732001 11-28-17

EXTENDED TO AUGUST 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

OMB No 1545-0047

Interr	al Reven	ue Service	► Go to www.irs.gov/Form990 f	or instructions a	and the late		<u> </u>	Inspection
A F	or the	2017 calenda	r year, or tax year beginning $OCT 1$,	2017 an	nd ending	SEP 30, 2	2018	
B	heck if	C Name of	organization		· ·	D Employer i	dentific	ation number
a	heck if pplicable		AMERICAN CATHOLIC EDUC	TATTONAL				
	Addres		RAMMING FOUNDATION, INC.					
늗	_]change ∏Name					⊣ -	22 20	122456
\vdash	_∫change ∏Initial		siness as		T	-)32456
느	return	1	and street (or P.O. box if mail is not delivered to stre	et address)	Room/sui			
	Final return/ termin-		HARTFORD AVENUE			(401)	934-1100
	ated	City or to	wn, state or province, country, and ZIP or forei	gn postal code		G Gross receipts	\$	18,397,154.
L	Amendo	1 OCITIVE	STON, RI 02919			H(a) Is this a g	roup ret	.urn
	Applica	F Name ar	d address of principal officer JOHN PRIM	1EAU		for subor	dinates?	Yes X No
	pending	⁹ 2419 1	HARTFORD AVENUE, JOHNSTO	\mathbf{N} , \mathbf{RI} 0:	2919	H(b) Are all subor	dinates inc	cluded? Yes No
T	ax-exe	mpt status	501(c)(3)	o.) 4947(a)(1	1) or 5	If "No," a	ttach a li	ist (see instructions)
JV	Vebsite		NACEPF.NET	1		プ H(c) Group ex		
		organization:		Other -	L Ye			State of legal domicile RI
		Summary						
			the organization's mission or most significant	activities PRO	VIDES	EDUCATION	JAT. A	ND
ခ္ခ			JS PROGRAMMING AND BROAD					
ğ	-		. 1 1					
Governance		Check this box	3		oosea of mo	ore than 25% of its	1 1	sets 3
é			ng members of the governing body (Part VI, line	•			3	
જ			ependent voting members of the governing boo		o)		4	
ies	5 T	Total number o	f individuals employed in calendar year 2017 (F	Part V, line 2a)			5	32
Activities &	6 T	Total number o	f volunteers (estimate if necessary)				6	0
Ç	7 a T	Total unrelated	business revenue from Part VIII, column (C), lir	ne 12			7a	0.
	ь١	Net unrelated b	ousiness taxable income from Form 990-T, line	34			7b	0.
						Prior Year		Current Year
ø	8 (Contributions a	ind grants (Part VIII, line 1h)		\ [· · ·	0.	0.
Revenue	9 F	Program servic	e revenue (Part VIII, line 2g) ome (Part VIII, column (A), lines 3, Ram 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	IVED	l L	11,822,3	302.	11,956,552.
e ve	10 li	nvestment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)	78	I	829,9	52.	1,148,259.
ď	11 (Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	nd 11e).) \ [·	0.	0.
	12 T	Cotal revenue -	add lines 8 through 11 (must equal Field VIII)	1 m2 019 makes	<i>₀\</i>	12,652,2	254.	13,104,811.
_	13 (Cranto and our	ilar amounts paid (Part IX, country (A), lines 1-3	Sauria (Ay, line lie)		3,240,6		2,873,402.
	14 E	Donofte paid t	or for members (Part IV solution (A) times 1-0	TITE	<u>.</u>	0,210,0	0.	0.
	45 0	Sellellis palu t	o or for members (Part IX, column (A) line To	EN, U		1,375,6		1,644,965.
Expenses	15 5	salaries, other	compensation, employee benefits (Fart a, eol.	<u>ma (/+), lines 5-10</u>	"	1,3/3,0	0.	1,044,000.
ë:	1		ndraising fees (Part IX, column (A), line 11e)		_ ^ -	-	- ' 	<u></u>
꼾			g expenses (Part IX, column (D), line 25)		0.	2 012 0	77-	2 724 202
	i	•	s (Part IX, column (A), lines 11a-11d, 11f-24e)		-	3,012,9		3,734,293.
	18 T	Total expenses	Add lines 13-17 (must equal Part IX, column (A), line 25)	_	7,629,2		8,252,660.
		Revenue less e	xpenses Subtract line 18 from line 12			5,022,9		4,852,151.
t Assets or nd Balances						Beginning of Curren		End of Year
sets	20 T	Total assets (P	art X, line 16)			80,139,1		82,197,807.
AB BBA	21 T	Total liabilities	Part X, line 26)			19,538,9		18,511,362.
Fig.		Net assets or f	und balances Subtract line 21 from line 20			60,600,1	.97.	63,686,445.
	rt II	Signature	Block					
Und	er penali	ties of perjury, I	declare that I have examined this return, including ac	companying schedu	ules and state	ements, and to the bo	est of my	knowledge and belief, it is
	-		Declaration of preparer (other than officer) is based o					
		<u> </u>				1		
Sign	.	Signature	of officer	- /) Date	0-15	5-2019
Her		TOHN	PRIMEAU, PRESIDENT	talla	1-2	~ !~. ~~~~	0 /0	, 2019
nei	·		int name and title	$\overline{}$				
	-+	7 - 77 - 7		· · · · · · · · · · · · · · · · · · ·		Date	Check X	C PTIN
D-!-		Print/Type prep	arer's name	signature	ממל בשנו	I I		- □
Paid	- +	CHRISTO				08/15/19		P00189632
	- F	Firm's name		TEKONI,	LLP	Firm's	FIN >	05-0479760
Use	Only	Firm's address						
			EAST ROVIDENCE, RI 02	2915		Phone	no.401	L-272-9100
May	the IR	S discuss this	return with the preparer shown above? (see in	structions)				X Yes No
	01 11-28		or Paperwork Reduction Act Notice, see the		ctions.			Form 990 (2017)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	NORTH AMERICAN CATHOLIC EDUCATIONAL		
Form	990 (2017) PROGRAMMING FOUNDATION, INC.	22-3032456	Page 2
	rt III Statement of Program Service Accomplishments		. - 3
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission	40001	
	NACEPF'S EDUCATIONAL BROADBAND SERVICE ("EBS" 47 CFR 27		1010
	FORMERLY TERMED INSTRUCTIONAL TELEVISION FIXED SERVICE 74.901), PROVIDES EDUCATIONAL AND RELIGIOUS PROGRAMMING	·	FR
	74.901), PROVIDES EDUCATIONAL AND RELIGIOUS PROGRAMMING ACCESS SERVICES TO SCHOOLS, LIBRARIES, HEALTH, HOUSING		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	XYes	□ No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	and
	revenue, if any, for each program service reported		F 2 0 .
4a	(Code PROVIDED HIGH-SPEED, FREE OR LOW-COST, MOBILE BROADBAND	9,795,	<u>530.</u>)
	ANCHORS INSTITUTIONS, INCLUDING THE SCHOOLS, LIBRARIES,		
	SOCIAL WELFARE AND HEALTHCARE ORGANIZATIONS THAT PROVIDE		TCES
	TO THEIR COMMUNITIES EVERY DAY. THROUGH THIS BROADBAND		
	ORGANIZATIONS INCREASED EDUCATIONAL AND WORKFORCE DEVEL		
	OPPORTUNITIES, DIGITAL LITERACY, AND BROADBAND AVAILABI		
	METROPOLITAN AND RURAL LOCALITIES TO HELP BRIDGE THE DI	GITAL DIVIDE	•
45	(Code) (Expenses \$ 1,268,805. including grants of \$ 578,760.) (Reven	1,047,	720.
4b	(Code) (Expenses \$ 1,268,805 including grants of \$ 578,760) (Reventional Reventional Revention Reventional Revention Reventi		′
	DIGITAL WISH PROVIDED SCHOOLS, LIBRARIES, AND 501(C)(3)	NONPROFITS	
	THROUGHOUT THE UNITED STATES WITH MORE THAN 8,700 FREE	4G LTE HOTSP	OTS.
	WITH THESE DONATED DEVICES AND REDUCED-COST INTERNET AC	CESS, THESE	
	01.012(22)1120110 1120 1110 1110 1110 1110 1110	ULFILL THEIR	
	MISSIONS, EXPAND PROGRAM SERVICES IN THEIR COMMUNITIES,		
	THEIR CONSTITUENTS WHO OTHERWISE LACKED ACCESS TO TECHN	OLOGY.	
		·	
4c	(Code) (Expenses \$ 1,021,378. including grants of \$ 70,260.) (Reven	ue \$ 1,061,	529·)
	MOBILE BEACON AND NATIONAL DIGITAL INCLUSION NONPROFIT		
	BRIDGING THE GAP PROGRAM PROVIDES AFFORDABLE REFURBISHE		AND
	UNCAPPED, HIGH-SPEED INTERNET ACCESS TO QUALIFYING INDI		
	FAMILIES BELOW THE 200% POVERTY LINE. THIS YEAR, 14 NE		OTNO
	HOUSING AUTHORITIES, LITERACY PROVIDERS, AND NONPROFITS THE GAP PARTNERS AND DISTRIBUTED 728 LAPTOPS AND 323 MO		
	LOW-INCOME STUDENTS AND FAMILIES IN DENVER AND LA JUNTA		
	TX; AND SALT LAKE CITY, UT. NATIONALLY, THIS PROGRAM PR		,
	INTERNET ACCESS TO 33,621 LOW-INCOME INDIVIDUALS AND FA		
	HELPED CLOSE THE "HOMEWORK GAP" FOR 17,033 SCHOOL-AGE S		
4d			
	(Expenses \$ 1,805,748 • including grants of \$ 1,339,000 •) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 7,406,386.		
		Form 9	90 (2017)

