

EXTENDED TO AUGUST 15, 2019

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending SEP 30, 2018

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION, INC.		D Employer identification number 22-3032456	
	Doing business as		E Telephone number (401) 934-1100	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2419 HARTFORD AVENUE		G Gross receipts \$ 18,397,154.	
	City or town, state or province, country, and ZIP or foreign postal code JOHNSTON, RI 02919		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
F Name and address of principal officer JOHN PRIMEAU 2419 HARTFORD AVENUE, JOHNSTON, RI 02919				
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 528				
J Website: WWW.NACEPF.NET				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other				
L Year of formation: 1989			M State of legal domicile RI	

Part I	Summary
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Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities RELIGIOUS PROGRAMMING AND BROADBAND ACCESS SERVICES						
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5					
6	Total number of volunteers (estimate if necessary)	6					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b					
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		0.		0.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,822,302.		11,956,552.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		829,952.		1,148,259.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.		0.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,652,254.		13,104,811.		
14	Benefits paid to or for members (Part IX, column (A), line 4)		3,240,622.		2,873,402.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,375,675.		1,644,965.		
16b	Total fundraising expenses (Part IX, column (D), line 25)		0.		0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,012,975.		3,734,293.		
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		7,629,272.		8,252,660.		
19	Revenue less expenses - Subtract line 18 from line 12		5,022,982.		4,852,151.		
20	Total assets (Part X, line 16)		Beginning of Current Year		End of Year		
21	Total liabilities (Part X, line 26)		80,139,177.		82,197,807.		
22	Net assets or fund balances - Subtract line 21 from line 20		19,538,980.		18,511,362.		
			60,600,197.		63,686,445.		

Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date			
	JOHN PRIMEAU, PRESIDENT Type or print name and title		8-15-2019			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check ☒ if self-employed	PTIN
	CHRISTOPHER BARTLETT, CPA		CHRISTOPHER BARTLETT	08/15/19		P00189632
	Firm's name		Firm's EIN		Firm's address	
ANDSAGER, BARTLETT & PIERONI, LLP		05-0479760		1275 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915		
				Phone no. 401-272-9100		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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PROGRAMMING FOUNDATION, INC.

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Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission
NACEPF'S EDUCATIONAL BROADBAND SERVICE ("EBS" 47 CFR 27.1203),
FORMERLY TERMED INSTRUCTIONAL TELEVISION FIXED SERVICE ("ITFS" 47 CFR
74.901), PROVIDES EDUCATIONAL AND RELIGIOUS PROGRAMMING AND BROADBAND
ACCESS SERVICES TO SCHOOLS, LIBRARIES, HEALTH, HOUSING AND
- 2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? ☒ X Yes ☐ 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 measured by expenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported
- 4a (Code) (Expenses \$ 3,310,455. including grants of \$ 885,383.) (Revenue \$ 9,795,530.)
PROVIDED HIGH-SPEED, FREE OR LOW-COST, MOBILE BROADBAND SERVICE TO
ANCHORS INSTITUTIONS, INCLUDING THE SCHOOLS, LIBRARIES, NONPROFITS,
SOCIAL WELFARE AND HEALTHCARE ORGANIZATIONS THAT PROVIDE VITAL SERVICES
TO THEIR COMMUNITIES EVERY DAY. THROUGH THIS BROADBAND SERVICE, THESE
ORGANIZATIONS INCREASED EDUCATIONAL AND WORKFORCE DEVELOPMENT
OPPORTUNITIES, DIGITAL LITERACY, AND BROADBAND AVAILABILITY IN BOTH
METROPOLITAN AND RURAL LOCALITIES TO HELP BRIDGE THE DIGITAL DIVIDE.
- 4b (Code) (Expenses \$ 1,268,805. including grants of \$ 578,760.) (Revenue \$ 1,047,720.)
MOBILE BEACON'S 4G LTE DEVICE DONATION PROGRAMS THROUGH TECHSOUP AND
DIGITAL WISH PROVIDED SCHOOLS, LIBRARIES, AND 501(C)(3) NONPROFITS
THROUGHOUT THE UNITED STATES WITH MORE THAN 8,700 FREE 4G LTE HOTSPOTS.
WITH THESE DONATED DEVICES AND REDUCED-COST INTERNET ACCESS, THESE
ORGANIZATIONS HAD THE BROADBAND ACCESS THEY NEEDED TO FULFILL THEIR
MISSIONS, EXPAND PROGRAM SERVICES IN THEIR COMMUNITIES, AND CONNECT
THEIR CONSTITUENTS WHO OTHERWISE LACKED ACCESS TO TECHNOLOGY.
- 4c (Code) (Expenses \$ 1,021,378. including grants of \$ 70,260.) (Revenue \$ 1,061,529.)
MOBILE BEACON AND NATIONAL DIGITAL INCLUSION NONPROFIT PCS FOR PEOPLE'S
BRIDGING THE GAP PROGRAM PROVIDES AFFORDABLE REFURBISHED COMPUTERS AND
UNCAPPED, HIGH-SPEED INTERNET ACCESS TO QUALIFYING INDIVIDUALS AND
FAMILIES BELOW THE 200% POVERTY LINE. THIS YEAR, 14 NEW SCHOOLS,
HOUSING AUTHORITIES, LITERACY PROVIDERS, AND NONPROFITS BECAME BRIDGING
THE GAP PARTNERS AND DISTRIBUTED 728 LAPTOPS AND 323 MOBILE HOTSPOTS TO
LOW-INCOME STUDENTS AND FAMILIES IN DENVER AND LA JUNTA, CO; AUSTIN,
TX; AND SALT LAKE CITY, UT. NATIONALLY, THIS PROGRAM PROVIDED HOME
INTERNET ACCESS TO 33,621 LOW-INCOME INDIVIDUALS AND FAMILIES, AND
HELPED CLOSE THE "HOMEWORK GAP" FOR 17,033 SCHOOL-AGE STUDENTS.
- 4d Other program services (Describe in Schedule O)
(Expenses \$ 1,805,748. including grants of \$ 1,339,000.) (Revenue \$)
- 4e Total program service expenses 7,406,386.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	
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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
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		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)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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	X	
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.		
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)?		X
4b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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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 ☒

