For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Internal Revenue Service

Treasury

DLN: 93493228027821

2019

OMB No. 1545-0047

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.

Open to Public Inspection

A Fo	or the	2019 c	alendar year, or tax year begin	ning 10-01-2019 ,and endi	ing 09-30-2	2020			
	ck if ap dress c	plicable: hange	C Name of organization NORTH AMERICAN CATHOLIC EDUCA PROGRAMMING FOUNDATION INC	ATIONAL			D Employer 22-30324		ication number
	me cha tial retu	٠ .	Doing business as			_	22 3032 1	30	
_		/terminated					C Talanhana		
	nended plicatio	return n pending	Number and street (or P.O. box if ma 2419 HARTFORD AVENUE	ail is not delivered to street address)	Room/suite		E Telephone (401) 934		
			City or town, state or province, coun JOHNSTON, RI 02919	try, and ZIP or foreign postal code	•		G Gross rece	ipts \$ 22	2,272,277
			F Name and address of principa	l officer:		H(a) Is this	a group retu		· ·
			JOHN PRIMEAU 2419 HARTFORD AVENUE			subor	dinates?		□Yes ☑No
			JOHNSTON, RI 02919		'	h(b) Are al) includ	l subordinate: ed?	5	☐ Yes ☐No
Tax	x-exem	pt status:	✓ 501(c)(3)	insert no.)	J 527	If "No	," attach a lis	t. (see	instructions)
W	ebsite	e:▶ WW	/W.NACEPF.NET			H(c) Group	exemption n	umber	>
€ Forn	n of org	ganization:	: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation Other ►	L	Year of forma	tion: 1989	1 State	of legal domicile: RI
Pa	art I	Sum	mary						
			scribe the organization's mission or		ID 4.00500	055) (1050			
မ		ROVIDES	EDUCATIONAL AND RELIGIOUS F	ROGRAMMING AND BROADBAN	ID ACCESS	SERVICES			
Governance	-								
= =	_								
ó j	2 (Check thi Number (is box >	continued its operations or disp	osed of mor	e than 25%	of its net ass	ets.] 3
	l		of independent voting members of		ie 1b) .		_	4	2
ACUVIUES &	l		nber of individuals employed in cal		•			5	31
			nber of volunteers (estimate if nec	, , ,	•			6	0
7	l		elated business revenue from Part		7a	0			
	b i	Net unrel	ated business taxable income from			7b	0		
						Pric	or Year		Current Year
Qı	8 (Contribut	cions and grants (Part VIII, line 1h)		•			0	С
n Lie	9	Program	service revenue (Part VIII, line 2g)				13,520,52	8	16,579,510
Ravenue	10 1	Investme	ent income (Part VIII, column (A), li	nes 3, 4, and 7d)	•		1,670,85	6	943,785
_	11 (Other rev	enue (Part VIII, column (A), lines !	5, 6d, 8c, 9c, 10c, and 11e)				0	C
			enue—add lines 8 through 11 (mu	1 , , , , , ,			15,191,38	4	17,523,295
			nd similar amounts paid (Part IX, c	, ,,			2,700,22		3,845,266
	l		paid to or for members (Part IX, co			0	C		
Expenses		•	other compensation, employee be	,	1,620,978			1,641,353	
<u>e</u>			onal fundraising fees (Part IX, colun	• • •	•			4	С
3	l		raising expenses (Part IX, column (D), I penses (Part IX, column (A), lines:				2 017 04	_	3,743,612
	l		enses. Add lines 13–17 (must equ	•	•		3,817,04 8,138,24	+	9,230,231
	l	•	less expenses. Subtract line 18 fro				7,053,14	-	8,293,064
x o			TOO OXPONDOS OUBLIGO INTO 20 TH			Beginning	of Current Yea		End of Year
Net Assets or Fund Balances									
Bal	20 -	Total ass	ets (Part X, line 16)		•		90,706,64	1	101,847,199
			ilities (Part X, line 26)				17,470,92	+	16,437,591
			s or fund balances. Subtract line 2	1 from line 20	•		73,235,71	2	85,409,608
	rt II		ature Block	and this veture including account		امما يامم مما			the best of my
			erjury, I declare that I have exami f, it is true, correct, and complete.						
iny k	nowle	dge.							
		*****	*			202	1-08-16		
Sign		Signati	ure of officer			Date	9		
Here	;	JOHN F	PRIMEAU PRESIDENT						
		Туре о	r print name and title						
		Р	rint/Type preparer's name	Preparer's signature	Date 202	e L-08-16 Che	ck 🗹 if PT	IN 0189632	
Paid		-	irmic name. ANDCACER BARTIETT	P. DIEDONI II D		self-	employed		
	pare	•	irm's name ANDSAGER BARTLETT	Firm	Firm's EIN ▶ 05-0479760				
Jse	Onl	ly F	ïrm's address ▶ 1275 WAMPANOAG TRA	.IL		Pho	ne no. (401) 27	2-9100	
			EAST PROVIDENCE, RI	02915					
4	ha IDO	- dia	this return with the preparer show			I			′es □ No

Cat. No. 11282Y

Form	990 (2019)					Page	2
Pa	rt III Statement	of Program Service	e Accomplis	hments			_
	Check if Sche	dule O contains a respo	nse or note to	any line in this Part III .		🗹	
1	Briefly describe the	organization's mission:					_
47 C	FR 74.901), PROVIDES	S EDUCATIONAL AND R	ELIGIOUS PROG	GRAMMÍNG AND BROADE	MED INSTRUCTIONAL TELEVISI BAND ACCESS SERVICES TO SC S AND NONPROFIT ORGANIZAT	HOOLS, LIBRARIES,`	_
2	-	, -	int program ser	vices during the year wh	ich were not listed on	□Yes ✓ No	_
	the prior Form 990 c					□ Yes 🖭 NO	
_	•	ese new services on Sch		ala an ana an San Tanana da an an alam			
3	services?	3 .	iake significant	changes in how it condu	cts, any program	□ Yes ☑ No	
		ese changes on Schedul	e O.			Lifes Line	
4	Section 501(c)(3) ar		ns are required	to report the amount of	argest program services, as med grants and allocations to others		
	(Code:) (Expenses \$	3,575,566	including grants of \$	597,744) (Revenue \$	14,230,750)	-
	See Additional Data						_
4b	(Code:) (Expenses \$	1,764,001	including grants of \$	1,053,328) (Revenue \$	2,348,760)	-
	See Additional Data		. ,				_
4c	(Code:) (Expenses \$	1,062,073	including grants of \$	764,194) (Revenue \$	0)	-
	See Additional Data						_
	See Additional Data	Table					-
4d		ces (Describe in Schedu	•				
	(Expenses \$	1,932,315 incl	uding grants of	\$ 1,430,00	00) (Revenue \$	0)	_
4e	Total program ser	vice expenses ►	8,333,9	55			

19

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
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>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		_	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	10		No

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

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

Nο

Nο

18

19

20a

20b

21

Yes

m 9	99 (2019)			Pag			
art	Checklist of Required Schedules (continued)						
			Yes	No			
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes				
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No			
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No			
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No			
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III						
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		N:			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N ₁			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		N-			
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N			
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N			
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N			
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N			
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes				
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		N			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N			
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N			
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N			
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes				
li	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	. ;		ᆜ			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18		Yes	N			
				l			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1					

1c

-01111	290 (2019)			Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	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)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
12a	against amounts due or received from them.)	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

_											
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 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	a "No" resp	onse to	lines V							
Se	ection A. Governing Body and Management		• •								
30	ection A. Governing body and Management		Yes	No							
1.	a Enter the number of voting members of the governing body at the end of the tax year 1a	3	163	110							
14	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	3									
h	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent										
	1b 2										
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?										
3	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? .										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		No							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No							
6	Did the organization have members or stockholders?	. 6		No							
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	more 7a		No							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	or 7b		No							
8	persons other than the governing body?	ar by									
	the following:		Voc								
	The governing body?	8a	Yes								
_	Each committee with authority to act on behalf of the governing body?	. 8b	Yes								
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	. 9		No							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	venue Cod	e.)								
			Yes	No							
10a	a Did the organization have local chapters, branches, or affiliates?	10a		No							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia and branches to ensure their operations are consistent with the organization's exempt purposes?	tes, 10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11a	Yes								
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	Yes								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts?	to 12b	Yes								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Schedule O how this was done	in 12c	Yes								
13	Did the organization have a written whistleblower policy?	. 13		No							
14	Did the organization have a written document retention and destruction policy?	14	Yes								
15	Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ent									
а	The organization's CEO, Executive Director, or top management official	15a	Yes								
	Other officers or key employees of the organization	15b	Yes								
	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		No							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip	ation		110							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exe status with respect to such arrangements?	16b									
Se	ection C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed▶										
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply.	s									
	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 interepolicy, and financial statements available to the public during the tax year.	st									
20	State the name, address, and telephone number of the person who possesses the organization's books and record >JOHN RPRIMEAU NACEPF INC 2419 HARTFORD AVENUE JOHNSTON, RI 02919 (401) 934-1100	s:									
			OO	0 /201							

Part VII

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t ch unle: ficer	s pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) JOHN PRIMEAU PRESIDENT, TREASURER & DIR	60.00	X		х				181,637	0	26,723
(2) BARBARA PRIMEAU V. PRESIDENT, SECRETARY &	10.00	х		×				0	0	0
(3) Irene primeau Director	0.00	х						0	0	0
(4) KATHERINE MESSIER EXECUTIVE DIRECTOR MOBILE BEACON	47.00					Х		140,946	0	20,899