Form **990** (2017)

PROGRAMMING FOUNDATION.

	t IV Checklist of Required Schedules			age o
- 41	The officerist of frequired octionalies		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		Х
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		X
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		X
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		X
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_		<u>X</u>
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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,		х	
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	-11	
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			17
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	L	X

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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

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

1c and 8a? If "Yes," complete Schedule G, Part II

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>
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_		Х
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	1		ĺ
	Schedule J	23	Х	
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			Į
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١.,		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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		X
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)	_		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		x
00	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		 ^
32	Schedule N, Part II	32		x
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	Х	
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l	1	
	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?			l
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		17
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		X	
	Note. All Form 990 filers are required to complete Schedule O	38	990	(2017

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Form 990 (2017) PROGRAMMING FOUNDATION, INC.

Part V. Statements Regarding Other IRS Filings and Tax Compliance

, çç	Check if Schedule O contains a response or note to any line in this Part V				\Box
		· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_{1a} 16	.£? <u>`</u> ĝ'≒	.(.,.,	``r.'],
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	15		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming		er. Selven	
	(gambling) winnings to prize winners?	, -	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Į, (Š.	\$ 3
	filed for the calendar year ending with or within the year covered by this return	2a 32		500 Hz	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	دوندن الم المستشيرة الم		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country		(4:	1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b		Х
	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 to	ne organization solicit			х
	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributive not tax deductible?	tions or girts	6b		
7.	Organizations that may receive deductible contributions under section 170(c).		4.37	₹5×(-	'yan's
′ . а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	-	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	release provided to the payor	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	<u> </u>		
Ū	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d '	:1.5	1,5	,1-5, 7, 8
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e	Non-statements.	_absolution(st.tx)
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8 🖔	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	************		اشتنا
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		in in the second		2012 E
а	Did the sponsoring organization make any taxable distributions under section 4966?	•	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	3627-1115	87.38
10	Section 501(c)(7) organizations. Enter	11			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		252	
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	_{11a}			2 . ž
a	Gross income from other sources (Do not net amounts due or paid to other sources against	114		v_{i}	
b	amounts due or received from them)	11b	24.10	المراث المراث	
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		24
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ila,	437.7	72500
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Standy Standy	
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note. See the instructions for additional information the organization must report on Schedule O		2 1947 2017 30	\$1554	7. P.
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b		\$ 3.5 3.55	
c	Enter the amount of reserves on hand	13c	"\",		
l4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
ь	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu.	le O	14b	·	

Form 990 (2017)

PROGRAMMING FOUNDATION, INC.

22-3032456

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion 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 committee, explain in Schedule O.				•			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		2	,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	$\overline{}$	any other	7				
_	officer, director, trustee, or key employee?		,	2	X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	<u> </u>	-			
3	of officers, directors, or trustees, or key employees to a management company or other person?	ic and	ot supervision	3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form	aan w	as filed?	4		X		
4			as illed.	5		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	36131		6		X		
6	Did the organization have members or stockholders?			1		 		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockn	olders, or	l	1	v		
	persons other than the governing body?			7b	-	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:	ļ				
a	The governing body?			₋ 8a	X	<i>-</i> -		
b	Each committee with authority to act on behalf of the governing body?			8b	Х	ļ		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	ļ	X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	e Code)			•		
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	rs, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		L <u>.</u>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risi	e to cor	iflicts?	12b				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," a	lescribe					
•	in Schedule O how this was done	•		12c				
13	Did the organization have a written whistleblower policy?			13		Х		
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndenendent		1	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		100p01100111					
~	The organization's CEO, Executive Director, or top management official			15a	X			
				15b	X			
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			100	† <u></u>	1		
10-	, , , , , , , , , , , , , , , , , , , ,	most.	with a		^			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	anent '	willia	46-	-	X		
	taxable entity during the year?	nta +-	nadioination	16a	+			
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the					j		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anızatı	on's	401				
	exempt status with respect to such arrangements?			16b	<u> </u>	Ļ		
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only) avaılal	ole			
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain		•					
19	9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 b	ooks a	nd records 🕨					
	JOHN R.PRIMEAU NACEPF INC (401)934-1100							
_	2419 HARTFORD AVENUE, JOHNSTON, RI 02919							
				Lorr	~ 000	/2017		

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and 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 · O· 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	nor any related	orga	anıza	ation	CO	mpe	nsat	ated any current officer, director, or trustee					
(A)	(B)		(C)					(D)	(E)	(F)			
Name and Title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of			
	week	-	T	Ī	I	J., 2 Q.	Γ	from	from related	other			
	(list any hours for	Irect						the organization	organizations (W-2/1099-MISC)	compensation from the			
	related	e or d	非			Saled		(W-2/1099-MISC)	(***271099****130)	organization			
	organizations	rruste	Į į		ag	mper		(** 2, 100000,		and related			
	below	Individual trustee or director	Institutional trustee	<u>.</u>	Key employee	stco	ا ا			organizations			
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form						
(1) JOHN PRIMEAU	60.00							1		0.5 54.0			
PRESIDENT, TREASURER & DIR	1	Х	<u> </u>	Х	<u> </u>	_	_	176,020.	0.	26,713.			
(2) BARBARA PRIMEAU	10.00	١.,		١,,				1	0.				
V. PRESIDENT, SECRETARY &	0.00	X	┢	Х	┢	┢	⊢	0.	0.	0.			
(3) IRENE PRIMEAU DIRECTOR	0.00	x		x				0.	0.	0.			
(4) KATHERINE MESSIER	47.00	^	\vdash	<u> </u>	├	┼	\vdash	0.	0.	- 0.			
(4) RATIBRING MEDDIER	47.00					х		142,158.	0.	21,324.			
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Form 990 (2017)

Forn	1 990 (2017) PROGRAMMI	ING FUUI	עעוי	AT.	TOI	Ν,	<u> 11</u>	.NC	•	22-3	034	450	Р	age o
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(6	C)			(D)	(E)		İ	(F)	
	Name and title	Average	///	not o	Pos		1 than	000	Reportable	Reportable		Es	stimate	∍d
		hours per	рох	, unle	ess pe	erson	is bot	th an	compensation	compensation	nc	an	nount	of
		week	offi	cer ar	nd a d	irect	or/trus	itee)	from	from related	j		other	
		(list any	ector						the	organization			pensa	
		hours for	ā	۰			EG EG		organization	(W-2/1099-MIS	3C)		om th	
		related	stee	ruste			pensal		(W-2/1099-MISC)			_	anızat	
		organizations below	al tru	臣		loyee	S 8						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensembles of the compense of the complex of the comple	Former				orga	anızatı	ons
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	· · · · · · · · · · · · · · · · · · ·		L	L	L	۰		╙	318,178.		0.	1	8,0	37
	Sub-total								310,170.		0. 1		0,0	0.
С		I, Section A						•	318,178.		0.		8,0	
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>		<u> </u>			0,0	3/.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) w	họ r	eceived more than \$100	0,000 of reportab	le			_
	compensation from the organization													2
											•		Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on	1			
	line 1a? If "Yes," complete Schedule J for si	uch individual									-	3		Х
4	For any individual listed on line 1a, is the su	ım of reportab	le co	qmc	ensa	atioi	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$150	0,000? If "Yes,	° co	mpl	ete S	Sch	edul	e J i	for such individual			4_	X	
5	Did any person listed on line 1a receive or a	ccrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	idual for services	; [
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	per	son		-			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of con	npens	ation	from	
•	the organization Report compensation for	•												
	(A)	Julianian y	J-41	u			J. 41	1	(B)	1		((2)	
	Name and business	address							Description of s	services	С	ompe		n
∓च	ONTA								,					
	BOX 66794 WASHINGTON	DC 204	በ፯፣	5 – 1	67	Q A			SOFTWARE DEV	TILODMENT		91	5.1	84