Section 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. 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.	3	
1b Enter the number of voting members included in line 1a, above, who are independent	2	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13 Did the organization have a written whistleblower policy?	13	X
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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 books and records **▶**
JOHN R. PRIMEAU NACEPF INC. - (401) 934-1100
2419 HARTFORD AVENUE, JOHNSTON, RI 02919

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								318,178.	0.	48,037.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								318,178.	0.	48,037.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	☐	☒
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	☒	☐
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	☐	☒

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
FIONTA PO BOX 66794, WASHINGTON, DC 20035-6794	SOFTWARE DEVELOPMENT	915,184.
DAY PITNEY LLP PO BOX 416234, BOSTON, MA 02241	LEGAL SERVICES	161,553.
FLETCHER, HEALD, HILDRETH, PLC, 1300 NORTH 17TH ST, 11TH FLR, ARLINGTON, VA 22209	LEGAL SERVICES	127,563.
COMPLETE STAFFING SOLUTIONS PO BOX 75343, CHICAGO, IL 60675-5343	TEMPORARY OFFICE HELP-EBS PROG. SERV	115,509.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

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**NORTH AMERICAN CATHOLIC EDUCATIONAL
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a ITFS/EBS BROADBAND SPECTRUM	Business Code 611710	8,027,680.	8,027,680.		
	b EBSA - MOBILE BEACON	611710	3,877,099.	3,877,099.		
	c TOWER RENT INCOME	900099	51,773.			51,773.
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		11,956,552.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,253,334.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents		(i) Real (ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	5,187,268.			
b Less cost or other basis and sales expenses			5,292,343.			
c Gain or (loss)			-105,075.			-105,075.
d Net gain or (loss)			-105,075.			-105,075.
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		13,104,811.	11,904,779.	0.	1,200,032.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,873,402.	2,873,402.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, 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)				
a Management				
b Legal	1,583,502.	1,583,502.		
c Accounting	25,750.	23,175.	2,575.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	210,956.	197,835.	13,121.	
12 Advertising and promotion	96,985.	87,794.	9,191.	
13 Office expenses	16,054.	7,124.	8,930.	
14 Information technology	832,373.	831,707.	666.	
15 Royalties				
16 Occupancy				
17 Travel	36,005.	36,005.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,973.	40,342.	24,631.	
23 Insurance	66,114.	22,253.	43,861.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LTE DEVICE PURCHASES	607,025.	607,025.		
b UTILITIES/TELEPHONE	42,765.	20,207.	22,558.	
c REPAIRS & MAINTENANCE	24,352.	20,593.	3,759.	
d FARMING	23,821.	23,821.		
e 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)