Form 990 (2019)					_		_								Page 8
Part VII Section A. Officers, Dir (A) Name and title	(B) Average hours per week (list any hours	Position than o	on (do	(C) lo not sox, u an off) ot che unles	eck moss ss pers	ore son	Rep- comp fro orga	(D) portable pensation om the inization		(E Repor comper from re organiz	table nsation elated rations	a	(F) Estima amount o compens	ated of other sation the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- IISC)		(W-2/1099- MISC)			organization and related organizations	
1b Sub-Total						>	_								
d Total (add lines 1b and 1c)	•					•			322,583			0			47,622
2 Total number of individuals (included of reportable compensation from the compensation)			e list	ed al	bov€	∍) who) rece	eived mo	re than \$	100,0	000				
3 Did the organization list any form line 1a? If "Yes," complete Schedu			:ee, k	.ey e	mpl	oyee,	or hi	ghest co	mpensate	ed em	ployee •	on	3	Yes	No
For any individual listed on line 1a organization and related organization individual	a, is the sum of repo	ortable o								om th	e 		4	Yes	No
5 Did any person listed on line 1a re services rendered to the organizat	tion? <i>If "Yes," compl</i>								ition or in	dividu	ual for		5		No
Section B. Independent Control Complete this table for your five h from the organization. Report com	nighest compensate												pensa	 ation	
	(A) me and business addre	ess			_					scription	(B) on of ser			(C Compen	nsation
FIONTA									SOFTWAR	E DEV	ELOPME	NT			589,619
PO BOX 66794 WASHINGTON, DC 200356794 DAY PITNEY LLP									LEGAL SE	DV/ICE	2				295,574
PO BOX 416234									LEGAL SL	KVICE.	•				273,317
BOSTON, MA 02241 SILLS CUMMIS & GROSS									LEGAL SE	RVICE	5				254,453
101 PARK AVE 28TH FLR NEW YORK, NY 10178															
HARRIS WILTSHIRE & GRANNIS LLP									LEGAL SE	RVICES	5				226,282
1919 M ST NW 8TH FLR WASHINGTON, DC 20036															
ROBBINS RUSSELL									LEGAL SE	RVICE:	5				215,907
2000 K ST NW 4TH FLR WASHINGTON, DC 20006 2 Total number of independent contract	-t-re (including but	lin	-:+ad	+h		listad	<u>-bo</u>		ivad	-3.0.00	-l d:	100.000	6		
compensation from the organization		, hot iiii	Iteu t	,0 un	0se	listeu	abov	/e) wild i	received	1101 €	liidii φ.	100,000		00	0 (2019)

Part		Statement	of F	Revenue						Page 9
rare	· · · ·				respo	nse or note to any	y 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
	1:	a Federated campa	igns	· .	1a		LI.	revenue		312 311
Contributions, Giffs, Grants and Other Similar Amounts		b Membership dues	s .	· į	1 b					
6r.		c Fundraising even	ts .	j	1c					
fts,	d Related organizations				1d					
nila		e Government grants	(con	tributions)	1e					
Sir	1	f All other contribution and similar amounts	ns, g	gifts, grants,						
uti.		above		l.	1f					
i i i	'	g Noncash contribution lines 1a - 1f:\$	ns in	iciuaea in	1g					
Contand		h Total. Add lines	1a-1	f		>				
						Business Code				T
	2a	TTFS/EBS BROADBAN	ID SF	PECTRUM		611710	9,018,314	9,018,314		
RI e	 	EBSA - MOBILE BEAC	NO.				7,500,140	7,500,140		
e Xe	0	BOA - MODICE BEAC	.ON			611710	,	, ,		
Program Service Revenue	c	TOWER RENT INCOM	E			900099	61,056			61,056
ervi										+
S	d									
gra	e	<u>.</u>								
Ĕ		-								
		All other program								
	╙	Total. Add lines 2 Investment income				16,579,510		T	1	<u> </u>
	s	similar amounts) .				f	871,31	1		871,311
		Income from invest			-	•	<u> </u>			
	5	Royalties	r.	(i) Rea		(ii) Personal	<u>▶ </u>			
					••	(1) 1 61361141				
		Gross rents	6a				_			
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	٠	Net rental income		(loss)			-			
				(i) Secur	ities	(ii) Other				
	7a Gross amount from sales of 7a 4,821,456									
		assets other than inventory		,	·					
	b	Less: cost or	7b	4 -	748,982		7			
		other basis and sales expenses		٦,	740,302					
	c	Gain or (loss)	7c		72,474					
	٠	d Net gain or (loss)	•				72,47	4		72,474
a)	8a	Gross income from fu (not including \$	ındra	ising events of						
e G		contributions reported See Part IV, line 18		line 1c).						
Other Revenue	١.				8a 8b		_			
er	ı	Less: direct expen				ents				
						<u> </u>				
	9a	Gross income from See Part IV, line 19	gam •	ing activities. • •	9a					
	l E	Less: direct expen	ses		9b		\dashv			
	٠	c Net income or (los	s) fr	om gaming	activiti	es >				
	10	a Gross sales of inve	anto	ny less						
	10.	returns and allowa	ince:	s	10a					
	Ŀ	Less: cost of good	s so	ld	10b					
	١	Net income or (los			invento					
	11	Miscellaneo La	us R	evenue		Business Code	_			
	l L									
		2					1			
		d All other revenue	•							
	€	Total. Add lines 1	1a-:	11d		•				
	12	2 Total revenue. S	ee ir	nstructions			17,523,29	5 16,518,454		0 1,004,841
							17,525,23	-1 10,310,432	1	Form 990 (2019)

Part IX Statement of Function		1.00	All II		(4)
Section 501(c)(3) and 501(ns must complete colu	ımn (A).
Check if Schedule O contain Do not include amounts reported on 7b, 8b, 9b, and 10b of Part VIII.	· ·	y line in this Part IX (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to dome domestic governments. See Part IV,		3,845,266	3,845,266	5	F
2 Grants and other assistance to dome Part IV, line 22	estic individuals. See				
3 Grants and other assistance to foreign governments, and foreign individual and 16	s. See Part IV, lines 15				
4 Benefits paid to or for members .	[
5 Compensation of current officers, divided key employees	, ,	322,583	167,089	155,494	
6 Compensation not included above, t defined under section 4958(f)(1)) ar section 4958(c)(3)(B)	nd persons described in				
7 Other salaries and wages	-	866,569	598,144	268,425	
8 Pension plan accruals and contribution (k) and 403(b) employer contribution	ons (include section 401	167,062	107,506	59,556	
9 Other employee benefits	· ' ⊢	183,232	117,912	65,320	
10 Payroll taxes		101,907	65,578	36,329	
11 Fees for services (non-employees):		202,507			
a Management					
_	-	1,306,250	1,227,875	78,375	
b Legal					
c Accounting		26,750	24,075	2,675	
d Lobbying	<u> </u>	8,000	8,000		
e Professional fundraising services. Se	e Part IV, line 17				
f Investment management fees .					
g Other (If line 11g amount exceeds 1 (A) amount, list line 11g expenses of		273,043	250,042	23,001	
12 Advertising and promotion		85,332	72,930	12,402	
13 Office expenses		19,713	12,390	7,323	
14 Information technology		646,418	646,388	30	
15 Royalties					
16 Occupancy					
17 Travel		17,439	17,439		
18 Payments of travel or entertainment federal, state, or local public officials	expenses for any				
19 Conferences, conventions, and meet	ings				
20 Interest					
21 Payments to affiliates					
22 Depreciation, depletion, and amortiz	ration	61,004	38,878	22,126	
23 Insurance	-	100,519	33,506	67,013	
24 Other expenses. Itemize expenses n miscellaneous expenses in line 24e. exceeds 10% of line 25, column (A) expenses on Schedule O.)	If line 24e amount	, -	, -	·	
a LTE DEVICE PURCHASES		900,078	900,078		
b UTILITIES/TELEPHONE		50,815	38,469	12,346	
c FARMING		15,641	15,641		
d REPAIRS & MAINTENANCE		8,270	2,757	5,513	
e All other expenses		224,340	143,992	80,348	
25 Total functional expenses. Add lin	nes 1 through 24e	9,230,231	8,333,955	896,276	
Joint costs. Complete this line only reported in column (B) joint costs freducational campaign and fundraising	om a combined ng solicitation.				
Check here \blacktriangleright \square if following SOP \circ	98-2 (ASC 958-720).				

Form 990 (2019)

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26

27

28

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31

32

33

Liabilities 22

Fund Balances

ō 29

Assets

(B)

End of year

Page **11**

7,369,038

72,193,172

1,671,410

5,117,198

11,762,935

3,256,275

101,847,199

16.437.591

16.437.591

0

0

85.409.608

85,409,608

101,847,199

Form 990 (2019)

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> <a> and

Investments—program-related. See Part IV, line 11

Cash-non-interest-bearing	4,238,244	1	
Savings and temporary cash investments	66,591,258	2	
Pledges and grants receivable, net		3	

Beginning of year

1,605,536

5,117,198

9.877.077

2,786,551

90,706,641

17,470,929

17,470,929

10c

11

12 13

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17 18

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23

24

25

26

27

28

30

31

32

33

0 29

0

73.235.712

73,235,712

90,706,641

2 3 322,702 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

10b

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

329,213 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 Notes and loans receivable, net . . . 7 Assets 168.075 147.958 8 Inventories for sale or use . Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other 10a 3,194,577 basis. Complete Part VI of Schedule D

1,523,167

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

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

3h

Additional Data

Software ID:

Software Version:

EIN: 22-3032456

Name: NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION INC.