DAY PITNEY LLP 161,553. PO BOX 416234, BOSTON, MA 02241 LEGAL SERVICES FLETCHER, HEALD, HILDRETH, PLC, 1300 NORTH 17TH ST, 11TH FLR, ARLINGTON, VA 22209 COMPLETE STAFFING SOLUTIONS 127,563. LEGAL SERVICES TEMPORARY OFFICE HELP-EBS PROG. SERV 115,509. PO BOX 75343, CHICAGO, IL 60675-5343

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2017)

Page 9

.Р <u>а</u>	rt VII	Statement of Reven	ue					
		Check if Schedule O conta	ains a response	e or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
, Grants	1 a		1a 1b					
s, G	С		1c					
	d		1d					
حت⊊ا	е	Government grants (contribution	ons) 1e					
rSi	f	All other contributions, gifts, grants	s, and					
the		similar amounts not included abov	1 1					
d d	g	Noncash contributions included in lines	1a-1f \$					
Contributions and Other Sir	h	Total. Add lines 1a-1f		. •				
				Business Code	4976WXW953			FIGHT-MINI
ė	2 a	ITFS/EBS BROADBAND SPEC	TRUM	611710	8,027,680.	8,027,680.	`	
ه کّ	b	EBSA - MOBILE BEACON		611710	3,877,099.	3,877,099.		
Suna	С	TOWER RENT INCOME		900099	51,773.			51,773.
Program Service Revenue	d							
οg π	е							
ď.	f	All other program service rever	nue					
	9	Total. Add lines 2a-2f		▶	11,956,552.	的特殊的法	###\\-\\\###\\\	对都对他们确定
	3	Investment income (including of	dividends, inte	rest, and				
		other sımılar amounts)		▶	1,253,334.			1,253,334.
,	4	Income from investment of tax	exempt bond	proceeds 🕨				<u> </u>
,	5	Royalties		<u></u>	•			
		·	(ı) Real	(II) Personal				
	6 a	Gross rents ·						
	b	Less rental expenses						
	С	Rental income or (loss)		<u> </u>				200 C 100 C
	d	Net rental income or (loss)		<u>, </u>				7 2 7 4 200 20
	7 a	Gross amount from sales of ,	(i) Securities	(ii) Other				
		assets other than inventory	5,187,268	·				
	b	Less cost or other basis		,				
		and sales expenses	5,292,343					
	-с	` '	105,075	<u> </u>	GARLETTE STEEL		1227239	
	d	• ' '		<u>\</u> _	-105,075.	3 Nation (*C.) ago takan uma bayan (d.), an u	4.120 over file	-105,075.
enne	8 a	Gross income from fundraising including \$	events (not					
ě		contributions reported on line	1c) See	,				
Other Rev		Part IV, line 18	- 8					
듄		Less direct expenses	t	·			4000000	
		, ,			AN BUTTON NOTAL BUTTON STORY IT OF		w. K. Tálari naka wasii hite w	Charles William Towns Co.
	9 a	Gross income from gaming act	tivities See					
		Part IV, line 19		1				
		Less direct expenses	ŀ	· ————	5725755 AND 85			2.8992412 a.30
		Net income or (loss) from game	_	<u>.</u>	Fire, assessment formstate, res	" " " " " " " " " " " " " " " " " " "	a security total Character St	SALANCE CHICA LORGER C.
	10 a	Gross sales of inventory, less r	returns					
		and allowances						
		Less cost of goods sold	ı	·				
	С	Net income or (loss) from sales		<u> </u>	4/ Jacon 30/34 18/4 15 170/19/19 - 4	St. to to bet	The sent to be about the Sister	Level meriod
		Miscellaneous Revenue		Business Code				
	11 a						 	
	b		·		ļ. 	1	 	
	C						-	
	d	All other revenue			 	SELECTION CONTRACTOR OF THE	Elebation Streets	Special Caracter
	e				12 104 011	11 004 779	0.	1,200,032.
	12	Total revenue. See instructions.		<u> </u>	13,104,811.	11,904,779.	<u>. </u>	1,200,032.

Form 990 (2017) PROGRAMMING FOUNDATION, INC.
| Part IX | Statement of Functional Expenses

Do	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	· (A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	0 000 400	0.072.400		CAN DAME
	and domestic governments. See Part IV, line 21	2,873,402.	2,873,402.		My appropriate the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco
2	Grants and other assistance to domestic	*			
_	individuals See Part IV, line 22				TO THE SECOND STREET OF THE SECOND STREET
3	Grants and other assistance to foreign	,			
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	•			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			The section 120 and a Kind Chinastics	inches and a second train
•	trustees, and key employees	-318,178.	90,310.	227,868.	_
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	900,900.	623,716.	277,184.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	123,515.	72,344.	51,171.	
9	Other employee benefits	193,285.	113,209.	80,076.	
10	Payroll taxes	109,087.	.63,893.	45,194.	
11	Fees for services (non-employees)		,,		
	Management		1 503 500		
' b	Legal	1,583,502.		,	
, c	Accounting	25,750.	23,175.	2,575.	
, d	Lobbying		314 1301 S 214 1301	et and established	
e	Professional fundraising services. See Part IV, line 17		(भिक्षिति) से १ तका		
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,		•		•
g	column (A) amount, list line 11g expenses on Sch 0.)	210,956.	197,835.	13,121.	· .
12	Advertising and promotion	96,985.	87,794.	9,191.	
13	Office expenses	16,054.		8,930.	. 4
14	Information technology	832,373.	831,707.	666.	,
15	-Royalties	- He -	• ,		*
16	Occupancy *				•
17	Travel	. 36,005.	36,005.		
18	Payments of travel or entertainment expenses	,	4		
	for any federal, state, or local public officials	· •	1		,
19	Conferences, conventions, and meetings				
20	Interest		·	ļ	
21	Payments to affiliates	64 072	40 242	24 (21	
22	Depreciation, depletion, and amortization	64,973.	40,342.	24,631.	
23	Insurance	66,114.	22,253.	43,861.	to die profit in the transport of the field
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) LTE DEVICE PURCHASES	607,025.	607,025.	THE STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	7/2/12/4/4/2/1 - 1/4/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/
a b	UTILITIES/TELEPHONE	42,765.	20,207.	22,558.	
C	REPAIRS & MAINTENANCE	24,352.	20,593.	3,759.	,
d	FARMING ,	23,821.	23,821.	-,,,,,,,	
-	All other expenses	103,618.	68,129.	35,489.	
25	Total functional expenses. Add lines 1 through 24e	8,252,660.	7,406,386.	846,274.	0
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	Rart X Balance Sheet									
		Check if Schedule O contains a response or note to any line in this Part X			· []					
			(A) Beginning of year		(B) End of year					
_		<u> </u>	1	<u> </u>						
	1	Cash - non-interest-bearing	1,461,794.	1	2,137,903.					
	2	Savings and temporary cash investments	61,574,032.	2	63,007,619.					
	3	Pledges and grants receivable, net	224 252	3	202 507					
	4	Accounts receivable, net	324,352.	4	323,527.					
	5	Loans and other receivables from current and former officers, directors,		200						
•		trustees, key employees, and highest compensated employees Complete	<u> </u>	1200						
		Part II of Schedule L.	a a nay car? Wyrell now high after a year to so you	5	with the second state of A. C. Englished					
	6	Loans and other receivables from other disqualified persons (as defined under								
-		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing								
	Í.	employers and sponsoring organizations of section 501(c)(9) voluntary								
Assets	_	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6 7						
Ass	7	Notes and loans receivable, net	241,145.	8	171,260.					
	. 8	Inventories for sale or use	. 241,143.	9	171,200.					
	9	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other	SCHALLE LATING		MANAGER AND THE PROPERTY AND THE					
- 4	IUa	basis Complete Part VI of Schedule D 10a 2,911,474.								
•	١,	Less accumulated depreciation 10b 1,424,940.	1,539,777.	10c	1,486,534.					
	11	Investments - publicly traded securities	5,117,198.	11	5,117,198.					
2	12	Investments - other securities See Part IV, line 11	9,136,272.	12	8,709,951.					
· 35	13	Investments - program-related See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	` ` `					
1	14	Intangible assets * *		14	,					
٠, إ	15	Other assets See Part IV, line 11	744,607.	15	1,243,815.					
7	16	Total assets. Add lines 1 through 15 (must equal line 34)	80,139,177.	16	82,197,807.					
7	17	Accounts payable and accrued expenses	1,375.	17	7,095.					
٠,	18	Grants payable		18						
	19	Deferred revenue	19,537,605.	19	18,504,267.					
1.	20	Tax-exempt bond liabilities	٠,	·20						
	21	Escrow or custodial account liability Complete Part IV of Schedule D	•	21						
ès	22	Loans and other payables to current and former officers, directors, trustees,								
∄	1	key employees, highest compensated employees, and disqualified persons		نستشته						
Liabilities		Complete Part II of Schedule L		' 22	<u> </u>					
٠, ٣.	- 23	Secured mortgages and notes payable to unrelated third parties		23	*					
-	24	Unsecured notes and loans payable to unrelated third parties	' •	24						
•	25	Other liabilities (including federal income tax, payables to related third			,					
	1	parties, and other liabilities not included on lines 17-24) Complete Part X of	,							
	1	Schedule D	19,538,980.	25 26	18,511,362.					
	26	Total liabilities. Add lines 17 through 25	TO, JOO, JOU.	20 (#7)	NY A STOREM NO AMAGE					
		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.								
ĕ	0.7	•		27						
<u>la</u>	27	Unrestricted net assets Temporarily restricted net assets		28	'					
Ba	28	Permanently restricted net assets	<u> </u>	29	,					
Š	29,	Organizations that do not follow SFAS 117 (ASC 958), check here	CONTRACTOR OF THE	33.45	4 *\$TY\$P\$\$\$ (1) \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$					
ř		and complete lines 30 through 34.								
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0.	30	• 0.					
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	. 0.					
Ä	. 32	Retained earnings, endowment, accumulated income, or other funds	60,600,197.		63,686,445.					
Š	33	Total net assets or fund balances	60,600,197.	33	63,686,445.					
-	34	Total liabilities and net assets/fund balances	80,139,177.	34	82,197,807.					
		• • • • • • • • • • • • • • • • • • • •			Form 990 (2017)					