**NORTH AMERICAN CATHOLIC EDUCATIONAL
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Part 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
Assets	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		3	
	4 Accounts receivable, net	324,352.	4	323,527.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	241,145.	8	171,260.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	2,911,474.		
	10b Less accumulated depreciation	1,424,940.		
	11 Investments - publicly traded securities	5,117,198.	10c	1,486,534.
	12 Investments - other securities. See Part IV, line 11	9,136,272.	11	5,117,198.
	13 Investments - program-related. See Part IV, line 11		12	8,709,951.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	744,607.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	80,139,177.	15	1,243,815.	
Liabilities	17 Accounts payable and accrued expenses	1,375.	16	82,197,807.
	18 Grants payable		17	7,095.
	19 Deferred revenue	19,537,605.	18	
	20 Tax-exempt bond liabilities		19	18,504,267.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	19,538,980.	25	18,511,362.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.		26
27 Unrestricted net assets			27	
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds		0.	30	0.
31 Paid-in or capital surplus, or land, building, or equipment fund		0.	31	0.
32 Retained earnings, endowment, accumulated income, or other funds		60,600,197.	32	63,686,445.
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.

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Part 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	13,104,811.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,252,660.
3	Revenue less expenses Subtract line 2 from line 1	3	4,852,151.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,600,197.
5	Net unrealized gains (losses) on investments	5	-1,765,903.
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	63,686,445.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

1	Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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)

**NORTH AMERICAN CATHOLIC EDUCATIONAL
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Schedule A (Form 990 or 990-EZ) 2017

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Part II 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

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
5 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 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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 15 %

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 - 2016.** 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

NORTH AMERICAN CATHOLIC EDUCATIONAL

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

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,806,450.	8,221,780.	11,274,160.	11,822,302.	11,956,552.	51,081,244.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7,806,450.	8,221,780.	11,274,160.	11,822,302.	11,956,552.	51,081,244.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						51,081,244.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	7,806,450.	8,221,780.	11,274,160.	11,822,302.	11,956,552.	51,081,244.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	278,885.	380,886.	578,717.	829,952.	1,148,260.	3,216,700.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	278,885.	380,886.	578,717.	829,952.	1,148,260.	3,216,700.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	8,085,335.	8,602,666.	11,852,877.	12,652,254.	13,104,812.	54,297,944.
14 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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	94.08 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	95.13 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	5.92 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	4.87 %

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV 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, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b 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 organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (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).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- 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**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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 the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- 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 instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

NORTH AMERICAN CATHOLIC EDUCATIONAL

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

22-3032456 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or 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	

Section B - Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
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	

Section 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	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
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-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 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	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 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			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI . See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 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

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

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Part VI

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization **NORTH AMERICAN CATHOLIC EDUCATIONAL
PROGRAMMING FOUNDATION, INC.**Employer identification number
22-3032456**Part I 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 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?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 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	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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

Part III 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	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2017

732051 10-09-17

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b 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 answered "Yes" on Form 990, Part IV, line 10

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Temporarily restricted endowment ☐ _____ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

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	(d) Book value
1a Land		913,113.		913,113.
b Buildings		842,820.	420,624.	422,196.
c Leasehold improvements				
d Equipment		922,997.	882,512.	40,485.
e Other		232,544.	121,804.	110,740.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				1,486,534.

Schedule D (Form 990) 2017

**NORTH AMERICAN CATHOLIC EDUCATIONAL
PROGRAMMING FOUNDATION, INC.**

Schedule D (Form 990) 2017

22-3032456 Page 3

Part VII 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	8,709,951.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	
4	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	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	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		3	
4	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	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	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.

[illegible]

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

2017

Open to Public
Inspection

Name of the organization

**NORTH AMERICAN CATHOLIC EDUCATIONAL
PROGRAMMING FOUNDATION, INC.**

Employer identification number
22-3032456

Part I General Information on Grants and Assistance

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 criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

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 non-cash assistance	(h) Purpose of grant or assistance
BUILDON INC 800 LONG RIDGE RD. 2ND FLR STAMFORD, CT 06902	22-3128648		304,000.	0.			CONSTRUCTED 10 SCHOOLS IN 6 DEVELOPING COUNTRIES.
BUILDON INC 800 LONG RIDGE RD. 2ND FLR STAMFORD, CT 06902	22-3128648		35,000.	0.			PROVIDED SERVICE-LEARNING PROGRAMMING FOR ONE YEAR TO STUDENTS IN INNER CITY 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

3 Enter total number of other organizations listed in the line 1 table

36.