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVIDED HIGH-SPEED, FREE OR LOW-COST, MOBILE BROADBAND SERVICE TO SCHOOLS, LIBRARIES, NONPROFITS, SOCIAL WELFARE AND HEALTHCARE ORGANIZATIONS IN BOTH URBAN AND RURAL AREAS OF THE UNITED STATES. DURING THE COVID-19 GLOBAL PANDEMIC, WE PROVIDED CRITICAL BROADBAND SERVICE TO MORE THAN 8,800 EDUCATIONAL AND NONPROFIT ORGANIZATIONS ACROSS ALL 50 STATES AND WASHINGTON DC. WE DISTRIBUTED MORE LINES OF BROADBAND SERVICE AND DEVICES (68% INCREASE FROM THE PREVIOUS YEAR), AND OUR UNLIMITED BROADBAND ACCOUNTS DELIVERED MORE THAN 14.561.000 GB OF DATA TO KEEP COMMUNITIES CONNECTED DURING THIS UNPRECEDENTED TIME. MORE INFORMATION ON OUR IMPACT IN 2020 IS AVAILABLE AT WWW.MOBILEBEACON.ORG/2020-ANNUAL-REPORT.

Form 990, Part III, Line 4b:

ALL EDUCATIONAL AND NONPROFIT INSTITUTIONS DURING THE YEAR. THIS WAS LARGELY DUE TO THE URGENT NEED TO PROVIDE BROADBAND TO STUDENTS AND WORKERS WITHOUT HOME INTERNET ACCESS DURING THE COVID-19 GLOBAL PANDEMIC AFTER SOCIAL DISTANCING MANDATES AND LOCKDOWNS WENT INTO EFFECT.

FOR MILLIONS OF STUDENTS, DISTANCE LEARNING BECAME THE ONLY MEANS OF CONTINUING THEIR EDUCATION DURING THE PANDEMIC. SCHOOLS DEPLOYED OUR

MOBILE BEACON EXPERIENCED A 235% INCREASE IN REQUESTS FOR DONATED DEVICES BY SCHOOLS AND A 34% OVERALL INCREASE IN DEVICE DONATIONS AMONG

LTE DEVICES AND SERVED 2,000+ NEW SCHOOLS, LIBRARIES, AND NONPROFIT ORGANIZATIONS THROUGHOUT THE US DURING THIS CRITICAL TIME

MOBILE HOTSPOTS AND CONSUMED OVER 3,523,000 GB OF DATA TO KEEP STUDENTS CONNECTED DURING THE PANDEMIC. IN TOTAL, MOBILE BEACON DONATED 19,573

MOBILE BEACON'S CONNECT FOR SUCCESS PROGRAM PROVIDES FREE LAPTOP COMPUTERS, MOBILE HOTSPOTS, AND HIGH-SPEED UNLIMITED BROADBAND ACCOUNTS TO ENABLE SCHOOLS IN OUR EBS-LICENSED MARKETS TO MEET THE NEEDS OF STUDENTS WHO OTHERWISE LACK ADEQUATE ACCESS TO TECHNOLOGY IN THEIR HOMES. 71 GRANTS PROVIDED 1.491 LAPTOP COMPUTERS AND 1.464 4G LTE DEVICES TO SCHOOLS IN THE FOLLOWING LICENSED MARKETS: ALBUQUEROUE, NM.

SOUTH BEND, IN, FORT WAYNE, IN, GREAT BEND, KS, SALINA, KS, HAYS, KS, PROVIDENCE, RI, YOUNGSTOWN, OH, TOLEDO, OH, TEMPLE-KILLEEN, TX, WACO, TX, SALT LAKE CITY, UT. MELBOURNE, FL, FORT PIERCE, FL, LA JUNTA, CO, LAWTON, OK, FRESNO, CA, SANTA ROSA, CA, MOBILE, AL, LAKE HAVASU, AZ, HILO, HI, KONA, HI.

Form 990, Part III, Line 4c:

MEMPHIS, TN. AND SPOKANE, WA.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

HOMELESS IN RHODE ISLAND.

others, the total expenses, and revenue, if any, for each program service reported.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code:) (Expenses \$ 1,000,000 including grants of \$ 1,000,000) (Revenue \$ 0) 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. WHEN THE PANDEMIC CLOSED SCHOOLS, MARY'S MEALS CONTINUED TO PROVIDE VITAL MEALS IN THE FORM OF COMMUNITY DISTRIBUTIONS, PROVIDING A LIFELINE TO MANY FAMILIES DURING THIS CHALLENGING TIME. NACEPF'S DONATION ENABLED MARY'S MEALS TO CONTINUE TO FEED AND SUPPORT 33,700 CHILDREN IN ZAMBIA, MALAWI, KENYA, SYRIA, HAITI, SOUTH

SUDAN, AND ETHIOPIA. (Code:) (Expenses \$ 502,315 including grants of \$ 0) (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. RHODE ISLAND FOOD BANK RELEASED ITS 2020 STATUS REPORT ON HUNGER IN RHODE ISLAND

REPORTING THAT 1 IN 4 HOUSEHOLDS IN RI LACK ADEQUATE FOOD AND DEMAND FOR FOOD ASSISTANCE GREW 26% IN THE WAKE OF THE

COVID-19 PANDEMIC. NACEPF'S CHARITABLE CONTRIBUTIONS FROM THE VEGETABLE PRODUCE IT GROWS ON ITS ACREAGE ADDRESSES SOME

OF THE ROOT CAUSES THAT IMPEDES ACADEMIC SUCCESS BY DISTRIBUTING 75.317 UNITS OR BUNDLES OF VEGETABLE PRODUCE TOTALING

12,103 POUNDS IN WEIGHT TO LOCAL AREA SOUP KITCHENS AND FOOD DISTRIBUTION CHARITIES THAT SERVE THE POOR, NEEDY, AND

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

FOR THEIR CHILDREN, GRANDCHILDREN, AND THEMSELVES.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 430,000 including grants of \$ 430,000) (Revenue \$

NACEPF FUNDED SERVICE-LEARNING PROGRAMMING FOR ONE YEAR TO BUILDON STUDENTS AT INNER CITY HIGH SCHOOLS IN THE UNITED STATES, 10 ADULT LITERACY PROGRAMS IN DEVELOPING COUNTRIES, AND THE CONSTRUCTION OF 10 SCHOOLS IN DEVELOPING COUNTRIES WHERE THERE WAS NO ADEQUATE SCHOOL STRUCTURE AND STUDENTS WERE SQUEEZED INTO DARK AND CRUMBLING MUD HUTS OR TAUGHT OUTSIDE ONLY WHEN WEATHER PERMITS. 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

efil	e GR/	APHIC pri	t - DO NOT PROC	CESS_	As Filed Data -			DLN: 9	3493228027821
SCI	HED	ULE A	Duk	dic C	harity Statu	e and Dul	nlic Sunn	ort	OMB No. 1545-0047
(Form 990 or 990EZ) Cor			Complete if	the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>wı</u>	<u>vw.irs.</u>	<i>gov/Form990</i> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	ne organiza	tion C EDUCATIONAL					Employer identific	ation number
PROG	RAMMIN	NG FOUNDATIO	N INC					22-3032456	
	r t I		for Public Charity a private foundation b					See instructions.	
1			onvention of churches		•	•		(A)(i).	
2		·	scribed in section 17					()(-)-	
3			or a cooperative hospi			,	, ,	iii).	
4			esearch organization		-			-	nter the hospital's
	Ш	name, city,		operate.	a in conjunction with	a nospital descri	bed iii section .	170(b)(1)(A)(III). L	inter the hospital s
5			ition operated for the (iv). (Complete Part I		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local governm	ent or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7			ition that normally red $\mathbf{0(b)(1)(A)(vi)}$. (Co			s support from a	governmental u	nit or from the gener	al public described in
8			ty trust described in s	•	,	(Complete Part I	I.)		
9			ural research organiza ant college of agricult						ege or university or a
10	✓	from activit investment	ation that normally red ies related to its exen income and unrelated see section 509(a)(2	npt fund I busine	tions—subject to ceress taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	•
11		An organiza	ition organized and op	perated	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ition organized and op ly supported organiza through 12d that des	itions de	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a	
a		organizatio	upporting organization(s) the power to regular IV, Sections A	ılarİy ap					
b		manageme	supporting organizati nt of the supporting o plete Part IV, Section	rganiza	tion vested in the sar				
c		Type III f	unctionally integrate organization(s) (see in	ed. A su	upporting organizatio				ted with, its
d		Type III n	on-functionally inte integrated. The organ). You must comple	grated	. A supporting organi generally must satis	ization operated fy a distribution	in connection wi	th its supported orgar	
e		Check this	oox if the organization or Type III non-funct	receiv	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organiza			-			
g	Provi	de the follow	ing information about	the sup	oported organization(s).			
	(i) N	lame of supp organization		IN	(iii) Type of organization (described on lines 1- 10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			I						
Tota			tion Act Notice, see	<u>l</u>		Cat. No. 11285			90 or 990-EZ) 2019

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	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.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
10	business is regularly carried on 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 instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	r-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