Form **990** (2017)

Form	990 (2017) PROGRAMMING FOUNDATION, INC.	22-	303245	6	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,811
2	Total expenses (must equal Part IX, column (A), line 25)	2			,660.
3	Revenue less expenses Subtract line 2 from line 1	3	4,8	352	,151.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,6	00	,197.
5	Net unrealized gains (losses) on investments	5	-1,7	765	,903.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	_		
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	63,6	86	,445.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Y	es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	_ _	_ _	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	·	Т	
	separate basis, consolidated basis, or both				- 1
	Separate basis Consolidated basis Both consolidated and separate basis			_ _	_
b	Were the organization's financial statements audited by an independent accountant?		2	ь	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both		1	- 1	
	Separate basis Consolidated basis Both consolidated and separate basis		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	_	_ _	_
	review, or compilation of its financial statements and selection of an independent accountant?		2	:c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	rt		
	Act and OMB Circular A-133?		3	a	X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Employer identification number NORTH AMERICAN CATHOLIC EDUCATIONAL Name of the organization 22-3032456 PROGRAMMING FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part) See instructions Part I 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)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R 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 10 X An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 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, 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 f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Total

22-3032456 Page 2 Schedule A (Form 990 or 990 EZ) 2017 PROGRAMMING FOUNDATION, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 ' (e) 2017 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f), 6 Public support. Subtract line 5 from line Section B. Total Support (e) 2017 Calendar year (or fiscal year beginning in) (c) 2015 (d) 2016 (f) Total (a) 20131 (b) 2014 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017/(line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 20/16. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

2022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 PROGRAMMING FOUNDATION, INC.

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)

Called year leginning in P (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total membership fees received (Do not incide any numbership	Se	ction A. Public Support						
membership fees received (Do not include any Funusual grants?) 2 Gross receipts from advises of the company activity that is related to the organization's take-exempt purpose 3 Gross receipts from advises that are not an unrelated trade or bus mess under section 513 4 Tax revenues leved for the organization's take-exempt purpose that are not an unrelated trade or bus mess under section 513 5 The value of services or facilities furnished in the organization's benefit and either paid to or expended on its behalf 5 7 Revenues leved for the organization's braid of the organization's benefit and either paid to or expended on its behalf 5 7 Revenues leved for the organization's braid of the organization's benefit and either paid to organization's braid of the organization without charge 6 7 Revenues leved for miss qualities for the organization's braid of the organization without charge 6 8 Total. Add lines 1 through 5 7 Revenues leved for miss qualities for missing the organization without charge 6 9 Add lines 12 and 3 Treewed from disqualified persons by an acceptance of missing the part of the organization without charge 6 9 Add lines 12 and 3 Treewed from disqualified persons by a sense value of missing the part of the organization without charge 6 9 Amounts included on him 12 and 3 Treewed from sense received on securities levels and organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organ	Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Corporation from decided any fundable grants 2 2 2 2 2 2 2 2 2	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, menthandles sold or servores per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activates that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's tender and either paid to or expended on its behalf 5 The value of services or solidities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts from lines 2 and 7 to 8 Public support. (§§§§§§§§§§§§§§§§§§§§§§§§§§§§§§§§§§§§		membership fees received (Do not	1					
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization is tax-exempt purpose of the organization is tax-exempt purpose or activate that are not an unrelated trade or business under section 513 4. Tax reviews lewed for the organization's tendency or the organization without charge of the organization without charge of the organization without charge of Total. Add lines 1 through 5 5. The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 5. The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 5. The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 7. 806, 450. 8, 221, 780. 11, 274, 160. 11, 922, 302. 11, 956, 552. 51, 081, 244. 7. 806, 450. 8, 221, 780. 11, 274, 160. 12, 922, 302. 11, 956, 552. 51, 081, 244. 9. Amounts founded on lines 2 and 3 reviews from white the discussified persons in the size of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the pag		include any "unusual grants ")						
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section \$13	2	Gross receipts from admissions,			·			
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Example Part Par		iness under section 513		!				
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiz	ation	
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	20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see in:	structions	▶□

Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A, and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A and D, and Sections A

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations		.,	
		19.00 to 19.00	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		. 1000	لنحثت
	class or purpose, describe the designation If historic and continuing relationship, explain	1	748.80 C	>**\$C>5-1
2	Did the organization have any supported organization that does not have an IRS determination of status		*	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		T. C.	لقشا
	organization was described in section 509(a)(1) or (2)	2 20000000	. d.m.r	icen M
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	1955I	
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			التنفش
	organization made the determination •	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	THE STATE	11.50	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		7 847 A	
-	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	_Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		Tang of	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
Ċ	Did the organization support any foreign supported organization that does not have an IRS determination		ii guli	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	280 F 23	19	1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		100
•	purposes ,	4c		
. 5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1043	No.	500
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			13.21
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		* 35,44	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		Zi ji j	
٠.	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c ·		
6	· Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	March State		3.1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	<u> 1977 - 1</u>	د. مستسس	
	Part VI.	6		<u>.</u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	W-15		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1	A STANK	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	Willer.		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	William I	100 S	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	100		أننسلط
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	<u> </u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		بر ۱۳۰۰ مارستان	PE
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	35607	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1000	100 mg/mg/s/	**************************************
	supporting organizations)? If "Yes," answer 10b below	10a		L
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	121.	3 3.5	