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) **22-3032456** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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 979 BRANCH AVE PROVIDENCE, RI 02904	05-0258952		251,000.	0.			TO HELP HOMELESS WOMEN & CHILDREN GAIN ACCESS TO SAFE HOUSING, EDUCATION, & MEDICAL SERVICES
ST. AUGUSTINE CHURCH 635 MOUNT PLEASANT AVE PROVIDENCE, RI 02908	05-0342670		27,000.	0.			TO PROMOTE PROGRAMMING CONGRUENT WITH OUR MISSION
CHRISTIAN BROTHERS CONFERENCE 3025 FOURTH ST, NE STE 300 WASHINGTON, DC 20017	36-2671613		85,000.	0.			TO PROMOTE PROGRAMMING CONGRUENT WITH OUR 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.			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.			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.			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 990)

**NORTH AMERICAN CATHOLIC EDUCATIONAL
PROGRAMMING FOUNDATION, INC.**

22-3032456 Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION - 249 ROOSEVELT AVENUE #201 - PAWTUCKET, RI 02860	13-4283582		5,000.	0.			TO PROMOTE PROGRAMMING CONGRUENT WITH OUR MISSION
INTERNATIONAL RESCUE COMMITTEE 221 SOUTH 400 WEST P.O. BOX 3955 SALT LAKE CITY, UT 84110	13-5660870		0.	5,860. COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO PROVIDE BROADBAND/TECHNOLOGY TO CLOSE THE DIGITAL DIVIDE AND HOMEWORK GAP
CARNEGIE LIBRARY OF PITTSBURGH 4400 FORBES AVE. PITTSBURGH, PA 15213	25-0965281		0.	28,557. COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
ROCKWELL CHARTER HIGH SCHOOL 3435 E STONEBRIDGE LN EAGLE MOUNTAIN, UT 84005	26-0543365		0.	7,000. COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO PROVIDE MOBILE CONNECTIVITY TO JOURNALISM STUDENTS TO WORK ON LOCATION
CLEVELAND PUBLIC LIBRARY 17133 LAKE SHORE BLVD. CLEVELAND, OH 44110	34-6000711		0.	19,191. COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
CUYAHOGA COUNTY PUBLIC LIBRARY 2111 SNOW RD PARMA, OH 44134	34-6000819		0.	21,271. COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
COMMUNITY COLLABORATIVE CHARTER SCHOOL - 1782 LA COSTA MEADOWS DR STE 102 - SAN MARCOS, CA 92078	47-4121751		0.	5,524. COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
VIRGINIA BEACH PUBLIC LIBRARY 4100 VIRGINIA BCH PUBLIC LIBRARY VIRGINIA BEACH, VA 23452	54-0722061		0.	7,526. COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
SANDHILL REGIONAL LIBRARY SYSTEM 412 EAST FRANKLIN STREET ROCKINGHAM, NC 28379	56-0774104		0.	5,368. COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION

Schedule I (Form 990)

**NORTH AMERICAN CATHOLIC EDUCATIONAL
PROGRAMMING FOUNDATION, INC.**

Schedule I (Form 990) **22-3032456** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
CIMARRON PUBLIC SCHOOLS 270210 E COUNTY RD 52 AMES, OK 73718	73-1404709		0.	7,875.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO FACILITATE ONLINE COURSE WORK AND INTEGRATE THE USE OF COMPUTERS INTO THE CLASSROOM
EL BUEN SAMARITANO 7000 WOODHUE DRIVE AUSTIN, TX 78745	74-2488682		0.	7,195.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO PROVIDE BROADBAND/TECHNOLOGY TO CLOSE THE DIGITAL DIVIDE AND HOMEWORK GAP
FOUNDATION COMMUNITIES 3036 S FIRST STREET AUSTIN, TX 78704	74-2563260		0.	7,000.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO PROVIDE BROADBAND/TECHNOLOGY TO CLOSE THE DIGITAL DIVIDE AND HOMEWORK GAP
FOUNDATION COMMUNITIES 3036 S 1ST STREET #200 AUSTIN, TX 78704	74-2678601		0.	8,525.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO PROVIDE BROADBAND/TECHNOLOGY TO CLOSE THE DIGITAL DIVIDE AND HOMEWORK GAP
AUSTIN PUBLIC LIBRARY 635 N. PLEASANT VALLEY ROAD AUSTIN, TX 78702	74-6000085		0.	14,091.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
HOUSTON PUBLIC LIBRARY 500 MCKINNEY STREET HOUSTON, TX 77002	74-6001164		0.	15,752.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
EAST OTERO SCHOOL DISTRICT R-1 301 RATON AVENUE LA JUNTA, CO 81050	84-6014414		0.	14,760.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
HOUSING AUTHORITY OF THE COUNTY OF SALT LAKE - 3595 SOUTH MAIN STREET - SALT LAKE CITY, UT 84115	87-0288427		0.	6,665.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO PROVIDE BROADBAND/TECHNOLOGY TO CLOSE THE DIGITAL DIVIDE AND HOMEWORK GAP
HOUSING AUTHORITY OF SALT LAKE CITY - 1776 S. WEST TEMPLE - SALT LAKE CITY, UT 84115	87-0501094		0.	6,860.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO PROVIDE BROADBAND/TECHNOLOGY TO CLOSE THE DIGITAL DIVIDE AND HOMEWORK GAP