	(Complete only if you	checked the box	on line 10 of P	art I or if the org	janization failed		r Part II. If
	the organization fails t	to qualify under	the tests listed	below, please co	mplete Part II.)	
36	ction A. Public Support Calendar year						
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1							
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services	44.074.460	44 000 000	44.055.550	40 500 500	46 570 540	65.450.05
	performed, or facilities furnished in any activity that is related to the	11,274,160	11,822,302	11,956,552	13,520,528	16,579,510	65,153,05
	organization's tax-exempt purpose						
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						
6	the organization without charge Total. Add lines 1 through 5	11,274,160	11,822,302	11,956,552	13,520,528	16,579,510	65,153,05
	Amounts included on lines 1, 2, and		,,		20,020,020		55,255,55
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed the						İ
	greater of \$5,000 or 1% of the						
_	amount on line 13 for the year.						
8	Add lines 7a and 7b Public support. (Subtract line 7c						
	from line 6.)						65,153,05
Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	11,274,160	11,822,302	11,956,552	13,520,528	16,579,510	65,153,05
10a	Gross income from interest,						
	dividends, payments received on	F70 717	020.052	1 140 200	1 670 056	043 705	F 171 F7
	securities loans, rents, royalties and income from similar sources	578,717	829,952	1,148,260	1,670,856	943,785	5,171,57
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975.						
C	Add lines 10a and 10b.	578,717	829,952	1,148,260	1,670,856	943,785	5,171,57
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,	11,852,877	12,652,254	13,104,812	15,191,384	17,523,295	70,324,62
14	11, and 12.) First five years. If the Form 990 is the form 990 is the 990 is the form 990 is the 990 is the 990 is the 990 is the 990 is t	ll for the organization	ı's first. second. t	hird, fourth, or fifth	tax vear as a se		anization.
•	check this box and stop here	-			*	• • • • •	
Se	ction C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2019 (ine 8, column (f) d	ivided by line 13,	column (f))		15	92.650 %
16	Public support percentage from 2018	Schedule A, Part I	II, line 15			16	92.400 %
Se	ction D. Computation of Inves						
17	Investment income percentage for 20	,	.,	, , ,	•	17	7.350 %
18	Investment income percentage from					18	7.600 %
	33 1/3% support tests—2019. If the						
	more than 33 1/3%, check this box and						
b	33 1/3% support tests—2018. If t						_
	not more than 33 1/3%, check this bo		_		-		
20	Private foundation. If the organizat	tion did not check a	a box on line 14, :	19a, or 19b, check	this box and see	instructions	. ▶ ⊔

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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. 1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b 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. 3с

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. 4a 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

4b supervised by or in connection with its supported organizations. 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. 4c 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 5a amendment to the organizing document).