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10b

determine whether the organization had excess business holdings)

	ddig 71 (1 chin 600 di 600 EE) 2017	2-30	3245	o Pa	age 5
Pai	Supporting Organizations (continued)			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		SPA-N-78	Tes Graff	#(10%)
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)				20,000
ű	below, the governing body of a supported organization?		11a	Maniad Chi.	at the second second
b.	A family member of a person described in (a) above?		11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		11c		
	tion B. Type I Supporting Organizations				
				Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				
	controlled the organization's activities. If the organization had more than one supported organization,			1974. 12.00	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		النفستان الأنات	","-dil' 2	1831 2° (
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		1 35.63 %31	V=(,)	~L24 + 11
2	Did the organization operate for the benefit of any supported organization other than the supported			****	, Gg,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		建新疆	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	183
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		<u> </u>	٦	أشتشت
800	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations				
<u> </u>	don o. Type it oupporting organizations		•	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		816.55E	iggs.	वें हैं ज़िल् क्षेत्र के कि
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				of managed
	or management of the supporting organization was vested in the same persons that controlled or managed				uking
	the supported organization(s)		1	and deposition	A discounting
Sec	tion D. All Type III Supporting Organizations				,
*	,	•		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			11/2 11/4 14/4 14/4 14/4	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	_			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	٠,	20077	, , , , , , , , , , , , , , , , , , ,	
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	,			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	Harrier Harris	
,	the organization maintained a close and continuous working relationship with the supported organization(s)		2		24 NS Z
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
نبد	significant voice in the organization's investment policies and in directing the use of the organization's	- ,		,wi	3
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1000	سنشند
	supported organizations played in this regard		3		<u> </u>
	tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instru	· otiono		•	
1	The organization satisfied the Activities Test. Complete line 2 below	icuons	. , ,		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below				
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ıns	tructions	3)	
2	Activities Test Answer (a) and (b) below.	(Yes	No
' a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1818483	(1,12 f.2)	144.3
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	•			1, 20
	those supported organizations and explain how these activities directly furthered their exempt purposes,		2.24		12, 13
	how the organization was responsive to those supported organizations, and how the organization determined			Augustus S	irii.
	that these activities constituted substantially all of its activities		2a		
b			机花纹		物質
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				
	reasons for the organization's position that its supported organization(s) would have engaged in these			ار آوار. شنست	V. 15
	activities but for the organization's involvement		2b	L	
3	Parent of Supported Organizations Answer (a) and (b) below.			÷ 1.7	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>		
	trustees of each of the supported organizations? Provide details in Part VI.		3a	32.	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		تعلقاً.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		3b	<u> </u>	1

	edule A (Form 990 or 990-EZ) 2017 PROGRAMMING FOUNDATION,			2-3032456 Page 6
C. 2 (2	rt.V. Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. All
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	omplete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		<u> </u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	† <u> </u>		
·	collection of gross income or for management, conservation, or			`
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		··
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		an ingeritaria
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b	,	
	Fair_market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	-	
	Discount claimed for blockage or other	544.1	COMPANY OF THE SECOND	10: 11: 12: 12: 12: 13: 13: 13: 13: 13: 13: 13: 13: 13: 13
-	factors (explain in detail in Part VI)	1 4 2		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	- 		
•	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
-1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	告稿: 2011人/1988	
4	Enter greater of line 2 or line 3	4	Maria Caraga	
5	Income tax imposed in prior year	5	THE SAME WAS THE	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integr	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017 PROGRAMMING FOUNDATION, INC. 22-3032456 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 SASPECATOR MERCULYNIA Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 经对数据的数据的 **《新华山本語》 过近多级四年公開物 b** From 2013 EAST TO THE PROPERTY OF THE PARTY (图图图 7.16点 电图像标准电影**点 c From 2014 NO CHARLOS PLANTS d From 2015 e From 2016 Total of lines 3a through e 置的"好性"和"的"是 A.C.T. C. (数字类)、2.C.C. (2) g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) HANGE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, Market Albert California (19 ,a Applied to underdistributions of prior years TOUR HOUSE PROPERTY OF THE TOUR OF THE - b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j and 4c 建物和种种性的 **国的证明的数据的证明** Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION INC.

	(Form 990 or 990-EZ) 2017 PROGRAMMING FOUNDATION, INC.	22-3032456 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for	t II, line 17a or 17b, Part III, line 12, tton B, lines 1 and 2, Part IV, Section C, I, line 1, Part V, Section B, line 1e, Part V,
	(See instructions)	
	•	
J		
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•		,
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

NORTH AMERICAN CATHOLIC EDUCATIONAL

Open to Public Inspection **Employer identification number**

PROGRAMMING FOUNDATION, 22-3032456 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Vac Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 」Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule D (Form 990) 2017

Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued)			MING FOUND							<u> 32456</u>	
collect all that apply a Public exhibition d Loan or exchange programs Scholarly research Collections and explain how they further the organization's exempt purpose in Part XIII Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assests to be sed for uses funds rather than to be maintained as part of the organization's collection? Yes No	Pai	t III Organizations Maintaining C	Collections of Ar	t, Hist	torical Tr	easures, c	r Other	Simil	ar Asse	ts(continu	ied)
a Public exhibition d	3	Using the organization's acquisition, access	on, and other record	is, checl	k any of the	following that	t are a sig	nıfıcant	use of its	collection	items
b Scholarly research e		(check all that apply)									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It 'Yes,' explain the arrangement in Part XIII and complete the following table C Beginning balance C Beginning balance C Beginning balance 1 Ending balance 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII 1 Beginning of year balance 1 Contributions 1 Beginning of year balance 2 Provide the estimated percentage of the current year (b) Prior year (c) Two years back (d) Three years back (e) Foir years back 1 Administrative expenses G End of year balance 2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as 3 Board designated or quasizations 4 Administrative expenses G End of year balance 5 C Temporary restricted endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by in related organizations 1 In Jand, Buildings, and Equipment. Complete if the organizations listed as required on Schedule P? 1 Describe in Part XIII the intended uses of the organizati	а	Public exhibition	d		Loan or exc	hange progra	ms				
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 913,113. 913,113. b Buildings 842,820. 420,624. 422,196. c Leasehold improvements 922,997. 882,512. 40,485. e Other 232,544. 121,804. 110,740.	D _	,,,,	•							30	
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Schedule D (Form 990) 2017

PROGRAMMING FOUNDATION, INC. 22-3032456 Page 3 Schedule, D (Form 990) 2017 Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) MUTUAL FUND END-OF-YEAR MARKET VALUE 8,709,951. (B) (C) (D) (E) (F) (G) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 8,709:951 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value (a) Description of investment (b) Book value (1)(2)(3) (4)(5)(6)(7)(8)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1)(2) (3)(5)(6)(7)(8)Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value Federal income taxes (2) (3)(4)(5) (6)(7)(8)

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII L

Schedule D (Form 990) 2017

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

PROGRAMMING FOUNDATION, INC. 22-3032456 Page 4 Schedule, D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No 1545-9047

Employer identification number 22–3032456

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection NORTH AMERICAN CATHOLIC EDUCATIONAL INC. PROGRAMMING FOUNDATION, General Information on Grants and Assistance Name of the organization Part

ş X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance? Part II

recipient that received more than \$5,000 Part II can be dupl	\$5,000 Part II can	be duplicated if additi	icated if additional space is needed	led			•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BUILDON INC 800 LONG RIDGE RD. 2ND FLR							CONSTRUCTED 10 SCHOOLS IN
STAMFORD, CT 06902	22-3128648		304,000.	0			6 DEVELOPING COUNTRIES.
BUILDON INC							PROVIDED SERVICE-LEARNING PROGRAMMING FOR ONE YEAR THE TANNED CITES
STAMFORD, CT 06902	22-3128648		35,000.	0.			HIGH SCHOOLS IN THE US.
HOLY GHOST FATHERS 48/49 37TH STREET LONG ISLAND, NY 11101	11-2424823		43,314.	0.			TO PROMOTE PROGRAMMING CONGRUENT WITH OUR MISSION
ST PATRICK ACADEMY 244 SMITH STREET PROVIDENCE, RI 02908	05-0259044		253,107.	0.			TO SUPPORT THE TECHNOLOGY AND EDUCATION NEEDS OF THE SCHOOL
MISSION DOCTORS ASSOCIATION 3435 WILSHIRE BLVD SUITE 1940 LOS ANGELES, CA 90010	95-6110132		24,000.	0.			TO PROMOTE PROGRAMMING CONGRUENT WITH OUR MISSION
HOLY UNION SISTERS PO BOX 410 MILTON, MA 02186	04-2313420		30,847.	.0			TO PROMOTE PROGRAMMING CONGRUENT WITH OUR MISSION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	ie line 1 table				36.