Schedule I (Form 990)

**NORTH AMERICAN CATHOLIC EDUCATIONAL
PROGRAMMING FOUNDATION, INC.**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
UTAH NONPROFIT HOUSING CORPORATION 223 WEST 700 SOUTH STE C SALT LAKE CITY, UT 84101	87-6164397		0.	7,295.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO PROVIDE BROADBAND/TECHNOLOGY TO CLOSE THE DIGITAL DIVIDE AND HOMEWORK GAP
SANISLO ELEMENTARY 1812 SW MYRTLE ST SEATTLE, WA 98106	91-1312727		0.	6,750.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO PROVIDE HOME CONNECTIVITY TO STUDENTS TO CLOSE THE HOMEWORK GAP
LOW INCOME HOUSING INSTITUTE 2407 FIRST AVENUE SEATTLE, WA 98121	94-3155150		0.	6,875.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT CASEWORKERS PROVIDING SERVICE TO THE HOMELESS POPULATION IN SEATTLE
VILLAGE EAST ELEMENTARY 1433 S. OAKLAND ST. AURORA, CO 80012	98-0213800		0.	7,515.COST		LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO PROVIDE HOME CONNECTIVITY TO STUDENTS TO CLOSE THE HOMEWORK GAP

Part III can be duplicated if additional space is needed

Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information
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MONITORED BY RELIGIOUS STAFF AT FOREIGN MISSIONS BY THEIR U.S. STAFF.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

**NORTH AMERICAN CATHOLIC EDUCATIONAL
PROGRAMMING FOUNDATION, INC.**

Employer identification number

22-3032456

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, 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) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ 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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

Part II

es 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.

Note: The sum of columns (B)(i)-(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.

[illegible]

NORTH AMERICAN CATHOLIC EDUCATIONAL
PROGRAMMING FOUNDATION, INC.

Schedule J (Form 990) 2017

22-3032456

Page 3

Part III Supplemental Information

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 I, LINE 3:

THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO INCLUDED COMPARABILITY

DATA AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

Schedule J (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

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

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

Employer identification number
22-3032456

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
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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

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

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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 REQUIREMENTS 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.

▶ Attach to Form 990.

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

Name of the organization

NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION, INC.

Employer identification number

22-3032456

OMB No 1545-0047

2017

Open to Public Inspection

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
EDUCATIONAL BROADBAND SERVICE AGENCY, LLC D/B/A MOBILE BEACON C/O M OLIVERIO, 55 DORRANCE STREET, SUITE 400, PROVIDENCE, RI	DEVELOP/EXPAND INST/PROG/ & EDUC. BROADBAND SVCS TO NONPROFITS & RURAL AREAS	RHODE ISLAND	654,416.	2,055,774.	NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION, INC.

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

Part III 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

[illegible]

Part IV 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

[illegible]

**NORTH AMERICAN CATHOLIC EDUCATIONAL
PROGRAMMING FOUNDATION, INC.**

22-3032456 -Page 3

Schedule R (Form 990) 2017

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l 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)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		40		

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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.

[illegible]

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:**NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:**

EDUCATIONAL BROADBAND SERVICE AGENCY, LLC D/B/A MOBILE

BEACON C/O M OLIVERIO

EIN: 27-2858507

55 DORRANCE STREET, SUITE 400

PROVIDENCE, RI 02903