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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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. 6 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) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
```

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	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	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
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).			
_		2		
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.	3		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	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.	2a		
ı	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.	2b		
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? <i>Provide details in Part VI.</i>	3a		
	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.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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		

	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 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to who details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions if any for years prior to 2019					

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The second secon	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

Additional Data

Software ID: Software Version:

EIN: 22-3032456

Name: NORTH AME

Name: NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION INC

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).

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).

Facts And Circumstances Test

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493228027821

Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION INC 22-3032456 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

(150% of line 2d, column (e))

Grassroots lobbying expenditures

406,262

Return Reference

or each	Form 5768 (election under section 501(h)). "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)
ctivity.	, , , , , , , , , , , , , , , , , , ,	Yes No		Amour	
	uring the year, did the filing organization attempt to influence foreign, national, state or local legislation, cluding any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Vo	lunteers?				
b Pai	id staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с Ме	dia advertisements?				
d Ma	illings to members, legislators, or the public?				
e Pul	blications, or published or broadcast statements?				
f Gra	ants to other organizations for lobbying purposes?				
g Dir	rect contact with legislators, their staffs, government officials, or a legislative body?				
h Ra	llies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Otl	her activities?				
j Tot	tal. Add lines 1c through 1i				
a Did	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If	"Yes," enter the amount of any tax incurred under section 4912				
c If	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If t	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
u 1					
Part II		(5), o	r secti	on	
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti	on Ye:	s N
Part II			r secti		s N
Part II	501(c)(6).		r secti	Ye	5 N
Part III We Did	501(c)(6). ere substantially all (90% or more) dues received nondeductible by members?		E	Yes	s N
Part II We Dic Dic art II	the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), o	 r secti	Yes 1 2 3 on 501(
We Did Did The Did	the organization make only in-house lobbying expenditures of \$2,000 or less? The complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." The complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	 (5), o	 r secti	Yes 1 2 3 on 501(
We Dick	the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), o	 r secti	Yes 1 2 3 on 501(
Week Dick Dick Dick Dick Dick Dick Dick Dic	sere substantially all (90% or more) dues received nondeductible by members?	(5), o	 r secti	Yes 1 2 3 on 501(
. We 2 Did 3 Did 2 TII . Du 2 Se ex a Cu b Ca	bere substantially all (90% or more) dues received nondeductible by members?	(5), o III-A	 r secti	Yes 1 2 3 on 501(
. We Did Did Did Did Did Did Did Did Did Did	sere substantially all (90% or more) dues received nondeductible by members? determined the organization make only in-house lobbying expenditures of \$2,000 or less? dethe organization agree to carry over lobbying and political expenditures from the prior year? dethe organization agree to carry over lobbying and political expenditures from the prior year? dethe organization agree to carry over lobbying and political expenditures from the prior year? dethe organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." despenses seements and similar amounts from members dethe organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." despenses for which the section 527(f) tax was paid). Trent year Tryover from last year	(5), o III-A 1 2a 2b	 r secti	Yes 1 2 3 on 501(
. We b Ca C Total Age I If the	ere substantially all (90% or more) dues received nondeductible by members?	(5), o IIII-A 2a 2b 2c 3	 r secti	Yes 1 2 3 on 501(
Well Well Well Well Well Well Well Well	sere substantially all (90% or more) dues received nondeductible by members? If the organization make only in-house lobbying expenditures of \$2,000 or less? If the organization agree to carry over lobbying and political expenditures from the prior year? IT-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Ites, assessments and similar amounts from members Iter, assessments and similar amounts from membe	(5), o IIII-A 2a 2b 2c 3	 r secti	Yes 1 2 3 on 501(
Well Well Well Well Well Well Well Well	are substantially all (90% or more) dues received nondeductible by members? If the organization make only in-house lobbying expenditures of \$2,000 or less? If the organization agree to carry over lobbying and political expenditures from the prior year? IT B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." It is, assessments and similar amounts from members It is is is a subject to section 501(c) It is is answered "No" OR (b) Part answered "No" OR (b) Part answered "No" OR (b) Part answered "Yes." It is is a subject to section 501(c) It is is a subject to section 501(c) It is a subject t	(5), o IIII-A 2a 2b 2c 3	 r secti	Yes 1 2 3 on 501(

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493228027821

OMB No. 1545-0047

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.

2019 Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

	me of the organization RTH AMERICAN CATHOLIC EDUCATIONAL	Employer identification number
	OGRAMMING FOUNDATION INC	22-3032456
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	or Accounts.
	(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 a organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?	
Pa	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).	
_		n historically important land area
		certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for easement on the last day of the tax year.	rm of a conservation Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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 tax year ▶	the organization during the
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 and enforcement of the conservation easements it holds?	of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing o	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conser	rvation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1	L70(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 experiments balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Otl Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ner Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or research in 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 stater historical treasures, or other similar assets held for public exhibition, education, or research in furtifollowing amounts relating to these items:	ment and balance sheet works of art, nerance of public service, provide the
((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 final following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	· ————————————————————————————————————
F I	Paperwork Paduction Act Notice see the Instructions for Form 990 Cat. No.	F2202D Cohodula D (Farma 000) 2014

d Equipment

Par	t III	Organizations Maintaining Col	lections o	f Art, H	listori	cal T	reası	ires, o	r Othe	r Similar A	ssets (cont	inued)	- age =
3	Using	the organization's acquisition, accession (check all that apply):											
а		Public exhibition			d		Loan	or exch	ange pro	grams			
b		Scholarly research			e		Othe	r					
С		Preservation for future generations											
4	Provid Part >	de a description of the organization's col KIII.	lections and	explain l	how the	y furtl	her th	e organiz	zation's	exempt purpo	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to									☐ Yes	□ N	lo
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		" on For	m 990	, Part	IV, li	ine 9, o	r repor	ced an amou	unt on Forr	n 990,	Part
1 a	Is the	e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other	intermed 	iary for 	contri 	bution 	s or oth	er assets	s not 	☐ Yes	□ N	lo
b	If "Y∈	es," explain the arrangement in Part XIII	and comple	ete the fo	llowing	table:				Α	mount		_
c	Begin	ining balance							1c				_
d	Addit	ions during the year							1d				_
е	Distri	butions during the year							1e				
f	Endin	ng balance							1 f				
2a	Did th	ne organization include an amount on Fo	rm 990, Par	t X, line :	21, for	escrow	v or cu	ıstodial a	account	iability?	☐ Yes	□ N	lo
b		es," explain the arrangement in Part XIII								•			
	rt V	Endowment Funds.	· Oneck nor		Крічніч			promac					
		Complete if the organization answ											
	Di	in a second balance	(a) Currer	nt year	(b) P	rior yea	ar	(c) Two y	ears back	(d) Three ye	ars back (e)	Four yea	rs back
	-	ing of year balance											
		outions								+			
		vestment earnings, gains, and losses								+			
		or scholarships					-			+			
	and pro	expenditures for facilities ograms											
		strative expenses											
g		year balance											
2		de the estimated percentage of the curre	ent year end	l balance	(line 1	g, colu	mn (a)) held a	is:				
а	Board	d designated or quasi-endowment 🕨											
b		anent endowment 🟲											
С		orarily restricted endowment											
За	Are th	percentages on lines 2a, 2b, and 2c shou here endowment funds not in the posses · · · ·			ion that	t are h	eld an	ıd admin	istered f	or the			
	_	nization by: nrelated organizations									3a(i)	Yes	No
		elated organizations		• • •		•		• •			3a(ii)		
b		es" on 3a(ii), are the related organization	· · · · ns listed as r	equired o	on Sche	dule R	? .				3b	+	
4	Descr	ribe in Part XIII the intended uses of the	organizatio	n's endov	wment f	unds.							
Pa	rt VI	Land, Buildings, and Equipme	nt.										
		Complete if the organization answ				<u> </u>							
	Descri	ption of property (a) Cost or oth (investme		(b) Cost	or other	basis (other)	(c) Acc	cumulated	depreciation	(d) E	Book valu	e
1 a	Land					1,08	31,418						1,081,418
b	Buildin	gs				84	42,820			463,784			379,036
c	Leaseh	old improvements											
d	Equipm	nent				94	43,060			916,202			26,858

327,279

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

184,098

143,181

Part VII		000 Davit IV 1	116	. Caa Farra 000 I)t. \/	lina d	2
	Complete if the organization answered "Yes" on Formal (a) Description of security or category	(b) Book value	ne III	(c) Metho	d of val	uation	
(1) Financia	(including name of security)			Cost or end-of	-year m	arket v	/alue
	held equity interests						
(A) MUTUAL	FUND	11,762,935			F		
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12.)	11,762,935					
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, lii	ne 11c	. See Form 990,	Part X	, line 1	13.
	(a) Description of investment	, ,		(b) Book value	(c)	Metho	d of valuation: -of-year market