Enter total number of section 501 (c)(3) and government organizations listed in the
 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION, INC. Schedule I (Form 990)

Page 1

22-3032456

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Orgar	nizations in the Ur	ited States (Sche	dule I (Form 990), Par	t II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY FAMILY HOME							TO HELP HOMELESS WOMEN & CHILDREN GAIN ACCESS TO
979 BRANCH AVE							SAFE HOUSING, EDUCATION,
PROVIDENCE, RI 02904	05-0258952		251,000.	0.			
ST. AUGUSTINE CHURCH 635 MOUNT PLEASANT AVE							TO PROMOTE PROGRAMMING CONGRUENT WITH OUR
PROVIDENCE, RI 02908	05-0342670	, t	27,000.	0.			MISSION
CHRISTIAN BROTHERS CONFERENCE							TO PROMOTE PROGRAMMING CONGRUENT WITH OUR
WASHINGTON, DC 20017	36-2671613		85,000.	0.			MISSION
COURAGE INTERNATIONAL INC 8 LEONARD STREET NORWALK, CT 06850	80-0615570		15,000.	0.			TO PROMOTE PROGRAMMING CONGRUENT WITH OUR MISSION
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON ST BALTIMORE, MD 21201	13-5563422		60,000.	0.0			TO PROMOTE PROGRAMMING CONGRUENT WITH OUR MISSION
ST. EDWARDS FOOD AND WELLNESS CENTER INC - 1001 BRANCH AVE - PROVIDENCE, RI 02904	20-2178919		10,000.	0	ſ		TO PROMOTE PROGRAMMING CONGRUENT WITH OUR MISSION
MARY'S MEALS USA INC 75 ORCHARD STREET BLOOMFIELD, NJ 07003	33-1215331		1,000,000.	0			TO PROVIDE EVERY CHILD WITH ONE NUTRITIOUS MEAL IN A PLACE OF EDUCATION
EUDIST SERVANTS OF THE 11TH HOUR 3542 GOVERNOR DR SAN DIEGO, CA 92122	20-3784449		20,000.	0.0			TO PROMOTE PROGRAMMING CONGRUENT WITH OUR MISSION
40 DAYS FOR LIFE 4112 E 29TH ST BRYAN, TX 77802	26-0308665		12,000.	0.			TO PROMOTE PROGRAMMING CONGRUENT WITH OUR MISSION
							Schedule I (Form 090)

22-3032456

PROGRAMMING FOUNDATION, Schedule I (Form 990)

Page 1 NEEDS OF THE ORGANIZATION REDS OF THE ORGANIZATION IEEDS OF THE ORGANIZATION HEEDS OF THE ORGANIZATION CLOSE THE DIGITAL DIVIDE SROADBAND/TECHNOLOGY TO O PROMOTE PROGRAMMING ဥ (h) Purpose of grant or assistance BROADBAND/TECHNOLOGY BROADBAND/TECHNOLOGY BROADBAND/TECHNOLOGY BROADBAND/TECHNOLOGY JOURNALISM STUDENTS CONGRUENT WITH OUR TO PROVIDE MOBILE IND HOMEWORK GAP JORK ON LOCATION CONNECTIVITY TO TO SUPPORT TO SUPPORT TO SUPPORT TO PROVIDE O SUPPORT MOISSIP (g) Description of non-cash assistance TE DEVICES AND TE DEVICES AND TE DEVICES AND TE DEVICES AND TE DEVICES AND TE DEVICES AND APTOPS AND/OR APTOPS AND/OR LAPTOPS AND/OR LAPTOPS AND/OR APTOPS AND/OR APTOPS AND/OR HOTSPOTS HOTSPOTS HOTSPOTS HOTSPOTS HOTSPOTS TOTSPOTS Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) COST COST 7,000,COST 19 191 COST 524.COST 28 557 COST 5,860. 21,271. Ö (e) Amount of non-cash assistance ď, (d) Amount of cash grant Ö 。 0 ö ٥. ö 5,000. (c) IRC section if applicable 13-4283582 13-5660870 26-0543365 34-6000711 34-6000819 47-4121751 25-0965281 (b) EIN ROOSEVELT AVENUE #201 - PAWTUCKET, SCHOOL - 1782 LA COSTA MEADOWS DR 221 SOUTH 400 WEST P.O. BOX 3955 COMMUNITY COLLABORATIVE CHARTER STE 102 - SAN MARCOS, CA 92078 INTERNATIONAL RESCUE COMMITTEE CARNEGIE LIBRARY OF PITTSBURGH CUYAHOGA COUNTY PUBLIC LIBRARY ROCKWELL CHARTER HIGH SCHOOL (a) Name and address of organization or government GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION - 249 SALT LAKE CITY, UT 84110 EAGLE MOUNTAIN, UT 84005 CLEVELAND PUBLIC LIBRARY 17133 LAKE SHORE BLVD. 3435 E STONEBRIDGE LN PITTSBURGH, PA 15213 CLEVELAND, OH 44110 4400 FORBES AVE. PARMA, OH 44134 2111 SNOW RD RI 02860

Schedule I (Form 990)

NEEDS OF THE ORGANIZATION

BROADBAND/TECHNOLOGY

LTE DEVICES AND

HOTSPOTS

5,368,COST

0

56-0774104

LAPTOPS AND/OR

TO SUPPORT

REDS OF THE ORGANIZATION

SROADBAND/TECHNOLOGY

TE DEVICES AND

HOTSPOTS

7,526,COST

Ö

54-0722061

4100 VIRGINIA BCH PUBLIC LIBRARY

VIRGINIA BEACH, VA 23452

VIRGINIA BEACH PUBLIC LIBRARY

SANDHILL REGIONAL LIBRARY SYSTEM

412 EAST FRANKLIN STREET

ROCKINGHAM, NC 28379

LAPTOPS AND/OR

O SUPPORT

Page 1 COURSE WORK AND INTEGRATE THE USE OF COMPUTERS INTO REEDS OF THE ORGANIZATION IEEDS OF THE ORGANIZATION WEEDS OF THE ORGANIZATION CLOSE THE DIGITAL DIVIDE CLOSE THE DIGITAL DIVIDE CLOSE THE DIGITAL DIVIDE CLOSE THE DIGITAL DIVIDE SROADBAND/TECHNOLOGY TO ROADBAND/TECHNOLOGY TO SROADBAND/TECHNOLOGY TO ROADBAND/TECHNOLOGY TO (h) Purpose of grant or assistance O FACILITATE ONLINE SROADBAND/TECHNOLOGY BROADBAND/TECHNOLOGY 3ROADBAND/TECHNOLOGY AND HOMEWORK GAP AND HOMEWORK GAP IND HOMEWORK GAP IND HOMEWORK GAP 22-3032456 HE CLASSROOM PROVIDE O PROVIDE O PROVIDE TO SUPPORT TO PROVIDE TO SUPPORT TO SUPPORT (g) Description of non-cash assistance TE DEVICES AND TE DEVICES AND TE DEVICES AND TE DEVICES AND TE DEVICES AND TE DEVICES AND TE DEVICES AND TE DEVICES AND APTOPS AND/OR APTOPS AND/OR APTOPS AND/OR APTOPS AND/OR APTOPS AND/OR APTOPS AND/OR APTOPS AND/OR APTOPS AND/OR HOTSPOTS HOTSPOTS IOTSPOTS IOTSPOTS HOTSPOTS OTSPOTS HOTSPOTS HOTSPOTS Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) 7,195.COST 7,000,CosT 8,525.COST 14,091.COST 7,875,COST 15,752,COST 14,760.COST 6,665.cosr (e) Amount of non-cash assistance 0 ٥. 0 ٥. 0 0 0 ö (d) Amount of cash grant (c) IRC section if applicable PROGRAMMING FOUNDATION, 73-1404709 74-2488682 74-6000085 74-2563260 74-6001164 84-6014414 74-2678601 87-0288427 (P) EIN HOUSING AUTHORITY OF THE COUNTY OF SALT LAKE - 3595 SOUTH MAIN STREET EAST OTERO SCHOOL DISTRICT R-1 (a) Name and address of organization or government 635 N. PLEASANT VALLEY ROAD - SALT LAKE CITY, UT 84115 CIMARRON PUBLIC SCHOOLS 3036 S 1ST STREET #200 FOUNDATION COMMUNITIES FOUNDATION COMMUNITIES HOUSTON PUBLIC LIBRARY 270210 E COUNTY RD 52 3036 S FIRST STREET . AUSTIN PUBLIC LIBRARY 500 MCKINNEY STREET 7000 WOODHUE DRIVE EL BUEN SAMARITANO LA JUNTA, CO 81050 HOUSTON, TX 77002 AUSTIN, TX 78745 Schedule I (Form 990) AUSTIN, TX 78704 AUSTIN, TX 78702 301 RATON AVENUE TX 78704 AMES, OK 73718 AUSTIN, Part II

Schedule I (Form 990)

CLOSE THE DIGITAL DIVIDE

TE DEVICES AND

HOTSPOTS

6,860.COST

0

87-0501094

HOUSING AUTHORITY OF SALT LAKE CITY - 1776 S. WEST TEMPLE - SALT

LAKE CITY, UT 84115

APTOPS AND/OR

AND HOMEWORK GAP

SROADBAND/TECHNOLOGY TO

O PROVIDE

INC. PROGRAMMING FOUNDATION, Schedule I (Form 990)

22-3032456

Page 1 TO CLOSE THE HOMEWORK GAP TO CLOSE THE HOMEWORK GAP CLOSE THE DIGITAL DIVIDE CONNECTIVITY TO STUDENTS PROVIDING SERVICE TO THE CONNECTIVITY TO STUDENTS BROADBAND/TECHNOLOGY TO TO SUPPORT CASEWORKERS HOMELESS POPULATION IN (h) Purpose of grant or assistance AND HOMEWORK GAP TO PROVIDE HOME TO PROVIDE HOME TO PROVIDE SEATTLE (g) Description of non-cash assistance TE DEVICES AND LTE DEVICES AND TE DEVICES AND TE DEVICES AND LAPTOPS AND/OR LAPTOPS AND/OR LAPTOPS AND/OR LAPTOPS AND/OR HOTSPOTS HOTSPOTS HOTSPOTS HOTSPOTS Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) 6,750.cosT 7,295,COST 6,875,COST 7,515,cosT (e) Amount of non-cash assistance 。 。 。 ٥. (d) Amount of cash grant (c) IRC section if applicable 87-6164397 91-1312727 94-3155150 98-0213800 (b) EIN UTAH NONPROFIT HOUSING CORPORATION (a) Name and address of organization or government LOW INCOME HOUSING INSTITUTE 223 WEST 700 SOUTH STE C SALT LAKE CITY, UT 84101 VILLAGE EAST ELEMENTARY 1433 S. OAKLAND ST. 1812 SW MYRTLE ST SEATTLE, WA 98106 2407 FIRST AVENUE SANISLO ELMENTARY SEATTLE, WA 98121 CO 80012 AURORA,

Schedule I (Form 990)

Page 2

22-3032456

Schedule | (Form 990) (2017)

PROGRAMMING FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	e 2, Part III, column	(b), and any other ac	ditional information	
PT I LINE 2					
DONATIONS TO VARIOUS CHARITABLE OR	ORGANIZATIONS.		CONTRIBUTIONS A	ARE	
MONITORED BY RELIGIOUS STAFF AT FO	DREIGN MI	FOREIGN MISSIONS BY THEIR	THEIR U.S.	STAFF.	,
732102 11-01-17		30			Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Name of the organization

Partil Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

NORTH AMERICAN CATHOLIC EDUCATIONAL

PROGRAMMING FOUNDATION, INC.

OMB No 1545-0047

Inspection Employer identification number 22-3032456

Schedule J (Form 990) 2017

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	303	Ç	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			H.
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	197.7	() (S)	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	***********	30%
		XXX	Z#16	11/2
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
-	CEO/Executive-Director-Check-all that-apply-Do not check any-boxes-for-methods-used-by a-related-organization-to-			
	establish compensation of the CEO/Executive Director, but explain in Part III.	X		
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	· · · · · · · · · · · · · · · · · · ·			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	e affectivities bails	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
_	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III		X (24.5)	1122
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			1
5`	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1.3		
	contingent on the revenues of			
а	The organization?	5a	dr.M.AKE.	X
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III	Edf.	KW.	7.428
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			5
а		6a	2	X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			100
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	300,00,00	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		W. Sale	1945
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	- maranagida	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	State S	Kaselli History	LAYE.
	Regulations section 53 4958-6(c)?	9	Andres Services	***********

732111 10-17-17

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

NORTH AMERICAN CATHOLIC EDUCATIONAL INC. PROGRAMMING FOUNDATION,

22-3032456

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Page 2

Note: The sum of columns (B)(fi-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	ſ						•	
		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in column (b) reported as deferred on prior Form 990
	€	176,02		0	26,71	0.	202,733.	0
PRESIDENT, TREASURER & DIR	(ii)			0		0.		0
(2) KATHERINE MESSIER	Ξ	142,15	0	0	21,324.	0	163,482.	0
	(ii)	0	0	0.	0	0.	0	0
	(i)							
	Ξ							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
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	(E)							
	Ξ				,			
	Ξ							

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Schedule J (Form 990) 2017

PROGRAMMING FOUNDATION, INC.

Schedule J (Form 990) 2017

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Part III Supplemental Information

Page 3

22-3032456

,											Schedule J (Form 990) 2017
	THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO INCLUDED COMPARABILITY	DATA AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.									
PART I, LINE 3:	THE PROCESS FOR	DATA AND APPROV	,								

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.

2017
Open to Public Inspection

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

NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION, INC.

Employer identification number 22-3032456

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REHABILITATION FACILITIES, AND OTHER PUBLIC INSTITUTIONS AND NONPROFIT

ORGANIZATIONS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PLEASE SEE THE PROGRAM SERVICE DESCRIPTION RELATING TO MARY'S MEALS

LISTED ON SCHEDULE O AND REFERENCED AS "OTHER PROGRAM SERVICES" FORM

990, PART III, LINE 4D

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NACEPF PROVIDED A GRANT TO MARY'S MEALS, A NONPROFIT THAT PROVIDES ONE

NUTRITIOUS DAILY MEAL IN A PLACE OF EDUCATION IN SOME OF THE POOREST

AREAS OF THE WORLD. 64 MILLION OF THE WORLD'S HUNGRIEST CHILDREN DO NOT

ATTEND SCHOOL. IN ORDER TO SURVIVE, THEY HAVE TO BEG OR WORK. WITH

MARY'S MEALS PROGRAM, CHILDREN ARE MOTIVATED TO ATTEND SCHOOL TO

RECEIVE A MEAL WHILE MAKING THE MOST OF THEIR EDUCATION. NACEPF'S

DONATION ENABLED MARY'S MEALS TO REACH AN ADDITIONAL 90,042 CHILDREN

AND EXPAND TO 306 ADDITIONAL SCHOOLS IN ZAMBIA, MALAWI, KENYA, SYRIA,

HAITI, SOUTH SUDAN, AND ETHIOPIA.

EXPENSES \$ 1,000,000. INCLUDING GRANTS OF \$ 1,000,000. REVENUE \$ 0.

THE CENTER FOR DISEASE CONTROL CITES TWO MAJOR EFFECTS OF HUNGER ON

ACADEMIC PERFORMANCE: THE INABILITY TO FOCUS AND EXCESSIVE ABSENCES DUE

TO ILLNESS. TO COMBAT THE DETRIMENTAL EFFECTS OF CHRONIC HUNGER ON MORE

THAN 150,000 RHODE ISLANDERS, INCLUDING 36,000 RI CHILDREN, FACING FOOD

INSECURITY EACH DAY, NACEPF EXPANDED ITS LOCAL CHARITABLE BENEFACTIONS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

TO PROVIDE VEGETABLE PRODUCE TO LOCAL AREA SOUP KITCHENS AND FOOD DISTRIBUTION CHARITIES SERVING THE POOR, NEEDY, AND HOMELESS IN RHODE ISLAND. VEGETABLE PRODUCE GROWN CAME FROM ACREAGE PURCHASED TO PROVIDE PRODUCE GROWN FROM NATURAL SEED FREE OF GMO TOXINS. THE GROWING SEASON YIELDED 178,716 UNITS OR BUNDLES OF VEGETABLE PRODUCE TOTALING 8,595.9 POUNDS IN WEIGHT, ALL OF WHICH WAS DISTRIBUTED TO LOCAL CHARITIES AS DESCRIBED HEREIN.

EXPENSES \$ 466,748. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NACEPF EXPANDED ITS PARTNERSHIP WITH BUILDON TO PROVIDE SERVICE-LEARNING PROGRAMMING FOR ONE YEAR TO BUILDON STUDENTS AT INNER CITY HIGH SCHOOLS IN THE UNITED STATES. NACEPF PARTNERED WITH BUILDON TO FUND THE CONSTRUCTION OF 10 SCHOOLS IN SIX DEVELOPING COUNTRIES: BURKINA FASU, NEPAL, NICARAGUA, HAITI, SENEGAL AND MALAWI. BUILDON IS A NONPROFIT THAT BUILDS SCHOOLS IN VILLAGES THAT HISTORICALLY HAVE HAD NO ADEQUATE SCHOOL STRUCTURE ? WHERE STUDENTS ARE SQUEEZED INTO DARK AND CRUMBLING MUD HUTS OR TAUGHT OUTSIDE ONLY WHEN WEATHER PERMITS, OR WHERE STUDENTS MUST WALK MILES TO ANOTHER VILLAGE OR NOT ATTEND SCHOOL AT ALL. BUILDON'S UNIQUE MODEL INCLUDES AN AGREEMENT WITH EVERY MEMBER OF THE COMMUNITY TO EDUCATE BOYS AND GIRLS IN EQUAL NUMBERS AND TO COMMIT TO ENDING THE CYCLE OF POVERTY, ILLITERACY, AND LOW EXPECTATIONS FOR THEIR CHILDREN, GRANDCHILDREN, AND THEMSELVES. EXPENSES \$ 339,000. INCLUDING GRANTS OF \$ 339,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

BARBARA PRIMEAU IS JOHN PRIMEAU'S SPOUSE.

IRENE PRIMEAU IS JOHN PRIMEAU'S SISTER.

Name of the organization NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION, INC.

Employer identification number 22-3032456

FORM 990, PART VI, SECTION B, LINE 11B:

990 IS REVIEWED BY THE ORGANIZATION'S PRESIDENT JOHN PRIMEAU

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, SECTION B, LINE 15A

THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO INCLUDED COMPARABILITY DATA AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15B

THE PROCESS FOR DETERMINING COMPENSATION OF OTHER KEY EMPLOYEES INCLUDED USING COMPARABILITY DATA GATHERED BY AN INDEPENDENT HR FIRM.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

OTHER DISCLOSURES:

NACEPF HOLDS EBS LICENSES IN 51 MARKETS ACROSS THE US, INCLUDING 8 LARGE METROPOLITAN AREAS, 18 MIDSIZE MARKETS, AND 24 RURAL, UNDERSERVED PARTS OF THE COUNTRY. WE PROVIDE SERVICE TO EDUCATIONAL AND NONPROFIT ENTITIES IN OUR EBS LICENSED AREAS THROUGH EXCESS CAPACITY LEASE AGREEMENTS THAT PROVIDE, AMONG OTHER THINGS, ACCESS TO THE COMMERCIAL LESSEE'S NATIONAL NETWORK. IN THE EVENT THAT CERTAIN BUILD-OUT OBLIGATIONS ARE NOT MET, OR WE WERE NO LONGER PROVIDED WITH ACCESS TO THE COMMERCIAL LESSEE'S NETWORK, AT THE EXPIRATION OF THE LEASES OR OTHERWISE, NACEPF COULD BE REQUIRED TO EXPEND SUBSTANTIAL CAPITAL TO BUILD AND OPERATE ITS OWN BROADBAND SYSTEM IN ORDER TO CONTINUE TO

PROVIDE SERVICES TO EDUCATIONAL INSTITUTIONS AND OTHER NOT-FOR-PROFIT AND SOCIAL WELFARE ENTITIES. CHANGES IN TECHNOLOGY, THE REGULATORY ENVIRONMENT, AND THE MARKETPLACE HAVE TAKEN PLACE AND WILL CONTINUE TO TAKE PLACE, OVER THE REMAINING DURATION OF OUR LEASES, WHICH MAY ENTAIL ADDITIONAL AND SIGNIFICANT EXPENDITURES AT THAT TIME. NACEPF'S CASH RESERVES ARE INTENDED TO MAKE IT POSSIBLE FOR NACEPF TO BUILD AND OPERATE ITS OWN BROADBAND SYSTEM THAT WOULD MEET THE REGULATORY REOUIREMENTS THAT EXIST TODAY IF NECESSARY.

NACEPF ENGAGED THE SERVICES OF HARRIS WILTSHIRE GRANNIS (HWG) TO REPRESENT NACEPF IN ITS ADVOCACY EFFORTS RELATED TO THE FCC EBS RULEMAKING (DOCKET WB 18-120). IN THE COURSE OF THIS WORK, HWG SOUGHT TO EDUCATE MEMBERS OF CONGRESS AND THEIR STAFF ABOUT THE ROBUST EDUCATIONAL BENEFITS BEING PROVIDED BY NACEPF AND OTHER EBS LICENSEES THROUGH EBS SPECTRUM TODAY AND THE HARMS TO THE LONG-TERM VIABILITY OF EXISTING EBS PROGRAMS THAT WOULD RESULT IF THE FCC DECIDED TO COMMERCIALIZE THIS SPECTRUM BAND. THESE EFFORTS WERE NOT INTENDED TO INFLUENCE LEGISLATION RATHER, THEY FOCUSED ON EDUCATING THESE STAKEHOLDERS ABOUT THE WAYS NACEPF'S EBS LEASES (THROUGH ITS WHOLLY-OWNED SUBSIDIARY MOBILE BEACON) SUPPORT THE BROADBAND NEEDS OF 799 SCHOOLS, 739 LIBRARIES, AND 4,322 NONPROFITS THROUGHOUT THE UNITED STATES. TO-DATE, THE BENEFITS PROVIDED THROUGH NACEPF'S EBS LEASES HAVE MADE BROADBAND AVAILABLE TO AN ESTIMATED 425,000 INDIVIDUALS, MANY OF WHOM LACKED ACCESS TO BROADBAND PRIOR TO OBTAINING SERVICE THROUGH ONE OF MOBILE BEACON'S PROGRAMS. BECAUSE THESE EFFORTS WERE NOT INTENDED TO INFLUENCE LEGISLATION, THEY DO NOT MEET THE DEFINITION OF LOBBYING ACTIVITIES AS DEFINED IN THE INSTRUCTIONS TO FORM 990.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection 2017

OMB No 1545-0047

Attach to Form 990.

Employer identification number 22-3032456

▶ Go to www.irs.gov/Form990 for instructions and the latest information. NORTH AMERICAN CATHOLIC EDUCATIONAL Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 PROGRAMMING FOUNDATION, INC. Name of the organization Part

NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING Direct controlling 2,055,774. FOUNDATION, INC. Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity End-of-year assets (e) 654,416 Total income ਉ Legal domicile (state or foreign country) RHODE ISLAND DEVELOP/EXPAND INST/PROG/ NONPROFITS & RURAL AREAS EDUC. BROADBAND SVCS TO Primary activity <u>a</u> DORRANCE STREET, SUITE 400, PROVIDENCE, RI EDUCATIONAL BROADBAND SERVICE AGENCY, LLC D/B/A MOBILE BEACON C/O M OLIVERIO, 55 Name, address, and EIN (if applicable) of disregarded entity Part II

(a)	(q)	(0)	(p)	(e)	(J)	(a)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity	٢
				501(c)(3))		Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990	s for Form 990.				Schedule R (Form 990) 2017	Form 990) 2017

SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) 2017 PROGRAMMING FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

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General or Percentage managing ownership 3 Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Oisproportionate Yes No altocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e) (d)
I Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization

Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Section 512(b)(13) controlled entity? Percentage ownership Ξ Share of end-of-year assets <u>6</u> Share of total income Type of entity (C corp, S corp, or trust) <u>e</u> Direct controlling entity Legat domicile (state or foreign country) <u>ပ</u> Primary activity Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2017

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NORTH AMERICAN CATHOLIC EDUCATIONAL

Schedule R (Form 990) 2017 PROGRAMMING FOUNDATION, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2017 Yes ξ 1a ę 5 ₽ Ę, £ 무 9 ₽ ₽ 13 Method of determining amount involved <u>e</u> ¥ ¥ = + 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b)
Transaction type (a·s) 40 1 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule j Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) q Reimbursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Exchange of assets with related organization(s) h Purchase of assets from related organization(s) Sale of assets to related organization(s) f Dividends from related organization(s) 732163 09-11-17 2 (5) Ξ <u>ල</u> € (9)

PROGRAMMING FOUNDATION,

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Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2017

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs? Yes No	(f) Share of total income	(g) Share of end-of-year assets	Disproportionate allocations?	(h) (i) (j) (k) Dispropor- Code V-UBI General or Percentage borate amount in box 20 managing ownership sulloations2 of Schedule K-1 partner? Ves No (Form 1065) Yes No	General or managing partner?	(k) Percentage ownership
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	,								
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