For	. 99	10	Return of Organization Exempt From I	ncome Tax	K T	OMB No. 1545-0047
	*/*	.0000\	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex	cent nrivate four	ndetions	2019
(Rev. January 2020)			▶ Do not enter social security numbers on this form as it may			
		the Treasury		air	Open to Public Inspection	
Ā			► Go to www.irs.gov/Form990 for instructions and the lates dar year, or tax year beginning , 2019, and endi		-11-	, 20
В		applicable:	C Name of organization Urblet Orbi Communications, Inc		D Emplo	yer identification number
Ē	Address		Doing business as		<u> </u>	61-1238135
ō	Name ch	-	Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
	Initial retu	ıw	14 West Main Street			(202) 657-4833
	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended	i return	Front Royal, VA 22630		G Gross	receipts \$ 419,953
	Application	on pending	F Name and address of principal officer:	H(a) is this a gr	oup return for	subordinates? Yes V No
			Craig Richardson, 1610 Walden Dr., McLean, VA 22101	H(b) Are all s	ubordinate	s included? 🔲 Yes 🔲 No
1	Tax-exen	npt status.	<b>∑</b> 501(c)(3)	<b>月</b> If "No." a	attach a lis	t. (see instructions)
J	Website:	► http://in	sidethevatican.com/urbl-et-orbi	H(c) Group e	xemption r	number >
		rganization: 🗸	Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form	nation: 1993	M State of	of legal domicile. KY
P;	art I	Summa				· · · · · · · · · · · · · · · · · · ·
_	ľ		cnbe the organization's mission or most significant adtivities: The or	ganization publi	shes and	distributes the
2		magazine, '	'inside the Vatican' and other additional books and materials.			
Ē	]					
Governance			box ► ☐ If the organization discontinued its operations or dispose	d of more than	25% of	its net assets.
Ğ	I .		voting members of the governing body (Part VI, line 1a)	CEIVED	<del>  3</del>	3
Activities &			independent voting members of the governing body (Part V, line to	DEIVED	4	3
Ę			per of individuals employed in calendar year 2019 (Part Vitire 2a)	· · · ·	5/	0
븅			per of volunteers (estimate if necessary)	R 1 2 2021	3	2
•4			ated business revenue from Part VIII, column (C), line 12	· · · · · · ·	(A 4 (27 b	0
	- 5	ivet unreial		DEN Pribril Vie a		Current Year
	8	Contributio	ons and grants (Part VIII, line 1h)			<del></del>
Revenue			ervice revenue (Part VIII, line 2g)		229,498	203,033
ě.		-	tincome (Part VIII, column (A), lines 3, 4, and 7d)		62,757 15	41,809 14
æ			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	/2	19,625)	(321,874)
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,355)	(77,018)
			I similar amounts paid (Part IX, column (A), lines 1-3)	· · · · · · · · · · · · · · · · · · ·	5,000	(77,018)
			aid to or for members (Part IX, column (A), line 4)	· · · · · · · · · · · · · · · · · · ·	0,000	0
a			her compensation, employee benefits (Part IX, column (A), lines 5-10)		- 0	<u>_</u>
Expenses		_	al fundraising fees (Part IX, column (A), line 11e)			
쳞			aising expenses (Part IX, column (D), line 25) > 13,422		2	
ă			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	182,764	205,809
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		87,764	205,809
			ss expenses. Subtract line 18 from line 12		15,119)	(282,827)
5 8				Beginning of Cum		End of Year
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)		52,098	156,811
\$ B	21		ties (Part X, line 26)		136,118	1,721,558
돌	22		or fund balances. Subtract line 21 from line 20		84,020)	(1,564,747)
	rt II	Signatu	re Block			
			I declare that I have examined this return, including accompanying schedules and state			y knowledge and belief, it is
true	, correct,	and complete	Declaration of preparer (other than officer) is based on all information of which preparer	er has any knowled	ge.	
		1 Cin	2. Kishen			
Sig		Signatu	ire of officer	Date		
He	re	40	e S, Q, F	Mare	<u>در مه</u>	,2021
		Type or	print name and title			
Paid		Print/Type		Date	Check 2	
	eparei	Diane Per	ret Royal, CPA Nigne Fevrel (2049)	3/22/21	self-empl	oyed P01701072
	e Only		ne ▶ Diane Perret Royal, CPA		EIN ►	P01701072
		Firm's add	ress ► 3009 Jolly Road, Jacksonville, FL 32207	Phone	no 90	
May	the IR	S discuss t	his return with the preparer shown above? (see instructions)		<u></u>	. Yes No
For	Paperw	ork Reducti	on Act Notice, see the separate instructions. Cat.	No. 11282Y		Form <b>990</b> (2019)





	90 (2019) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	The organization publishes and distributes the magazine, "Inside the Vatican" and other religious publications. Additionally, the organization educates the public and supports the Roman Catholic faith by occasionally promoting concerts and conferences.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 590,674 including grants of \$ 0) (Revenue \$ 220,335)
	Publishes the magazine, Inside the Vatican." Approximately 62,385 magazines were distributed to subscribers in 2019.  The organization also distributed boooks and materials supporting the Roman Catholic faith, thereby promoting the Catholic faith and educating people about it.
4b	(Code: ) (Expenses \$ 80,865 including grants of \$ 0 ) (Revenue \$ 34,808 )
	The organization has organized a project called the "Urbi et Orbi Foundation," which works to improve friendship and understanding among Christians of different denominations, which promotes the Catholic faith and so also fulfills the exempt purpose.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 671,539



	90 (2019)	, 		Page
Part	IV ' Checklist of Required Schedules		1	T
	504/100	.,	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	s,"     1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		$\vdash$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part I			1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 election in effect during the tax year? If "Yes," complete Schedule C, Part II	(h) 4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership due assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part	es, /// 5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which dono have the right to provide advice on the distribution or investment of amounts in such funds or accounts? "Yes," complete Schedule D, Part I			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	e, <b>7</b>		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes complete Schedule D, Part III	s," 8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, debt negotiation services? If "Yes," complete Schedule D, Part IV			1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowment or in quasi endowments? If "Yes," complete Schedule D, Part V	its 10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VII, VIII, IX, or X as applicable.	/1,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes complete Schedule D, Part VI	s,"	a	1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or mo of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		,	1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or mo of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	re 110	,	1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total asserbented in Part X, line 16? If "Yes," complete Schedule D, Part IX	ts 110	1	1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	X 116	•	1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		F	1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comple Schedule D, Parts XI and XII	te   12a	,	1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is option	al 12t		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del></del>	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmakin fundraising, business, investment, and program service activities outside the United States, or aggrega foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	or <b>15</b>		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or oth assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services of Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	on 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	19		1

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20a

20b

21

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		<b>✓</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	<b>├</b> ─
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<b>├</b>
25a	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	25a		1
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		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		/
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	_	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part			<u> </u>	
	Chicago Control of Control of Control of Chicago Control of Contro	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	i

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)				-
_	En the Control of Mars and Tau	·	Yes	No	1
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			i	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b			]
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				Ī
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1	•
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b			-
4a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country ▶				į
	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		<b>/</b>	_
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 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				
_	gifts were not tax deductible?	6b			7
7	Organizations that may receive deductible contributions under section 170(c).				Į
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7c	<del>,</del>	<b>√</b>	-
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del></del> -			Ì
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<del>/</del>	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			-
g 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				Ī
0	sponsoring organization have excess business holdings at any time during the year?	8			į
9	Sponsoring organizations maintaining donor advised funds.				ĺ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			۰
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			•
10	Section 501(c)(7) organizations. Enter				İ
а	Initiation fees and capital contributions included on Part VIII, line 12		۱ ،	· .	ł
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			١	į
11	Section 501(c)(12) organizations. Enter	,			
а	Gross income from members or shareholders				I
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		1		1
100	against amounts due or received from them)	12a			l
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	140			i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1	Į
а		13a			:
_	Note: See the instructions for additional information the organization must report on Schedule O.				ĺ
ь	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				ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>	_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		Į	_	
	excess parachute payment(s) during the year?	15		<u> </u>	i
40	If "Yes," see instructions and file Form 4720, Schedule N				į
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O	16			ĺ
	ii res, complete romii 4720, scriedule O				į

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule Check if Schedule O contains a response or note to any line in this Part VI	O. See i	nstruc	tions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a	_3		
	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			1 1
	committee, explain on Schedule O.			1 1
b	Enter the number of voting members included on line 1a, above, who are independent .   1b	3		1 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship will any other officer, director, trustee, or key employee?	h	.	
3	Did the organization delegate control over management duties customarily performed by or under the direct	ot		<u> </u>
4	supervision of officers, directors, trustees, or key employees to a management company or other person?. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	? 4	<del>                                     </del>	1
		5		<del></del>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		┼	<b>/</b>
6	Did the organization have members or stockholders?	6_	<del> </del> -	<del>                                     </del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoil one or more members of the governing body?	1t   7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	s, 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	g		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at -	<del>-</del>	_
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev	enue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters		<del> </del>	<del></del>
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	" 10b	j	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.0	· -	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	<u> </u>	├	<u> </u>
			<del> </del>	<del></del>
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		✓
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 and approval bindependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	- 1		
а	The organization's CEO, Executive Director, or top management official	15a		7
	Other officers or key employees of the organization	15b	<b>├</b>	<u></u>
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.00		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t		
	with a taxable entity during the year?	16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	e		
Spoti	on C. Disclosure	1 100		L
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 (1024 or 1024-A, if applicable), 990, and 99	J-T (Sec	tion 5	01(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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	of inte	rest 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	records	<b>&gt;</b>	
	Diane Royal 3009 July Rd. Jackaonville, FL 32207 (904) 396-6881			

Form	990	(2019)
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Daga	7

	<u> </u>	
Part VII:	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	anc
	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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor	any relate	d org	anız	atıc	n c	ompe	nsa	ated any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck s pe d a d	rson Irect	than one that the that the that the that the that the that the the that the the the the the the the the the th	an tee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee		organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations				
(1) Craig Richardson	11	,		,						
President & Director		<b>/</b>	$\vdash$	<u> </u>	├		├-	0	0	
(2) Jim Garman Vice President & Director	11	1		1				o	0	į c
(3) Stefanie Stark	1									
Secretary & Director		1		✓				o	o	c
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	do x, office Individua	ot ch	Pos neck ss pe	c) ition more	than of trus Highest compensated en por/trus employee	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E, Report compen from re organiz (W-2/1099	table isation elated ations	Estima o com fr	(F)  Ited amo f other pensatio om the ization a	ount on and
(15)														
(16)														
(17)				-		-				<del></del>				
					_	<u> </u>		_						,
						_		_						
					_	_								<del></del> .
						_		_				<del></del>		
								L						
(23)														
(24)												<u>.                                      </u>		
(25)														-
1b c d		VII, Sectio	n A 	·		 <u></u>	•	<b>&gt; &gt;</b>	0 0		0 0 0			0
2	Total number of individuals (including but reportable compensation from the organic		to th	ose	list	ed a	above	e) w	ho received more0_	than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	officer, dire	ector, for su	tru uch	stee ındi	e, k vidu	ey e ıal	mpl	oyee, or highes	t compe	ensated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual													<b>✓</b>
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or ind	dıvidual 			<b>✓</b>
Secti	on B. Independent Contractors													
1	Complete this table for your five high compensation from the organization. Repo													
	(A) Name and business addi	ess							(B) Description of serv	ices	C	(C) Compens	ation	
Inside	the Vatican, Inc., 14 West Main Street, Front	Royal, VA 2	2630					pro	duces the entire o	ontent			456	6,000
						_			he magazine & ma erations	inages				
2	Total number of independent contractor received more than \$100,000 of compensations.	•	_							e) who				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (C) Unrelated business revenue (D)
Revenue excluded from tax under (B) Related or exempt function revenue (A) Total revenue sections 512-514 Federated campaigns . . . . 1a Contributions, Gifts, Grants and Other Similar Amounts 1a 1b Membership dues . . . . . c Fundraising events . . . 1c 23,470 d Related organizations . . . . 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 179,563 Noncash contributions included in lines 1a-1f . . . . . . . 1g h Total. Add lines 1a-1f. 203.033 **Business Code** Program Service 2a ol 0 b Advertising revenue 541800 41,809 41,809 이 0 Revenue 이 0 ------0 ol ol 0 ol ol ol 0 f All other program service revenue . oĺ oĺ o 0 Total. Add lines 2a-2f . 41,809 Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . 14 4 Income from investment of tax-exempt bond proceeds ▶ 0 ol 0 0 5 Rovalties . . . o o 0 (ı) Real (II) Personal 6a 6a Gross rents . 0 Less rental expenses 6b 0 Rental income or (loss) 6c o 0 d Net rental income or (loss) 0 ol (II) Other (i) Securities Gross amount from sales of assets other than inventory 7a Less cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) . . 7c O d Net gain or (loss) ▶ o 0 8a Gross income from fundraising events (not including \$ 23,470 of contributions reported on line 1c). See Part IV, line 18 . . . 8a **b** Less direct expenses 8b 0 c Net income or (loss) from fundraising events 0 9a Gross income from gaming activities. See Part IV, line 19 9a 0 9b 0 b Less direct expenses . . . . c Net income or (loss) from gaming activities ol 0 10a Gross sales of inventory, less returns and allowances . . . 10a 165,556 Less. cost of goods sold . . . 10b (496, 971)Net income or (loss) from sales of inventory (331,415)(331,415) o 0 Business Code Miscellaneous 11a 0 이 0 Revenue b Maillist rentals 900099 9,541 9,541 0 0 0 0 0 All other revenue . . 0 이 0 Total. Add lines 11a-11d\_ 9,541 Total revenue. See instructions (77,018)(280,065)

Part IX<sup>4</sup> Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp									
Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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	O	0							
4	Benefits paid to or for members	0	0							
5	Compensation of current officers, directors, trustees, and key employees	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	0	n						
7	Other salaries and wages	0		0	0					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		0							
9	Other employee benefits	0	0		0					
10	Payroll taxes	0	0	0	0					
11	Fees for services (nonemployees):	0								
''a	Management	24.000	10.000	0.000	4 000					
b	Legal	24,000	12,000	8,000	4,000					
	Accounting	5,400	4,200	1,200						
d	Lobbying	5,400	4,200	1,200	0					
•	Professional fundraising services. See Part IV, line 17	0			0					
f	Investment management fees	0	0	0	0					
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0								
40	- · · .	0	0	0	0					
12	Advertising and promotion	9,221	9,221	0	0					
13	Office expenses	12,000	3,328	45	8,627					
14	Information technology	6,184	6,184	0	0					
15 16	Royalties	0	0	0	0					
17	Occupancy	0	0	0	0					
18	Travel	0	0	0	0					
	for any federal, state, or local public officials	0	0	0	0					
19	Conferences, conventions, and meetings .	0	0	0	0					
20	Interest	0	0	0	0					
21	Payments to affiliates	0	0	0	0					
22 23	Depreciation, depletion, and amortization . Insurance	0	0	0 0	0					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				-					
а	Postage & Shipping	46,046	45,138	113	795					
b	Fulfillment of subscriptions	31,959	31,959	0	0					
С	Urbi et Orbi Foundation expenses	64,220	64,220	0	0					
d	Credit card processing	6,779	6,743	36	0					
е	All other expenses	0	0	0	0					
25	Total functional expenses. Add lines 1 through 24e	205,809	182,993	9,394	13,422					
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)									

	٠,			
Part Y s	Ralance Sheet	 	 	

		Check if Schedule O contains a response or note to any line in this Par	t X	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	100,685	1	112,955
	2	Savings and temporary cash investments	0		
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	18,685	4	11,076
	5	Loans and other receivables from any current or former officer, director,			
	ļ	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0		0
w	7	Notes and loans receivable, net	0	<del></del>	0
Assets	8	Inventories for sale or use	32,144	<del></del>	32,196
Ąŝ	9	Prepaid expenses and deferred charges	584		
•			304		584
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 0			
	ь	Less accumulated depreciation 10b 0		10c	
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11			0
	13	Investments—program-related. See Part IV, line 11			
	14	Intangible assets			
	15	Other assets. See Part IV, line 11		_	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	152,098	_	156,811
	17	Accounts payable and accrued expenses	1,428,755		1,709,075
	18	Grants payable	0		1,100,010
	19	Deferred revenue	7,363		12,483
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0		0
ģ	22	Loans and other payables to any current or former officer, director,			···
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	0	22	0
Ë:	23	Secure I mortgages and notes payable to unrelated third parties	0	23	0
	24	Un red notes and loans payable to unrelated third parties	0	24	0
	25	Other bilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schride D	o	25	0
	26	Total le pilities. Add lines 17 through 25	1,436,118	26	1,721,558
S		Or ye is ations that follow FASB ASC 958, check here ▶ □			
ည		and complete lines 27, 28, 32, and 33.			
la l	27	Net is is without donor restrictions	(1,284,020)	27	(1,564,747)
<u>B</u>	28	N 's with donor restrictions	0		0
PI		Or the tions that do not follow FASB ASC 958, check here ▶ □			
ᄑ		an e plete lines 29 through 33.			
Net Assets or Fund Balances	29	Cc ock or trust principal, or current funds	0	29	0
ěţ	30	Pt a capital surplus, or land, building, or equipment fund	0	30	0
SS	31	Remark earnings, endowment, accumulated income, or other funds	0	31	0
et/	32	Tc '' rissets or fund balances	(1,284,020)	32	(1,564,747)
ž	33	Tc lities and net assets/fund balances	152,098	33	156,811
		·			Form <b>990</b> (2019)

Page	1	2

	00 (20.0)				· •	9° •—
Par	XIº Rec	onciliation of Net Assets				
		ck if Schedule O contains a response or note to any line in this Part XI		<u></u>	• :	
1	Total reve	nue (must equal Part VIII, column (A), line 12)	1		(77	7,018)
2	Total expe	enses (must equal Part IX, column (A), line 25)	2		20	5,809
3	<b>Reven</b> ue 1	Uss expenses. Subtract line 2 from line 1	3		(282	2,827)
4	Net asset	s or fund balances at beginning of year (must equal Part X, line 32, column (A)) [	4		(1,28	4,020
5	Net unrea	lized gains (losses) on investments	5			0
6	Donated s	servi <b>ces and use of facilities</b>	6_			0
7	Investmen	nt expenses	7			0
8	Prior pc.	! adjustments	8			2,100
9	Other cl	ges in net assets or fund balances (explain on Schedule O) [	9			0
10	Net ass	or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, colu ·	) (B))	10		(1,564	1,747)
Part	XII Fio	acial Statements and Reporting				
	Ct	k if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
					Yes	No
1	Accounting	🔾 method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🔲 Other				ia.
	If the G	auzation changed its method of accounting from a prior year or checked "Other," ex	plain i	in 🚛		
	Schedu-	)				
2a	Were i!	$\cdot$ ganization's financial statements compiled or reviewed by an independent accountant? $\cdot$		2a		✓_
	If "Yes,	eck a box below to indicate whether the financial statements for the year were com	piled o	or <b>I</b>		
	reviev	a separate basis, consolidated basis, or both.				
	☐ Septir	basis Consolidated basis Both consolidated and separate basis				
b	Were th	ganization's financial statements audited by an independent accountant?		2b		✓_
	If "Yes,"	heck a box below to indicate whether the financial statements for the year were audit	ed on	a L		
	separat	isis, consolidated basis, or both:		23	155	* ¥
	🗌 Sepե	pasis Consolidated basis Both consolidated and separate basis			4.5	
С	If "Yes	ne 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsight o	of		
	the au	view, or compilation of its financial statements and selection of an independent accountai	nt? .	2 <u>c</u>	}	
	If the o	zation changed either its oversight process or selection process during the tax year, ex	plaın o	n 💮		
	<b>Sch</b> ec		-			. ,3,
За	As a re	of a federal award, was the organization required to undergo an audit or audits as set for	th in th	ie		
	Single /	: Act and OMB Circular A-133?		3a		✓
b	If "Yes,	the organization undergo the required audit or audits? If the organization did not under	ergo th	ie 🗔		
	require::	at or audits, explain why on Schedule O and describe any steps taken to undergo such at		3b		
				Form	990	(2019)

## **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

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. Open to Public Inspection

Name	Name of the organization Employer identification number						
Urbi et Orbi Communications, Inc. 61-1238135  Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
_			<u></u>				ons.
The 6 1 2 3 4	organization is not a private founda  A church, convention of churc  A school described in section  A hospital or a cooperative ho  A medical research organization hospital's name, city, and state	thes, or associat 170(b)(1)(A)(ii). spital service or on operated in c	ion of churches descr (Attach Schedule E (F ganization described i	ribed in se Form 990 in section	ection 17 or 990-E n 170(b)(	70(b)(1)(A)(i). Z).) 1)(A)(iii).	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operate	ed by a government	tal unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	☐ A community trust described i	n section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	int college of agi	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fu t income and un	inctions—subject to c irelated business taxa	ertain exe ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	☐ An organization organized and	d operated exclu	sively to test for publi	c safety.	See <b>sect</b>	ion 509(a)(4).	
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organization	ons described in sect	ion 509(a	i)(1) or se	e <mark>ction 509(a)(2).</mark> Se	e section 509(a)(3).
а	Type I. A supporting organ the supported organization supporting organization. You	n(s) the power to	regularly appoint or e	elect a ma	jority of t		
b	Type II. A supporting organ control or management of organization(s). You must	the supporting of	organization vested in	the same			
С	Type III functionally integ its supported organization(						ally integrated with,
d	Type III non-functionally integrated that is not functionally integrequirement (see instruction)	grated The orga	inization generally mu	st satisfy	a distribu	ution requirement an	
е	Check this box if the organ functionally integrated, or ?						e II, Type III
f	Enter the number of supported of	•					[]
g	Provide the following information  (i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(i) Name or supported organization	(11) 2114	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)		_					
(C)							
(D)							
(E)							
Total		THE PERSON					

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

(Gomplete 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	,		'			
_	received. (Do not include any "unusual grants.")	178,074	225,798	330,277	229,498	203,033	1,166,680
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	252,430	207,812	225,854	184,296	165,556	1,035,948
3	Gross receipts from activities that are not an	ľ		ł		·	
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the					1	
	organization's benefit and either paid to					j	
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities					ł	
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	430,504	433,610	556,131	413,794	368,589	2.202,628
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				İ		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	45.55	24.74	22.24			
	·	40,000	84,513	82,341	47,000	18,500	272,354
	Add lines 7a and 7b	40,000	84,513	82,341	47,000	18,500	272,354
8	<b>Public support.</b> (Subtract line 7c from line 6.)	ř				ا بسوم <sub>ت</sub> ا	
Secti	on B. Total Support						1,930,274
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	430,504	433,610	556,131	413,794	368,589	2,202,628
10a	Gross income from interest, dividends,	400,504	400,010		410,734	000,505	2,202,020
,,,,	payments received on securities loans, rents,						
	royalties, and income from similar sources .	14	8	13	15	14	64
b	Unrelated business taxable income (less			<u>-</u>			
	section 511 taxes) from businesses	ĺ	1	ĺ	1		
	acquired after June 30, 1975	0	o	o	o	o	0
С	Add lines 10a and 10b	14	8	13	15	14	64
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	ol	o	o	o	o	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	39,223	29,854	21,088	12,579	9,541	112,285
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	469,741	463,472	577,232	426,388	378,144	2,314,977
14	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop her				· · · · ·	<u> </u>	· · <b>&gt;</b> 🗆
	on C. Computation of Public Suppor			<del></del>		<del></del>	
15	Public support percentage for 2019 (line 8	* * * * * * * * * * * * * * * * * * * *	•			15	83.38 %
16	Public support percentage from 2018 Sch			<del></del>	· · <u>· · · · · · · · · · · · · · · · · </u>	16	78.16 %
	on D. Computation of Investment Inc					47	- 0/
17	Investment income percentage for 2019 (I			-		17	0 %
18	Investment income percentage from 2018					18	0 %
19a	331/3% support tests—2019. If the organi						
L	17 is not more than 33½%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .						
b							
00		•	-		•		
20	Private foundation. If the organization die	u not check a b	ox on line 14,	ısa, or 190, ci	IECK THIS DOX	and see instruc	uons 🕨 🔲

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.
	······································
	······································
•	

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

Department of the Treasury Internal Revenue Service

Name of the organization

## 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.

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

OMB No 1545-0047

Open to Public Inspection

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, fundraising 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 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.