					Cost		alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		•				
Part IX	Other Assets.	orana OOO Dawk IV line		. S F	1 V 15-		
	Complete if the organization answered 'Yes' on Fo (a) Description		e 11a	. See Form 990, Par	τ x, iin) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)					_		
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•		
Part X	Other Liabilities.	000 Part IV lie	- 44-	116 C F		1t V	Eas 25
1.	Complete if the organization answered 'Yes' on Fo (a) Description		e 11e	or 111.See Form	990, P	art X,	(b) Book value
(1) Federal	income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of	the footnote to the or	ganizat	ion's financial state] ments t	hat re	oorts the
•	's liability for uncertain tax positions under FIN 48 (ASC 7		-				

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.

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Other (Describe in Part XIII.)

Page 4

1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a а 2b 2c

2d

2e

Schedule D (Form 990) 2019

3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b . . . Other (Describe in Part XIII.) 4b b

Add lines **4a** and **4b** 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Schedule D (Form 990) 2019

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

Return Reference Explanation

Schedule D (Form 990) 2019 Part XIII Supplemental Infor	mation (continued)	Page 5
Return Reference	Explanation	
		Schedule D (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DL					l: 93493228027821	
SCHEDULE F (Form 990)	State	ment of	Activities	Outside the Un	ited States	OMB No. 1545-0047
(1 01111 000)	► Compl	ete if the organ		Yes" to Form 990, Part IV,	ine 14b, 15, or 16.	2019
	_	C- t		to Form 990.		Open to Public
Department of the Treasury Internal Revenue Service	•	Go to www.irs.	gov/Form990 for I	nstructions and the latest i	ntormation.	Inspection
Name of the organization					Employer ide	ntification number
NORTH AMERICAN CATHO PROGRAMMING FOUNDATI	ION INC				22-3032456	
	nformation Part IV, line		s Outside the l	Jnited States. Comple	ete if the organization	answered "Yes" on
1 For grantmakers	. Does the or	ganization ma	intain records to	substantiate the amoun	t of its grants and	
other assistance, t	he grantees'	- eligibility for tl	he grants or assi	stance, and the selection	criteria used	
to award the grant	s or assistan	ce?				✓ Yes 🗆 No
2 For grantmakers outside the United		Part V the org	anization's proce	dures for monitoring the	use of its grants and o	ther assistance
3 Activites per Region	. (The followin	g Part I, line 3	table can be dupli	icated if additional space is	s needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region	a (f) Total expenditures for and investments in the region
SUB-SAHARAN AFRIC ANGOLA, BENIN, BO BURKINA FASO,	I	0	0	GRANTS		22,974
3a Sub-total b Total from continuati	on sheets to		0 0			22,974
	I		o o)		C
Part I	, <u>, , , , , , , , , , , , , , , , , , </u>		ol o			22,974

(book, FMV,

appraisal, other)

(h) Description

of noncash

assistance

Page 2

and EIN (if applicable)

section

ANGOLA, BENIN, BOTSWANA, BURKINA EDUCATE NATIVES IN IFASO,

(c) Region

SUB-SAHARAN AFRICA PROVIDED FOR LAND

(d) Purpose of

arant

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

AND FUNDS TO

AGRICULTURAL TECHNOLOGY TO HELP THEM BECOME SELF-SUFFICIENT AND PROMOTE ECONOMIC AND CULTURAL STABILITY. THIS GRANT IS CONGRUENT WITH NACEPF'S EDUCATIONAL PURPOSES AS WELL AS U.S. STATE DEPT GOALS THAT PROMOTE SOCIAL. ECONOMIC, AND POLITICAL STABILITY.

(e) Amount of

cash grant

(f) Manner of

cash

disbursement

22,974 WIRE TRANSFER

(q) Amount

of noncash

assistance

	1	_
Schedule	F (Form 990) 2019	9

Part III can be d				1	ı		Γ
Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

Schedule F	(Form 990) 2019	Page 5
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions. dule F, Supplemental Information	method); Part III (accounting
	Return Reference	Explanation
PART III AC	CCOUNTING METHOD:	

Return Explanation

990 Schedule F, Supplemental Information

PT I LINE 2 THE RECIPIENT ORGANIZATIONS PROVIDE PERIODIC REPORTS ON THE USE OF THE FUNDS AND THE ACCOMPLISHMENT OF THE EDUCATIONAL PURPOSES OF THE GRANTS. THE BOARD REVIEWS THESE PERIODIC REPORTS TO ENSURE THAT THE FUNDS ARE BEING USED FOR THE INTENDED CHARITABLE AND EDUCATIONAL PURPOSES. IF THE REPORTS EVER INDICATE THAT FUNDS ARE NOT BEING USED FOR THE INTENDED CHARITABLE AND EDUCATIONAL PURPOSES, THE BOARD WOULD PURSUE THE RETURN OF THE FUNDS AND, AS APPROPRIATE. WITHHOLD FUTURE GRANT FUNDS.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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.

OMB No. 1545-0047

DLN: 93493228027821

Open to Public

Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for the latest information.						
Name of the organization NORTH AMERICAN CATHOLIC ED PROGRAMMING FOUNDATION IN						Employer identification 22-3032456	cation number
Part I General Inform	nation on Grants	and Assistance					
the selection criteria used Describe in Part IV the org Part III Grants and Other	to award the grants ganization's procedu Assistance to Dom	or assistance? res for monitoring the usestic Organizations a	se of grant funds in the U	nited States.	for the grants or assistance rganization answered "Yes"		Yes No
that received more (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
3 Enter total number of other	er organizations liste	ed in the line 1 table .					
For Bonomical Bodication Ask Noti		f F 000		C-+ N- F00F	ED.	C-I	- d.d. T (F 000) 2010

(Form 990)

Schedule I (Form 990) 2019 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients						(f) Description of noncash assistance	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule I (Form 990) 2019

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

Additional Data

ALBUQUERQUE, NM 87123

AUBURN SCHOOL

60 COURT STREET

AUBURN, ME 04210

DEPARTMENT

Software ID: Software Version: **EIN:** 22-3032456

01-6000018

Name: NORTH AMERICAN CATHOLIC EDUCATIONAL

PROGRAMMING FOUNDATION INC

Form 990, Schedule I, Part	II, Grants and	Other Assistance t	o Domestic Organiz	ations and Domes	stic Governments.	
(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance

(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	
or government			_	assistance	other)	

27-1096803 18,193 COST

ALBUQUERQUE SCHOOL OF **EXCELLENCE** 304 PEQUIN TRL SE

6,388 COST

(h) Purpose of grant

BROADBAND/TECHNOLOGY

BROADBAND/TECHNOLOGY

or assistance

NEEDS OF THE

ORGANIZATION

NEEDS OF THE

ORGANIZATION

LAPTOPS AND/OR LTE DEVICES TO SUPPORT

LAPTOPS AND/OR LTE DEVICES TO SUPPORT

AND HOTSPOTS

AND HOTSPOTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 82-2308061 13,168 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT BAIS YAAKOV HIGH SCHOOL AND HOTODOTO OLOGY

INFEDS OF THE IORGANIZATION

OF INDIANA 1530 E JACKSON ROAD SOUTH BEND, IN 46614						BROADBAND/TECHNOLINEEDS OF THE ORGANIZATION
BARTON COUNTY ACADEMY	48-1069538		9,588	COST	LAPTOPS AND/OR LTE DEVICES	TO SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GREAT BEND, KS 67530

AND HOTSPOTS 1010 TAFT STREET BROADBAND/TECHNOLOGY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant non-cash assistance organization if applicable grant cash (book, FMV, appraisal, or assistance assistance other) or government

BISHOP MCVINNEY REG	05-0319911		12,727	LAPTOPS AND/OR LTE DEVICES	
SCHOOL				AND HOTSPOTS	BROADBAND/TECHNOLOGY
155 GORDON AVE					NEEDS OF THE
PROVIDENCE, RI 029051909					ORGANIZATION

ORGANIZATION

34-6000286 11.574 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT BOARDMAN GLENWOOD AND HOTSPOTS **IBROADBAND/TECHNOLOGY** JUNIOR HIGH SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7635 GLENWOOD AVE

BOARDMAN, OH 445125899

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

24 744 COCT

LIADTORS AND/OR LTE DEVICES TO CURDORT

4600 MIDWAY DR TEMPLE, TX 765021592	74-6002380		24,/44	COST		BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
BOYS & GIRLS CLUBS OF	63-0414826		17,245	соѕт	LAPTOPS AND/OR LTE DEVICES	TO SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DONILLAM MIDDLE COLLOCI

PRICHARD, AL 36610

74 6002200

BOYS & GIRLS CLUBS OF 63-0414826 17,245 COST LAPTOPS AND/OR LTE DEVICES OF SOUTH ALABAMA BROADBAND/TECHNOLOGY NEEDS OF THE STREET ORGANIZATION

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

IDEVELOPING COUNTRIES

BRADFORD COUNTY SCHOOL DISTRICT 501 W WASHINGTON ST STARKE, FL 32091	59-6000518		7,405		TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION

391,500 BUILDON INC. 22-3128648 800 LONG RIDGE RD 2ND FLR

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

CONSTRUCTED 10 ISCHOOLS AND LAUNCHED STAMFORD, CT 06902 110 ADULT LITERACY IPROGRAMS IN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

BUILDON INC	22-3128648	38,500		PROVIDED SERVICE
800 LONG RIDGE RD 2ND FLR				LEARNING PROGRAMMING
STAMFORD, CT 06902				FOR ONE YEAR TO
				STUDENTS IN INNER CITY
				HIGH SCHOOLS IN THE US

581 COST

LAPTOPS AND/OR LTE DEVICES TO SUPPORT

BROADBAND/TECHNOLOGY

NEEDS OF THE ORGANIZATION

AND HOTSPOTS

BUILDON INC

800 LONG RIDGE RD 2ND FLR

STAMFORD, CT 06902

22-3128648

(b) EIN (e) Amount of non-(a) Name and address of (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or government assistance other) BLIDTON SCHOOL DISTRICT 77-0563533 6 868 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT

AND HOTSPOTS

BROADBAND/TECHNOLOGY

NEEDS OF THE ORGANIZATION

1155 N ELDERWOOD ST PORTERVILLE, CA 93257	,, 6363333		0,000	6651		BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
CANFIELD HIGH SCHOOL	34-6000500		11,963	COST	LAPTOPS AND/OR LTE DEVICES	TO SUPPORT

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

100 CARDINAL DR

CANFIELD, OH 444061199

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

CAPITAL AREA DISTRICT LIBRARY PO BOX 249 1379 E MASON ST DANSVILLE, MI 48819	38-3358109		6,071		TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION

ORGANIZATION

LAPTOPS AND/OR LTE DEVICES TO SUPPORT CARSON JUNIOR HIGH 81-2873901 11,220 COST AND HOTSPOTS SCHOOL BROADBAND/TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

525 N WESTWOOD

MESA, AZ 85201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other)

05NTD 41 54110 0011001	05 0450045			 	
					MISSION
BALTIMORE, MD 21201					CONGRUENT WITH OUR
228 WEST LEXINGTON ST					PROGRAMMING
CATHOLIC RELIEF SERVICES	13-5563422	65,000	0		TO PROMOTE

ORGANIZATION

CENTRAL FALLS SCHOOL 05-0459947 66.661 I COST ILAPTOPS AND/OR LIE DEVICES ITO SUPPORT AND HOTSPOTS DISTRICT BROADBAND/TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

949 DEXTER ST

CENTRAL FALLS, RI 02863

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization non-cash assistance if applicable grant cash (book, FMV, appraisal, or assistance assistance other) or government

CENTRAL SCHOOL DISTRICT 301 275 SOUTH ST BURLINGTON, IL 60109	36-6004759		6,387		TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION

ORGANIZATION

57-6000317 10.452 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT CHARLESTON COUNTY PUBLIC AND HOTSPOTS **IBROADBAND/TECHNOLOGY**

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LIBRARY SYSTEM 68 CALHOUN ST

CHARLESTON, SC 29401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, grant cash non-cash assistance or assistance or government assistance other)

COLORADO SPRINGS SCHOOL DISTRICT NO 11 1115 N EL PASO ST COLORADO SPRINGS, CO 80903	84-1527961		5,335	COST	TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION

ICONGRUENT WITH OUR

MISSION

80-0615570 7,500 COURAGE INTERNATIONAL TO PROMOTE INC PROGRAMMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

8 LEONARD STREET

NORWALK, CT 06850

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 83-1864431 14,408 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT COVENANT CHRISTIAN

BROADBAND/TECHNOLOGY

INFEDS OF THE IORGANIZATION

