TH		
Program Service Revenue		•		Business Codo	WIND THE PROPERTY OF			
ě	2a	A			- 0			
Е	b	Advertising revenue		541800	55,212	55,212		
ξ̈	C			· 				
స్త	a				- 0		0	} -
퍨	e	A.II		··.	0	ļ <u>.</u>) <u> </u>	· · · · · · · · · · · · · · · · · · ·
ğ	T	All other program ser			0	Capathinassas strain) Ozele zw <i>eniem</i> ene	i Dografica kanalangan kanalangan
	9	Total. Add lines 2a-2		>	55,212	AND THE PROPERTY OF THE PARTY O	unimeenelleeline T	Teamhichteannanna
	3	Investment income and other similar amo		vidends, interest,) ` ' ,	,	, ,
			•		13		0	
	4	Income from investmen	t or tax-exemp	t bond proceeds	0		- 0	
	5	Royalties	(i) Real	(ii) Personal	We have continued and	THE PERSON NAMED OF THE PE		
	6-	Cross roots	(1) 11001	_ 				
,	6a	Gross rents	<u> </u>	0 0				
	b	Less: rental expondos	} -	0 0				
	C	Rental income or (ioss)	L	<u>'0 0</u>		AND THE PROPERTY OF		
	, d 7a	Net rental income or (Gross amount from sales of	(i) Secunties	(ii) Other	DING THE BUILDING	MANAGES AND THE COLORS	THE STREET	
	10	assets other than inventory	(,, 0000, 1000	_ 	建建型侧侧			
	ь	Less: cost or other basis		0 0				
	5	and sales expenses .						
				0 0				
	d	Gain or (loss) Net gain or (loss) .	L					CHARLES AND CONTRACTOR OF THE
	u	iver yair or (1055) .			anne dininitatio			
ā	8a	Gross income from fu	ındraisinn					WIND A CHIEF
Revenue	00	events (not including \$						
ě,		of contributions reporte	16,000					
E.	ł	See Part IV. line 18	-	40.440				
Othe	ь	Less; direct expenses		b (12,410)				
0		Net income or (loss) f					THE SECTION ASSESSMENT OF THE PARTY OF THE P	7.000
i		Gross income from ga			anti-well-well-well-well-well-well-well-wel			
	-	See Part IV, line 19 .		a o				
	ь	Less: direct expenses						
		Net income or (loss) f				THE THE THE THE THE		norseconservanieses
		Gross sales of in			W. 100 100 100 100 100 100 100 100 100 10		OPPRESSED A	
	,,00	returns and allowance		a 225,854				
	ь	Less: cost of goods s		b (50G,G7G)	HATTATADU BULANA AND ATAM DIVIN			
	c	Net income or (loss) fi			(280,822)	(280,822)	Carrie and	O CONTRACTOR OF THE CONTRACTOR
		Miscellaneous R		Business Code	144014/11/11/11/11	TUNING TO THE	WANTE CHILLION DUCK	
	11a	Mail list rentals		900099	21,088	21,088	n in the second	; U
	b	man not remais	***************************************	300033	21,080		0	, 0
٠ ا	c	***************************************	*****************	-	0	0	0	
	d	All other revenue .		•	n	n	n	0
	e	Total. Add lines 11a-	11d .		21.088			DINAMESTRATION OF THE PROPERTY
		Total revenue. See in			132,768		U CONTRACTOR OF THE CONTRACTOR	7.013
					1941190	1547,555		Form 990 (2017)

	90 (2017)				Page II
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must co		All other organization	ns must complete o	olumn (A)
Secin	Check if Schedule O contains a respon			ns must complete c	olanin (A).
Do no	ot include amounts reported on lines 6b, 7b.	(A)		<u> </u>	T /D)
	b, and 10b of Part VIII.	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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	13,849	13,849		expenses
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0		The state of the s	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	C			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)))
9	Other employee benefits) () () (
10	Payroll taxes))) (
11	Fees for services (non-employees):				
a	Management	24,000			
b	Legal				
C	Accounting	5,400	4,200	1,200	
d	Lobbying		Setto de Heira Perso		<u> </u>
e f	Investment management fees			(สเตอสสมนาการการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามา เกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิด	<u> </u>
g	Other. (If line 11g amount exceeds 10% of line 25, column	<u>_</u>	<u> </u>	<u> </u>	<u></u>
	(A) amount, list line 11g expenses on Schedule O.)	0		c	
12	Advertising and promotion	4,958	 		`
13	Office expenses	25,136			
14	Information technology	4,439			
15 16	Royalties	0			
17	Occupancy	0		 	
18	Payments of travel or entertainment expenses	<u> </u>	 		
	for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings	0		+ 	
20	Interest	0			
21	Payments to affiliates	0		1	
22 23	Depreciation, depletion, and amortization .	0	<u> </u>	. 0	
	Insurance	0	A SOUTH OF SERVICE STREET, SOUTH STREET,	relitation maditible	Marin State villagent
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
а	Postage & shipping	57,542		0	4,220
b	Fulfillment of subscriptions	44,381			
С	Urbi et Orbi Foundation expenses	63,538			
ď	Credit card processing	7,700		7,700	0
е	All other expenses 0	0			
25	Total functional expenses. Add lines 1 through 24e	250,943	223,528	19,195	8,220
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)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	53,369	1	118,82
	2	Savings and temporary cash investments	1,468	2	1,19
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	19,098	4	11,63
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		12.	REPRESENTATION OF THE PARTY OF
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section		哪	
		4958(f)(1)), persons described in section 1058(c)(3)(B), and contributing employers and			
	ĺ	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		抗阻抗	
ş	_	organizations (see instructions) Complete Part II of Schedule L	0		
Assets	7	Notes and loans receivable, net	0		
⋖	8	Inventories for sale or use	32,511		31,63
	9 10a	Prepaid expenses and deferred charges			5,62
	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	. ь	Less: accumulated depreciation 10b 0	0	10c	SAPPENDES LOUIS CONTRACTOR THE SAME SWALL
	11	Investments—publicly traded securities	0	11	(
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments – program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	106,446		168,924
	17	Accounts payable and accrued expenses	1,042,135		1,229,634
	18	Grants payable	0		
	19	Deferred revenue	31,846		8,19
	20	Tax-exempt bond liabilities	0	_	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .	0 Cariforni Hill Smill Care	21	Santanina di Kanada da Kanada d Kanada da Kanada da K
řes	22	Loans and other payables to current and former officers, directors,		37	
Ę		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22 22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0		
_	24	Unsecured notes and loans payable to unrelated third parties	0		
	25	Other liabilities (including federal income tax, payables to related third		<u> </u>	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	. , 0	25	(
	26	Total liabilities. Add lines 17 through 25	1,073,981	26	1,237,825
(0		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ë		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	(1,129,747)		(1,068,901)
Ba	28	Temporarily restricted net assets	162,212		
שַ	29	Permanently restricted net assets	0	29	(Canting and Marketing and Mark
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		雅"	
ō	00	complete lines 30 through 34.	HAND BURNAHU CHROM	開始	
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31 32	
t's	32	Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances	(967,535)	_	/4 000 004
ž	33	Total (a-bild) and not posses (fined belonces	(957,535)	34	(1,068,901)

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_	4	•
Page	ı	4

					9
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		13	32,768
2	Total expenses (must equal Part IX, column (A), line 25)	2		25	0,943
3	Revenue less expenses. Subtract line 2 from line 1	3		(118	B,175)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(96	7,535)
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		1	6,809
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		(1,068	<u>8,901)</u>
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>		_Ц
			district.	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," ex	piain in			1000
	Schedule O.		3323	(#E 4	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	di Allero	-
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:		6 - Gagari	Nate:	
	Separate basis Consolidated basis Both consolidated and separate basis		900	地源	
b	Were the organization's financial statements audited by an independent accountant?		2b	Pinter John	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			100
	separate basis, consolidated basis, or both:				18
	Separate basis Consolidated basis Both consolidated and separate basis	! !- 4		d (148)	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c				
	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c	1	at the fire
	If the organization changed either its oversight process or selection process during the tax year, e	kpiain in	218		rign
_	Schedule O.	famile in	AME OF THE		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	iorui in			
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		3b		l
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	iuuits.			
			Fom	m 990	(2017)

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.

20**17**

Open to Public Inspection

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number Urbi et Orbi Communications, Inc. 61-1238135 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust describéd in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/2/9 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (iii) Type of organization d in your governing (described on lines 1-10 support (see other support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

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

	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants")	252,703	391,090	178,074	225.798	330,277	1,377,942
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	414,467	357,269	252,430	207,812	225,854	1,457,832
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	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5:	667,170	748,359	430,504	433,610	556,131	2,835,774
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	48,561	188,606	40,000	84,513	82,341	444,021
	Add lines 7a and 7b	i					444,021
8	Public support. (Subtract line 7c from	Hypita	76 W.	640	distribution of the second	SHE OU	
<u> </u>	line 6.)		$i_{ij} = i_{ij}$	riffen	100		2,391,753
	on B. Total Support	(10040	# \ 001.1	(10045	4.0.04.0	4) 0047	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	667,170	748,359	430,504	433,610	556,131	2,835,774
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	,	54	30	14		13	119
b	Unrelated business taxable income (less					,	
	section 511 taxes) from businesses acquired after June 30, 1975	_		_	_	_	_
	· '	0	0	0	0	0	0
_	Add lines 10a and 10b	54	30	14	8	13	119
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carned on	_[_	_[_
40	, ,	0	0	0	<u> </u>	0	0
12	Other income. Do not include gain or				j	1	
	loss from the sale of capital assets (Explain in Part VI.)				22.25.4	24 222	400.000
10	Total support. (Add lines 9, 10c, 11,	48,097	52,658	39,223	29,854	21,088	190,920
13	and 12.)	=45.004	004 047	400 744	463,472	577 000	2 200 042
14	First five years. If the Form 990 is for th	715,321	801,047	469,741		577,232	3,026,813
17	organization, check this box and stop her						▶ 🗆
Sacti	on C. Computation of Public Suppor				<u> </u>		
15	Public support percentage for 2017 (line 8			3 column (fl)		15	79.02 %
16	Public support percentage from 2016 Sch		•			16	80.75 %
	on D. Computation of Investment Inc			<u>· · · · · · </u>			80.73 70
17	Investment income percentage for 2017 (I			v line 13 colum	on (fl)	17	0 %
18	Investment income percentage from 2016					18	0 %
19a	33 ¹ / ₃ % support tests—2017. If the organi						
134	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2016. If the organization						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	•	_			=	_
	The state of the s			30, 5. 100, 0		edule A (Form 990	

Pa	a	e	8

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	Part III, line 12 represents income from mail list rentals.												
	,												
;	,												
•••••													
	· ·												
	Schedule A (Form 990 or 990-EZ) 2017												

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047 2017

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer Identification number

Urbi e	t Orbi Communications, Inc.						-1238135				
Pari	General Information Form 990, Part IV, line		ies Outside	the United States. Comp	olete if the organi	zation ansv	vered "Yes" on				
1	For grantmakers. Does the assistance, the grantees' eli	organization	maintain reco	ords to substantiate the ame	ount of its grants	and other					
	grants or assistance?						□Yes □No				
2	For grantmakers. Describe		the organizati	on's procedures for month	oring the use o	f its grants	s and other				
	assistance outside the Unite										
3											
	(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 specific service(s) in the	rvice, c type of	(f) Total expenditures for and investments in the region				
(1)											
(2)											
(3)											
(4)											
(5)											
(6)				,							
(7)											
(8)		!									
(9)											
(10)					·						
(11)					ь						
(12)											
(13)											
(14)											
											
(15)	,						·····				
(16)											
(17)	· · · · · · · · · · · · · · · · · · ·					13 Arithman					
3a	Sub-total	ļ			WANTED TO STATE	ALL MODERN					
b	Total from continuation sheets to Part I										
C	Totals (add lines 3a and 3b)				William Company	HULLIANS					

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organizations of Entitle Outside the United States. Complete if the organizations or Entitle Outside the United States. Complete if the organizations or Entitle Outside the United States.

				received more than			
י	(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
			Europe	see Part V	2,500	wire	0
			Luiope	SEC FAIL V	2,300	Wile	1
(2)(Europe	see Part V	8,479	wire	0
(3)			Europe	see Part V	3,000	wire	0
(A) 27						•	
			··········				
40)							
(12)							
438						· · · · · · · · ·	
Ta Y							
(15)a					, ,		

2	Enter total number of recipient organizations listed above that are recognized as charities by the f	oreiç	gn d	coun	try,	rec	ogn	zed	as	ta	LΧ
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							•		-	•

3 Enter total number of other organizations or entities

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.

Purpose of grants listed in Part II:							
line 1	To Archbishop Kondrusiewicz of Minsk, Belarus, for the study of the feasibility of a Catholic University there						
line 2	To the Moscow Patriarchate to support the exchange between the Vatican and the Russian Orthodox Church						
line 3	To Fr. Hyacynth for support for film and translations of "Pope Francis and Unity of Christian"						
	·						
	·						
••••							
	No. of the contract of the con						
********	· · · · · · · · · · · · · · · · · · ·						
	Schedule F (Form 990) 2017						

SCHEDULE G (Form 990 or 990-EZ)

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-EZ.
➤ Go to www irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	et Orbi Communications, Inc.					61-	1238135
Par					vered "Yes" on I	Form 990, Part IV,	line 17.
1	Form 990-EZ filers are Indicate whether the organization				owing activities C	theck all that apply.	
a	☐ Mail solicitations	on raissa rando			on of non-govern		
b	Internet and email solicitate	ons	f		on of governmen		
C	☐ Phone solicitations		g [] Special f	fundraising events	3	
d	In-person solicitations						
2a	Did the organization have a wr						
	or key employees listed in Forr	•	-			_	
b	If "Yes," list the 10 highest pai compensated at least \$5,000 b			draisers) pu	irsuant to agreem	ients under which th	e fundraiser is to be
		-1	GIIV Dod 6 in	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of outlons?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (I)	(or retained by) organization
			Yes	No			
1							
2	-	\ \frac{1}{2}		<u> </u>			
3	·	1				······································	
4							
5		 		-			
6			-				
7							
8						· · · · · · · · · · · · · · · · · · ·	
9		,					
10					(3)	• •	
Total				•	, i	3	
3	List all states in which the org- registration or licensing.	anızation ıs regis	tered or lic	ensed to s	olicit contribution	s or has been notifie	ed it is exempt from
					<u></u>	,	
						<u> </u>	
For Pa	perwork Reduction Act Notice, see the	Instructions for Forn	n 990 or 990-E	Z .	Cat. No 50083H	Schedule G (Fe	orm 990 or 990-EZ) 2017

Pa	art II	Fundraising Events. Corthan \$15,000 of fundraising	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	
		gross receipts greater that		(h) 5 #0	() () () () () ()	<u> </u>	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through	
		•	January (event type)	Easter (event type)	July (total number)	col. (c))	
Φ			(0.5	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Revenue	1	Gross receipts	8,600	11,000	15,810	35,410	
		·					
	2	Less: Contributions	0	10,000	6,000	16,000	
	3	Gross income (line 1 minus					
		line 2)	8,600	1,000	9,810	19,410	
		Cook primos					
	4	Cash prizes	0	0		0	
	5	Noncash prizes	o	o	o	0	
		Horiodan prizes				<u> </u>	
ŠŠ	6	Rent/facility costs	o	o	o	0	
Direct Expenses	,	,	_			 	
	7	Food and beverages	. 0	0	0	0	
		_					
	8	Entertainment	0	0	0	0	
	9	Other direct expenses .	1,600	1,000	9,810	12,410	
	10 Direct expense summary. Add lines 4 through 9 in column (d)						
	10 11	Net income summary. Subtra	•		_	12,410	
Pa	rt III	Gaming. Complete if the				7,000 reported more	
		than \$15,000 on Form 9			-,, -, -, -, -, -, -, -, -, -, -, -,		
ø			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
딞				bingo/progressive bingo	(c) Other gaming	col (a) through col. (c))	
Revenue					,		
u.	1	Gross revenue	·····	<u> </u>			
Direct Expenses	2	Cash prizes					
	_	Noncash prizes					
Ä	3	Noncash prizes					
ਨੂ	4	Rent/facility costs					
ă	•	Tierra radinty debte					
	5	Other direct expenses .					
			☐ Yes %	☐ Yes %	☐ Yes %		
	6	Volunteer labor	☐ No	□ No	□ No		
_							
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summary	/. Subtract line 7 from li	ne 1, column (d)	•		
_		***********************		man a aku ukia a			
9		Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states?					
		ible 2 suplem.	• •				
	b If"	***************************************					

10	a We	ere any of the organization's or	amına licenses revoked	. suspended, or termina	ited during the tax vear	? . 🗌 Yes 🗌 No	
		ere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . Yes No "Yes," explain:					
					Schedule	G (Form 990 or 990-EZ) 2017	

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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2017 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Urbi et Orbi Communications, Inc.

► Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

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; fundralsing 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, 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.
From 990, Part VI, Section C, line 19: Copies of the organization's governing documents, financial statements, and 990s are provided to
anyone upon request. Form 990 is also available on the internet from Guidestar.
Form 990, Part XI, line 8: The prior period adjustment results from a reclassification of amounts on Part X, line 19, at the beginning of the
year.
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