SCHOOL 720 EMERSON DR NE PALM BAY, FL 329071430					BROADBAND/TECHNOLOG NEEDS OF THE ORGANIZATION
EAGLE CHRISTIAN ACADEMY	74-2328974		14,524	LAPTOPS AND/OR LTE DEVICES	TO SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6125 BOSQUE BLVD

WACO.TX 767104170

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

EAST HIGH SCHOOL 840 S 1300 E SALT LAKE CITY, UT 84102	74-2563840		16,874		TO SUPPORT BROADBAND/TECHNOLOG NEEDS OF THE ORGANIZATION

301 RATON AVE

LA JUNTA, CO 81050

84-6014414 13.620 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT EAST OTERO SCHOOL AND HOTSPOTS DISTRICT BROADBAND/TECHNOLOGY

NEEDS OF THE

ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

EAST PALESTINE MIDDLE SCHOOL 320 W GRANT ST E PALESTINE, OH 444131602	34-6000910		11,649	COST	TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION

ORGANIZATION

73-6029956 10.295 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT EISENHOWER MIDDLE AND HOTSPOTS SCHOOL BROADBAND/TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5702 W GORE BLVD

LAWTON, OK 735055800

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization non-cash assistance if applicable grant cash (book, FMV, appraisal, or assistance assistance other) or government

EUDIST SERVANTS OF THE 11TH HOUR	20-3784449	7,500	0		TO PROMOTE PROGRAMMING
3542 GOVENOR DR					CONGRUENT WITH OUR
SAN DIEGO, CA 92122					MISSION

14.668 COST

LAPTOPS AND/OR LTE DEVICES TO SUPPORT

IBROADBAND/TECHNOLOGY

NEEDS OF THE

ORGANIZATION

AND HOTSPOTS

FAIRMONT ELEMENTARY

3095 N GREENWOOD AVE

SANGER, CA 936579331

SCHOOL

95-6002210

(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

(e) Amount of non-

ORGANIZATION

GILLIARD ELEMENTARY SCHOOL 2757 DAUPHIN ISLAND PARKWAY MOBILE, AL 36605	63-6000774		14,693		TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION

LAPTOPS AND/OR LTE DEVICES TO SUPPORT GUIDING LIGHT CHRISTIAN 86-0683168 11,599 COST AND HOTSPOTS EDUCATIONAL CENTER (GLCP IBROADBAND/TECHNOLOGY NEEDS OF THE INC)

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

220 MESCAL LANE

LAKE HAVASU, AZ 86403

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

HARMONY PUBLIC SCHOOLS 9321 W SAM HOUSTON PKWY	76-0615245		21,855	LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT BROADBAND/TECHNOLOGY
9321 W SAM HOUSTON PRWY					NEEDS OF THE
HOUSTON, TX 77099					ORGANIZATION

12.348 COST HAWAII TECHNOLOGY 37-1566465 AND HOTSPOTS ACADEMY 73-5619 KAUHOLA STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KAILUA KONA, HI 96740

LAPTOPS AND/OR LTE DEVICES TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE STE 205 IORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

SOUTH BEND. IN 46628

1020 WILBER ST

SCHOOL

HEIGHTS CHARTER SCHOOL 15570 HAGIE DRIVE FORT MYERS, FL 33908	81-0760151		15,473	COST		TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
HOLY CROSS CATHOLIC	35-0992113		11,320	COST	LAPTOPS AND/OR LTE DEVICES	TO SUPPORT

AND HOTSPOTS

BROADBAND/TECHNOLOGY

NEEDS OF THE

ORGANIZATION

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant non-cash assistance organization if applicable grant cash (book, FMV, appraisal, or assistance assistance other) or government LICLY EASILY ELEMENTARY 26 0042224 0.0721.0007 LIADTORS AND/OR LTE DEVICES TO CURPORT

INFEDS OF THE ORGANIZATION

SCHOOL 1800 MILNER STREET HAYS, KS 67601	26-0643234		6,973		BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SOUTH BEND, IN 46619

LAPTOPS AND/OR LTE DEVICES TO SUPPORT HOLY FAMILY SCHOOL 33-1156095 13.099 COST AND HOTSPOTS 56407 S MAYFLOWER RD BROADBAND/TECHNOLOGY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

					MISSION
HOLY GHOST FATHERS 48/49 37TH STREET LONG ISLAND, NY 11101	11-2424823	5,000	0		TO PROMOTE PROGRAMMING CONGRUENT WITH OUR

ORGANIZATION

14.408 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT INNOVATIONS EARLY 87-6000515 AND HOTSPOTS COLLEGE HIGH SCHOOL BROADBAND/TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1633 S EDISON STREET SALT LAKE CITY, UT 84115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable non-cash assistance grant cash (book, FMV, appraisal, or assistance assistance other) or government

LAKELAND JOINT SCHOOL DISTRICT 15506 N WASHINGTON ST RATHDRUM, ID 83858	82-6000812		6,522			TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
LAW AND CIVICS READING	27-2433648		17.070	COST	LAPTOPS AND/OR LTE DEVICES	TO SUPPORT

AND HOTSPOTS

IBROADBAND/TECHNOLOGY

NEEDS OF THE

ORGANIZATION

LAW AND CIVICS READING AND WRITING INSTITUTE

10208 S WOOD ST

CHICAGO, IL 60643

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MAHONING UNLIMITED CLASSROOM 4211 EVELYN RD YOUNGSTOWN, OH 44511	34-1504730		18,274			TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
MARTIN LUTUER KING	24 6401440		11 674	COST	LADTORS AND OR LITE DEVICES	TO CURRORT

ORGANIZATION

MARTIN LUTHER KING 34-6401449 11,674 COST TLAPTOPS AND/OR LIE DEVICES ITO SUPPORT AND HOTSPOTS ACADEMY FOR BOYS BROADBAND/TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1300 FOREST AVE

TOLEDO, OH 436071947

(a) Name and address of (b) EIN (e) Amount of non-(g) Description of (c) IRC section (d) Amount of cash (f) Method of valuation (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or government assistance other)

NEEDS OF THE ORGANIZATION

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

MAUNA LOA SCHOOL 99-0222903 11.220 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT I AND HOTSPOTS 172 KAPIOLANI STREET BROADBAND/TECHNOLOGY

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HILO, HI 96720

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MILLINGTON CENTRAL HIGH SCHOOL 8050 WEST ST MILLINGTON, TN 380531700	46-4289512		15,045		TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
MISSION DOCTORS ASSOCIATION	95-6110132	26,000	0		TO PROMOTE PROGRAMMING

3435 WILSHIRE BLVD SUITE CONGRUENT WITH OUR 1940 MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LOS ANGELES, CA 90010

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government

NATIONAL DIGITAL	82-2753773	5,000	0		TO PROMOTE
INCLUSION ALLIANCE					PROGRAMMING
300 E MAIN STREET 50					CONGRUENT WITH OUR
COLUMBUS, OH 43209					MISSION

7.424 COST

LAPTOPS AND/OR LTE DEVICES TO SUPPORT

IBROADBAND/TECHNOLOGY

NEEDS OF THE

ORGANIZATION

AND HOTSPOTS

OAK PARK SCHOOL DISTRICT

OAK PARK, IL 60302

260 MADISON ST

36-6004318

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

I AND HOTSPOTS

BROADBAND/TECHNOLOGY

NEEDS OF THE ORGANIZATION

OUR LADY OF HUNGARY SCHOOL 735 W CALVERT ST SOUTH BEND, IN 466131944	35-0907308		11,420	COST		TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
PCS FOR PEOPLE	26-2066045	70.107	33.675	lcost	LAPTOPS AND/OR LTE DEVICES	TO SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2492 DOSWELL AVE

ST PAUL, MN 55108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

400 ATWELLS AVE

PROVIDENCE, RI 02909

POTENTIAL DEVELOPMENT PROGRAM 2405 MARKET STREET YOUNGSTOWN, OH 44507	34-0789759		11,574		TO SUPPORT BROADBAND/TECHNOLOG' NEEDS OF THE ORGANIZATION
PROBLEM PREGNANCY OF PROVIDENCE INC - MOTHER OF LIFE CENTER	22-2579761	12,000	0		TO PROMOTE PROGRAMMING CONGRUENT WITH OUR

MISSION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant non-cash assistance organization if applicable grant cash (book, FMV, appraisal, or assistance assistance other) or government

PROVIDENCE HALL CHARTER HS	12-3629700		23,174	LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT BROADBAND/TECHNOLOGY
4557 W PATRIOT RIDGE DR					NEEDS OF THE
HERRIMAN, UT 840965721			1		ORGANIZATION

6.159 COST

LAPTOPS AND/OR LTE DEVICES TO SUPPORT

IBROADBAND/TECHNOLOGY

NEEDS OF THE

ORGANIZATION

AND HOTSPOTS

10.000

PROVIDENCE PUBLIC LIBRARY

PROVIDENCE, RI 02903

FOUNDATION 150 EMPIRE STREET 34-2052912

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government

QUEEN OF ANGELS CATHOLIC SCHOOL 1600 W STATE BLVD FORT WAYNE, IN 468081930	35-0996118		11,393		TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION

SACRED HEART GRADE 26-0863830 11.588 COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

300 N WASHINGTON STREET

PLAINVILLE, KS 67663

LAPTOPS AND/OR LTE DEVICES TO SUPPORT AND HOTSPOTS **IBROADBAND/TECHNOLOGY** SCHOOL

NEEDS OF THE

ORGANIZATION

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

ELEMENTARY SCHOOL

301 S BUCKEYE AVE

ABILENE, KS 67410

SACRED HEART JRSR HIGH SCHOOL 234 E CLOUD ST SALINA, KS 67401	26-2936071		18,815			TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
SAINT ANDREW'S	26-0840993		11.824	COST	LAPTOPS AND/OR LTE DEVICES	TO SUPPORT

AND HOTSPOTS

BROADBAND/TECHNOLOGY

NEEDS OF THE

ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 35-1007010 11.320 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT SAINT JOHN THE BAPTIST TECHNOLOGY

INFEDS OF THE ORGANIZATION

CATHOLIC SCHOOL 3616 ST JOHNS WAY SOUTH BEND, IN 46628			,			BROADBAND/TE NEEDS OF THE ORGANIZATION
SAINT JOSEPH HIGH SCHOOL	35-0924794		18.596	COST	LAPTOPS AND/OR LTE DEVICES	TO SUPPORT

AND HOTSPOTS 453 N NOTRE DAME AVENUE BROADBAND/TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SOUTH BEND, IN 46617

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government CATNE MADVIC CDADE 26 0020612 14 670 COCT LIADTORS AND OR LIE DEVICES TO CURDORT

INFEDS OF THE ORGANIZATION

CATNET MICHAELIC ACADEMY	74 000000	·	44.750	6007	LARTORS AND OR LITE DEVISES	TO CUIDDODT
304 E CLOUD SALINA, KS 67401						NEEDS OF THE ORGANIZATION
SCHOOL						BROADBAND/TECHNOLOGY
SAINT MARY S GRADE	26-0838612		14,6/9		AND HOTSPOTS	

SAINT MICHAEL'S ACADEMY 71-0908285 11,752|COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SPOKANE, WA 99217

ILAPTOPS AND/OR LIE DEVICES ITO SUPPORT AND HOTSPOTS 8502 N ST MICHAELS RD BROADBAND/TECHNOLOGY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

					LARTORO AND JOB LTE DELIGES	
DISTRICT 440 EAST 100 SOUTH SALT LAKE CITY, UT 84102	, , 20000.0		33,233		AND HOTSPOTS	BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
SALT LAKE CITY SCHOOL	74-2563849		89,233	COST	LAPTOPS AND/OR LTE DEVICES	TO SUPPORT

5.844 COST ILAPTOPS AND/OR LTE DEVICES TO SUPPORT SARASOTA COUNTY LIBRARY 59-6000848 AND HOTSPOTS SYSTEM BROADBAND/TECHNOLOGY 4143 WOODMERE PARK NEEDS OF THE BOULEVARD IORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

VENICE, FL 34293

(b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Name and address of (c) IRC section (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or government assistance other)

NEEDS OF THE ORGANIZATION

SCHOOL DISTRICT 27 J 18551 E 160TH AVE BRIGHTON, CO 80601	84-6012304		11,361			TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
SEATTLE BURLTO SCHOOLS	01 6001 541		70.050	COST	LADTORS AND/OR LTE DEVICES	TO CURRORT

SEATTLE PUBLIC SCHOOLS 91-6001541 /U,950|COST TAPTOPS AND/OR LIE DEVICES [10 SUPPOR] AND HOTSPOTS 2445 3RD AVE S BROADBAND/TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98117

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or assistance or government assistance other)

SCHOOL DISTRICT 1221 E KINGSBURY ST SEGUIN, TX 78155 BROADBAND/TECHI NEEDS OF THE ORGANIZATION
--

NEEDS OF THE

ORGANIZATION

35-1331725 12.430 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT SOUTH BEND HEBREW DAY AND HOTSPOTS SCHOOL BROADBAND/TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1530 JACKSON ROAD

SOUTH BEND, IN 46614

(book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) SDRING HILL COLLEGE 62-0202170 9 612 COST LIAPTOPS AND/OR LTE DEVICES TO SUPPORT

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

MISSION

4000 DAUPHIN STREET ROOM 222 MOBILE, AL 36608	03-0302170		9,013	10031	BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
ST PATRICK ACADEMY	05-0259044	251.100	0		TO PROMOTE

244 SMITH STREET PROGRAMMING PROVIDENCE, RI 02908 ICONGRUENT WITH OUR

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance or assistance if applicable grant cash or government assistance other)

CONGRUENT WITH OUR

MISSION

					MISSION
ST AUGUSTINE CHURCH 635 MOUNT PLEASANT AVE PROVIDENCE, RI 02908	05-0342670	14,000	0		TO PROMOTE PROGRAMMING CONGRUENT WITH OUR

ST EDWARDS FOOD AND 5.0001 TO PROMOTE 20-2178919 WELLNESS CENTER INC PROGRAMMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1001 BRANCH AVE PROVIDENCE, RI 02904

(b) EIN (e) Amount of non-(f) Method of valuation (a) Name and address of (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or government assistance other) CHITAN COURSE DICTRICT 04 0004047 12 260 0000 LIADTORE AND/OR LTE DEVICES TO CURDORT

NEEDS OF THE ORGANIZATION

CUNICO ACT DETIALEY COLLOCI	50.0400040			 LARTORS AND OR LITE DEVISES	TO SUPPORT
,					ORGANIZATION
SULTAN, WA 98294					NEEDS OF THE
514 4TH STREET				AND HOTSPOTS	BROADBAND/TECHNOLOGY
SOLIAN SCHOOL DISTRICT	91-0901347		12,209	LAFTOFS AND/ON LIL DEVICES	I I O SUPPORT

11.549 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT SUNCOAST PRIMARY SCHOOL 59-2438918 AND HOTSPOTS 3050 43RD AVENUE BROADBAND/TECHNOLOGY

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

VERO BEACH, FL 32960

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 10.600 LAPTOPS AND/OR LTE DEVICES TO SUPPORT THE LEUKEMIA & LYMPHOMA 13-5644916 6.148 COST IAND HOTSPOTS SOCIETY BROADBAND/TECHNOLOGY

INFEDS OF THE ORGANIZATION

2346 POST ROAD NEEDS OF THE WARWICK, RI 02886 IORGANIZATION

THOMAS MORE PREP-MARIAN 48-1012421 7.260 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT AND HOTSPOTS 1701 HALL ST BROADBAND/TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HAYS, KS 67601

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) COMMUNITY COLUECE 25 2544200 c 0 c 0 l 0 0 0 7 LADTORG AND OR LITE DEVICES TO GURDORT

INFEDS OF THE ORGANIZATION

						[
MC2000A TULSA, OK 74119						NEEDS OF THE ORGANIZATION
909 SOUTH BOSTON AVENUE						BROADBAND/TECHNOLOG
TULSA COMMUNITY COLLEGE	35-2544200		6,863	COST	AND HOTSPOTS	

9.724 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT UNIVERSITY HIGH SCHOOL 91-6008402 AND HOTSPOTS 19307 E CATALDO AVE BROADBAND/TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SPOKANE VALLEY, WA 99016

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or government assistance other) VALLEY OAK HIGH SCHOOL 28-6626628 14.149 COST LAPTOPS AND/OR LTE DEVICES TO SUPPORT

BROADBAND/TECHNOLOGY

NEEDS OF THE ORGANIZATION

1600 MYRTLE AVE NAPA, CA 945584743			- 1,2 1.		BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION
WACO CHARTER SCHOOL	74-1549077		11,649	LAPTOPS AND/OR LTE DEVICES AND HOTSPOTS	TO SUPPORT

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

612 N 25TH STREET

WACO, TX 76707

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant non-cash assistance organization if applicable grant cash (book, FMV, appraisal, or assistance assistance other) or government

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WENTZVILLE SCHOOL DISTRICT 280 INTERSTATE DRIVE WENTZVILLE, MO 63385	43-6004018		21,116		TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION

11.199 COST

LAPTOPS AND/OR LTE DEVICES TO SUPPORT

IBROADBAND/TECHNOLOGY

NEEDS OF THE

ORGANIZATION

AND HOTSPOTS

WEST BRANCH MIDDLE
SCHOOL

14409 BELOIT SNODES RD

BELOIT, OH 446099552

34-6005723

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WEST MEMPHIS SCHOOL DISTRICT 331 W BARTON AVE WEST MEMPHIS, AR 723013098	71-6021620		11,456		TO SUPPORT BROADBAND/TECHNOLOGY NEEDS OF THE ORGANIZATION

17,196 COST

LAPTOPS AND/OR LTE DEVICES TO SUPPORT

BROADBAND/TECHNOLOGY

NEEDS OF THE

ORGANIZATION

AND HOTSPOTS

WORCESTER COUNTY PUBLIC

NEWARK, MD 21841

6270 WORCESTER HIGHWAY

SCHOOLS

52-6001062

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49322	8027	821
Sch	edule J	C	ompensat	ion Information	10	ИВ No.	1545-0	0047
(Forr	n 990)		Compensa ganization answ	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV, 1 to Form 990.	hest , line 23.	20	19)
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest inform	mation.	open t	to Pul	
	ne of the organiz	Iation			Employer identifica			
	RTH AMERICAN CATH GRAMMING FOUND	HOLIC EDUCATIONAL ATION INC			22-3032456			
Pa	rt I Questi	ons Regarding Compensa	ntion		22 3032 130			
	-						Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions	닏	Payments for business use of perso				
		nification and gross-up paymen		Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	rreur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	ees, officers, including the CEO/	executive Directo	r, regarding the items checked on Lir	ne la?			
3				ed to establish the compensation of the	he			
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.			
		-		,				
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	<u>.</u>	Approval by the board or compensa	ition committee			
		-						
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b		· · ·		ified retirement plan?		4b		No
С			· ·	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part	t III.			
	0) F04(-)(4)l F04(-)(20	.	annat annualata linaa F O				
5		(), 501(c)(4), and 501(c)(29	-	the organization pay or accrue any				
,		ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	n?				5a		No
b	=					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	· ·	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe rt III		7		No
8	subject to the ir	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do 				N
9	If "Yes" on line	8, did the organization also folk	ow the rebuttable	presumption procedure described in	Regulations section	9		No_
For F		uction Act Notice, see the In			50053T Schedule J		990)	2019

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

Note. The sum of colum	ns (B))(i)-(iii) for each listed in		tal amount of Form 990,	Part VII, Section A, line 1	a, applicable column (D) and (E) amounts for tha	t individual.
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation ir column (B) reported as deferred on prior Form 990
1 JOHN PRIMEAU PRESIDENT, TREASURER &	(i)	181,637	0	0	26,723	0	208,360	0
DIR	(ii)	0	0	0	0	0	0	0
2 KATHERINE MESSIER EXECUTIVE DIRECTOR	(i)	140,946	0	0	20,899	0	161,845	0
MOBILE BEACON	(ii)	0	0	0	0	0	0	0
	T							
	T							
	\vdash							

Schedule J (Form 990) 2019 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. Return Reference Explanation THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO INCLUDED COMPARABILITY DATA AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. PART I, LINE 3 Schedule 1 (Form 990) 2019

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DL	N: 93493228027821
SCHEDUL (Form 990 or EZ)	O or 990-EZ c questions on ormation.	OMB No. 1545-0047 2019 Open to Public Inspection	
PROGRAMMING FO	CATHOLIC EDUCATIONAL	22-3032456	ntification number
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 2	BARBARA PRIMEAU IS JOHN PRIMEAU'S SPOUSE. IRENE PRIMEAU IS JOH	N PRIMEAU'S SISTER.	

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, PART VI, SECTION B.

990 Schedule O, Supplemental Information

Return Explanation

Reference

AND WILL BE FOLLOWED.

FORM 990,
PART VI,
SECTION B,
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990 Schedule O, Supplemental Information

Return Explanation

Reference

Reference	
FORM 990,	FORM 990, PART VI, SECTION B, LINE 15A THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO
PART VI,	INCLUDED COMPARABILITY DATA AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. FORM 990
SECTION B,	, PART VI, SECTION B, LINE 15B THE PROCESS FOR DETERMINING COMPENSATION OF OTHER KEY EMPLO
LINE 15	YEES INCLUDED USING COMPARABILITY DATA GATHERED BY AN INDEPENDENT HR FIRM.

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information

Return Reference	Explanation
MISCELLANEOUS	OTHER DISCLOSURES: NACEPF HOLDS EBS LICENSES IN 52 MARKETS ACROSS THE US, INCLUDING 8 LARG
FOOTNOTE	E METROPOLITAN AREAS, 18 MIDSIZE MARKETS, AND 25 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 COMMERCI
	AL 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 EXPI
	PATION OF THE LEASES OR OTHERWISE, NACEDE COLLID BE REQUIRED TO EXPEND SUBSTANTIAL CARITAL

POSSIBLE FOR NACEPF TO MEET ITS REGULATORY OBLIGATIONS AND CONTINUE TO PROVIDE BROADBAND.

TO BUILD AND OPERATE ITS OWN BROADBAND SYSTEM IN ORDER TO CONTINUE TO PROVIDE SERVICES TO EDUCATIONAL INSTITUTIONS AND OTHER NOT-FOR-PROFIT AND SOCIAL WELFARE ENTITIES. CHANGES IN TECHNOLOGY. THE REGULATORY ENVIRONMENT. AND THE MARKETPLACE HAVE TAKEN PLACE AND WILL CONT INUE 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

SERVICES EVEN IN THE ABSENCE OF A PARTNERSHIP WITH A COMMERCIAL LESSEE.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION INC

Internal Revenue Service Name of the organization

Part I

Related Organizations and Unrelated Partnerships

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

► 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.

OMB No. 1545-0047 2019

DLN: 93493228027821

Open to Public Inspection

Employer identification number

22-3032456

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) (d) (e) Legal domicile (state or foreign country) Total income		(e) End-of-year assets	sets (f) Direct controlling entity			
(1) EDUCATIONAL BROADBAND SERVICE AGENCY LLC DBA MOBILE BEACON CO M OLIVERIO 55 DORRANCE STREET SUITE 400 PROVIDENCE, RI 02903 27-2858507	DEVELOP/EXPAND INST/PROG/ & EDUC. BROADBAND SVCS TO NONPROFITS & RURAL AREAS	RI	2,681,129	7,022,747	NORTH AMERICAN CATHOLIC EDUCATIONAL PROGRAMMING FOUNDATION INC			
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	. Complete if the organi	zation answered '	"Yes" on Form 99	0, Part IV, line 34	because it had one or r	nore		
(a) Name, address, and EIN of related organization		(c) gal domicile (state r foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)	(f) Direct controlling entity	(g) Section 512((13) controll entity?		
						Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.	Cat. No. 50135	SY		Schedule R (Form 9	90) 2019		

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization			domicile controlling incor (state entity ur or excl foreign ta	income(rela unrelated excluded fr tax unde sections 5:	(e) Predominant income(related, unrelated, excluded from tax under sections 512-		(h) Disproprtionat r allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe	(k) ercentage wnership	
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organizations.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	/ E	- 000)	2010

chedule R (Form 990) 2019					Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered	Yes" on Form 990, Pa	rt IV, line 34, 35b	o, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more relate	ed organizations listed ir	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
${f b}$ Gift, grant, or capital contribution to related organization(s)				1 b		
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		
f d Loans or loan guarantees to or for related organization(s)				1d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1 g		
f h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1 i		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		
I Performance of services or membership or fundraising solicitations for related organization(s)				11		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1p		
q Reimbursement paid by related organization(s) for expenses				1 q		
r Other transfer of cash or property to related organization(s)				1r		\vdash
s Other transfer of cash or property from related organization(s)				1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered	elationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount in	volved	1

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
			1			ı				Schedul	e R (Form	990	0) 2019		

Schedule R (Form 990) 2019								
Part VII	Supplemental Info	pplemental Information						
	Provide additional information for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation						