990 Tax Filings – Public Inspection Copy

December 31, 2016



600 INWOOD AVENUE NORTH SUITE 160 OAKDALE, MN 55128 TEL: (651) 636-3806 FAX: (651) 636-1136 www.akinshenke.com

			** PUBLIC DISCL	OSURE C	OPY *	*				
	Ω	nn Returr	n of Organization E	Exempt	From	Income Tax	OMB No. 1545-0047			
For	n J	90 Return Under section 50	01(c), 527, or 4947(a)(1) of the Inte	ernal Revenu	e Code (e)	cept private foundation	2016			
Depa	rtment	of the Treasury	not enter social security numbers	s on this form	n as it may	be made public.	Open to Public			
Interr	al Rev	enue Service Info	rmation about Form 990 and its i			irs.gov/form990.	Inspection			
AF	or th	e 2016 calendar year, or tax yea	r beginning	and	lending	-				
Bc	heck if					D Employer identific	ation number			
		THE AMERICAN C								
	Address INC.									
H	_]chan]Initial	ge Doing business as					010078			
	_returr Final		box if mail is not delivered to street add	dress)	Room/suite)321-4027			
	returr termi	n_			200		9,839,487.			
	ated Amer		nce, country, and ZIP or foreign po N 55057	ostal code		G Gross receipts \$				
-	_lreturr]Appli		cipal officer: GREGORY A.	CARLSON	Г	H(a) Is this a group re for subordinates				
	_ltion pend	SAME AS C ABOVI		CIIIIDOI	•	H(b) Are all subordinates in				
1 1	- av.ev	empt status: X 501(c)(3)		4947(a)(1)	or 52	- • •	list. (see instructions)			
		ite: WWW.AMERICANCI		10 17 (u)(1)		H(c) Group exemption				
		f organization: X Corporation		Other 🕨	L Yea		State of legal domicile: MN			
		Summary			1					
-	1	Briefly describe the organization'	's mission or most significant activ	ities: SEE	SCHED	ULE O				
Ű			-							
srna	2	Check this box 🕨 🗌 if the o	organization discontinued its opera	ations or dispo	osed of mor	re than 25% of its net as	sets.			
ove	3	Number of voting members of the	e governing body (Part VI, line 1a)				5			
ي م	4	Number of independent voting m	nembers of the governing body (Pa	art VI, line 1b)			4			
es	5		oyed in calendar year 2016 (Part V				0			
Activities & Governance	6		nate if necessary)				5			
Act			e from Part VIII, column (C), line 12				0.			
	b	Net unrelated business taxable in	ncome from Form 990-T, line 34		<u></u>		0.			
						Prior Year	Current Year			
ne	8		III, line 1h)			3,918,066.	3,307,325.			
Revenue	9	Program service revenue (Part VI				909,651.	786,727.			
Re			umn (A), lines 3, 4, and 7d)			0.	100,121.			
	11		(A), lines 5, 6d, 8c, 9c, 10c, and 11			4,827,717.	4,094,052.			
	13	Grants and similar amounts paid	gh 11 (must equal Part VIII, column			2,809,479.	2,974,540.			
	14	Benefits paid to or for members (0.	0.			
G			nployee benefits (Part IX, column ((A) lines 5-10)		0.	0.			
ISe			rt IX, column (A), line 11e)			0.	0.			
Expenses		Total fundraising expenses (Part			0.					
ш			(A), lines 11a-11d, 11f-24e)			173,234.	183,760.			
	18		(must equal Part IX, column (A), lin			2,982,713.	3,158,300.			
	19		t line 18 from line 12			1,845,004.	935,752.			
or ces		•				eginning of Current Year	End of Year			
sets alan	20	Total assets (Part X, line 16)				23,140,321.	25,346,416.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)				0.	62,250.			
	22		otract line 21 from line 20			23,140,321.	25,284,166.			
	rt II									
			xamined this return, including accompa				knowledge and belief, it is			
true,	corre	ct, and complete. Declaration of prepar	rer (other than officer) is based on all i	nformation of w	hich prepare	er has any knowledge.				

Sign Signature of officer Date Here GREGORY A. CARLSON, PRESIDENT Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	CHRIS HENKE			if self-employed P01008921						
Preparer	Firm's name AKINS HENKE AND			Firm's EIN 46-3220328						
Use Only	Firm's address 600 INWOOD AVENU	E NORTH, SUITE 160								
	Phone no.651-636-3806									
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No						

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

		RICAN CENTER FOR PHILA	-	
	1990 (2016) INC.		41-20	10078 Page 2
Ра	rt III Statement of Program Serv	-		
		ponse or note to any line in this Part III	<u></u>	<u></u>
1	Briefly describe the organization's mission PROMOTE PHILANTHROPY	BY PROVIDING EFFECTIV	E EFFICIENT AND F	TEXTRLE
		TO CARRY OUT THEIR P		
		NG DONOR ADVISED FUND		
2	Did the organization undertake any signifi	cant program services during the year whic	h were not listed on the	
				Yes X No
	If "Yes," describe these new services on S			
3		make significant changes in how it conduc	ts, any program services?	Yes X No
	If "Yes," describe these changes on Sche			h
4		ce accomplishments for each of its three la ons are required to report the amount of gra		•
	revenue, if any, for each program service		and anocations to others, the tota	r expenses, and
4a		040,440 including grants of \$,974,540.) (Bevenue \$)
Ĩ	THE AMERICAN CENTER F	OR PHILANTHROPY PROMO	TES PHILANTHROPY BY	PROVIDING
		AND FLEXIBLE MEANS F		
		ABLE OBJECTIVES BY UT		
	THE CENTER MADE 983 G	RANTS TO CHARITABLE O	RGANIZATIONS DURING	2016.
4h	(Codo:) (Exponence \$	including grants of \$)
40	(Code) (expenses \$) (Revenue \$)
4.				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
<u> </u>				
4d	Other program services (Describe in Sche			
4e	(Expenses \$ i Total program service expenses ►	ncluding grants of \$ 3,040,440.) (Revenue \$)
-+0	יסנמו איסטימוזי שבו אוכב באאבוושבא ►	-,		Form 990 (2016)
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Form	990 (2016) INC. 41-2010	078	Р	age 3
	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2016)

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Form 990 (2016)

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

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	n 990 (2016) INC.	41-20100)78	Pa	age 5
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
		_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	·	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (I	FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organized				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а			7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	····· _	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	d			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	·····	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
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		Х
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		Х
10	Section 501(c)(7) organizations. Enter:				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	L	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Ļ			
а	Is the organization licensed to issue qualified health plans in more than one state?	····· L	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	H	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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THE	AMERICAN	CENTER	FOR	PHILANTHROPY,
INC.				

41-2010078 Page **6**

_	990 (2016) INC .			-2010			age
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-			"No" r	espor	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C						
200	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>	<u></u>		Σ
sec	tion A. Governing Body and Management					Vee	
10	Enter the number of voting members of the governing body at the end of the tax year	1a		5		Yes	N
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year				1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		nv other		1		
_	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the			on			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		2
4	Did the organization make any significant changes to its governing documents since the prior Form				4		2
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		2
6	Did the organization have members or stockholders?				6		Σ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockhol	ders, or				
	persons other than the governing body?				7b		Σ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at	the				Ι.
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			<u></u>	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)		,		-
						Yes	1
	Did the organization have local chapters, branches, or affiliates?				10a		2
b	If "Yes," did the organization have written policies and procedures governing the activities of such c						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	\vdash
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before	e filing the	form?	11a	~	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				12b	- 11	
C					12c	х	
12	in Schedule O how this was done					X	
13 14	Did the organization have a written document retention and destruction policy?				13 14	X	
14 15	Did the process for determining compensation of the following persons include a review and approv				14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ependen	L			
а	The organization's CEO, Executive Director, or top management official				15a		2
	Other officers or key employees of the organization				15a		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wit	ha				
	taxable entity during the year?				16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				Tou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed MN						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Sectio	n 501(c)(3	3)s only) ;	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.	,	()(, ,,			
	X Own website Another's website X Upon request Other (explain	in Sche	dule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			olicy, and	d finan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records:	▶			
	GREGORY A. CARLSON - (507)321-4027						
	11 BRIDGE SQUARE, SUITE 200, NORTHFIELD, MN 55057						
32006	3 11-11-16				Form	990	(20
	6						
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Form 990 (2016)

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(E)

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

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

(R)

INC.

()

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(C)

(D)

(E)

X Check this box if neither the organization no	or any related	organization compensat	ed any current officer,	director, or trustee
(A)	(D)	(0)	(D)	(E)

Name and Title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)					h an	an compensation	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GREGORY A. CARLSON	1.50									
PRESIDENT AND BOARD MEMBER		Х		Х				0.	0.	0.
(2) RICHARD ESTENSON	1.20									
TREASURER AND BOARD MEMBER		Х		Х				0.	0.	0.
(3) BLAKE ABDELLA	1.00									
SECRETARY AND BOARD MEMBER		X		Х				0.	0.	0.
(4) ARTHUR MONAGHAN	1.00									
SECRETARY AND BOARD MEMBER		Х		Х				0.	0.	0.
(5) MATTHEW RICH	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
		-								
632007 11-11-16	1							I		Form 990 (2016)

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2016.04020 THE AMERICAN CENTER FOR PHI ACP____1

7110	MERICAN CEN	NTE	R	FC	DR	PH	[I]	LANTHROPY,	41-20	100	סדר		
Form 990 (2016) INC . Part VII Section A. Officers, Directors	Tructoco Kov Em	nlov		0.00	а Ц;	abor	+ (Componented Employe		100	J 7 0	Р	'age 8
(A)	(B)		. ees,	, and (C		gnes	sic	(D)	es (continued) (E)			(F)	
(A) Name and title	Average hours per week (list any	erage P (do not che box, unless officer and				than c s both	n an	Reportable compensation	Reportable compensation from related		an	timat nount other pensa	of
			organizations (W-2/1099-MIS		fr org an	om th aniza d relat anizat	ie tion ted						
4. 0.4 4.41								0.		0.			0.
1b Sub-total c Total from continuation sheets to F d Total (add lines 1b and 1c)	Part VII, Section A)		0.		0.			0.
2 Total number of individuals (including compensation from the organization	but not limited to th						o r	received more than \$100	,000 of reportabl	e			0
3 Did the organization list any former of	, ,		, ke	y en	nplo	yee,	or	highest compensated e	mployee on			Yes	No
line 1a? <i>If "Yes," complete Schedule</i>For any individual listed on line 1a, is and related organizations greater tha	the sum of reportab	le co	mpe	ensa	ation	and	ot	-	the organization		3		X X
 5 Did any person listed on line 1a receir rendered to the organization? <i>If "Yes,</i> 	ve or accrue compe	nsati	on f	rom	any	unre	elat	ted organization or indiv	dual for services		5		X
Section B. Independent Contractors											-		
1 Complete this table for your five high the organization. Report compensation	-	-								pensa	ation 1	rom	
Name and bus	A) siness address		- D.C					(B) Description of s		Co)) ompe		on
CARLSON CAPITAL MANAGE SQUARE, SUITE 200, NOP	-				57			INVESTMENT A ADMINISTRATI			16	4,5	01.
							_						
							_						
2 Total number of independent contract \$100,000 of compensation from the of		not lin	nite	d to	thos 1	se lis	tec	d above) who received m	nore than				
											Form	990	(2016)

		(2016) INC.					41-2010	078 Page 9
Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin		(B)	(C)	
					(A) Total revenue	(P) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
our		Membership dues						
Am (Fundraising events						
Giff İlar	c	d Related organizations	1d					
Sim,	e	e Government grants (contribut	ions) 1e					
er S	f	All other contributions, gifts, gran						
Q		similar amounts not included abov		3,307,325.				
Contributions, Gifts, Grants and Other Similar Amounts		9 Noncash contributions included in lines			3,307,325.			
5.0	1	n Total. Add lines 1a-1f		Business Code	5,507,525.			
e.	2 8	a						
e zio	_ t							
Se	c							
ram Reve	c							
Program Service Revenue	e	e						
₽		All other program service reve						
		g Total. Add lines 2a-2f						
	3	Investment income (including			611,184.			611,184.
	4	other similar amounts) Income from investment of tax			011,104.			011,104.
	5	Royalties						
	-		(i) Real	(ii) Personal				
	6 a	a Gross rents						
	k	b Less: rental expenses						
		Rental income or (loss)						
		d Net rental income or (loss)						
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	5,896,600.	24,378.				
	L	and sales expenses	5,713,560.	31,875.				
	c	c Gain or (loss)		· · ·				
		d Net gain or (loss)			175,543.			175,543.
e	8 a	Gross income from fundraising	g events (not					
Other Revenue		including \$	of					
Rev		contributions reported on line	-					
Jer	_	Part IV, line 18						
₿		 Less: direct expenses Net income or (loss) from function 						
		a Gross income from gaming ac		·····				
	0.0	Part IV, line 19						
	k	b Less: direct expenses						
		Net income or (loss) from gam						
	10 a	a Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ł	<u> </u>	Niccollappour Poyonu						
	11 a	Miscellaneous Revenu		Business Code				
	l i c							
	Č							
	c	d All other revenue						
		Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.		►	4,094,052.	0.	0.	786,727.
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Form 990 (2016)

INC.

	rt IX Statement of Functional Expens				
Sect	ion 501(c)(3) and 501(c)(4) organizations must com		<u> </u>	1 ()	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,974,540.	2,974,540.		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	29,850.	10,903.	18,947.	
b	Legal				
с	Accounting	12,220.		12,220.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	134,651.	49,182.	85,469.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 100		1 1 0 0	
23		1,199.		1,199.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	5,840.	5,815.	25.	
b					
с					
d					
е	All other expenses				
~-	Total functional expanses Add lines 1 through 24a	3 158 300	3 040 440	117 860	0

632010 11-11-16

25

26

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Check here

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

_____ if following SOP 98-2 (ASC 958-720)

10 2016.04020 THE AMERICAN CENTER FOR PHI ACP____1

3,040,440.

117,860.

3,158,300.

Form **990** (2016)

0.

Form 990 (2016) Part X Balance Sheet

INC.

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	1,854,604.	2	1,467,96
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other			
1.00	basis. Complete Part VI of Schedule D 10a			
h	Less: accumulated depreciation		10c	
11	Investments - publicly traded securities	21,253,842.	11	23,878,45
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14			13	
15	Intangible assets	31,875.	15	
16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	23,140,321.	16	25,346,41
17	Accounts payable and accrued expenses	23/110/5211	17	20/010/11
18			18	62,25
19	Grants payable		19	02/23
20	Deferred revenue		20	
	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		00	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of		05	
		0.	25	62,25
26	Total liabilities. Add lines 17 through 25	0.	26	02,23
	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
07	complete lines 27 through 29, and lines 33 and 34.	23,015,175.	07	25,284,16
27	Unrestricted net assets	125,146.	27	23,204,10
28	Temporarily restricted net assets	123,140.	28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	23,140,321.	33	25,284,16
34	Total liabilities and net assets/fund balances	23,140,321.	34	25,346,41 Form 990 (20

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06570830 766845 ACP

ΓHE	AMERICAN	CENTER	FOR	PHILANTHROPY,	

	1990 (2016) INC.	41-2	910018	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,094		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,158		
3	Revenue less expenses. Subtract line 2 from line 1	3	935		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,140		
5	Net unrealized gains (losses) on investments	5	1,208	, 0	93.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	25,284	.,1	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

632012 11-11-16

SCHEDULE A		Dublic Che	rity Status on		alia Ci	unnart		OMB No. 1545-0047
(Form 990 or 990-EZ	,,		rity Status an					2016
			nization is a section 50 [.] 147(a)(1) nonexempt cha			or a section		2010
Department of the Treasury			Attach to Form 990 or F					Open to Public
Internal Revenue Service	Informat	tion about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at ^W	/ww.irs.gov/fo	orm990.	Inspection
Name of the organiza			CENTER FOR PH	ILANT	HROPY	,		identification number
	INC.							1-2010078
Part I Reason	for Public	Charity Status	(All organizations must co	omplete th	iis part.) S	ee instruction	S.	
The organization is not	a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)			
1 A church, c	onvention of ch	nurches, or associati	on of churches described	d in sectio	on 170(b)(1)(A)(i).		
2 A school de	scribed in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3 A hospital o	r a cooperative	e hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4 A medical re	search organiz	zation operated in co	onjunction with a hospital	l describe	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
city, and sta	te:							
5 📃 An organiza	tion operated f	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit describ	oed in
section 17)(b)(1)(A)(iv). ((Complete Part II.)						
	ate, or local go	overnment or govern	mental unit described in	section 1	70(b)(1)(A)	(v).		
7 X An organiza	tion that norma	ally receives a subst	antial part of its support f	from a gov	rernmenta	l unit or from	the general	public described in
section 170	(b)(1)(A)(vi). (C	Complete Part II.)						
8 A communit	y trust describ	ed in section 170(b))(1)(A)(vi). (Complete Par	t II.)				
9 An agricultu	ral research or	ganization described	d in section 170(b)(1)(A)(ix) operat	ed in conju	unction with a	land-grant	college
or university	or a non-land-	grant college of agri	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
university:								
10 An organiza	tion that norma	ally receives: (1) mor	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from
activities rel	ated to its exer	mpt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	from gross investment
income and	unrelated busi	iness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		omplete Part III.)						
	-	-	sively to test for public sa	•				
-	-	-	sively for the benefit of, to	-			-	
			ed in section 509(a)(1) o					heck the box in
	-		of supporting organizatio		-		-	
			supervised, or controlled	•				
	-		egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	upporting
		complete Part IV, S						
		-	d or controlled in connec			-		-
	•		ganization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		-	, Sections A and C.					
	-		ng organization operated				illy integrate	ad with,
	Ũ	()(s). You must complete I		,			
			porting organization oper				•	
			ization generally must sat				d an attent	veness
		,	mplete Part IV, Sections					
	-		written determination fro			а туре ї, турє	e II, Type III	
			onally integrated support					
		n about the support	ad arganization(a)					
(i) Name of sup		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
organizatio	-		(described on lines 1-10	Yes	ing document?	support (see ii	nstructions)	support (see instructions)
			above (see instructions))					
		1						
Total								
	aduction Act [Notion and the Inst	rustions for Form 000 a	r 000 E7	000001 00	ot to Sobo		m 000 or 000 EZ) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Schedule A (Form 990 or 990 EZ) 2016 INC.

41-2010078 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (of fiscal year beginning in) (g) 2012 (g) 2013 (g) 2014 (g) 2015 (g) 2016 (g) 701al (g) 2016 (g) 7016 (g) 70	See	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 2493094. 2838095. 3030366. 3918066. 3307325. 15586946. 2 Tax revenues levied for the organization's benefit and ther paid to or expended on its behalf	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Include any 'unusual grants ') 2493094. 2838095. 3030366. 3918066. 3307325. L5586946. 2 Tax reverues levied for the organization interpaid to or expended on its behalf and the paid to or expended on its behalf and the paid to or expended on its behalf and the paid to or expended on its behalf 3 The value of exvices or facilities furnished by a governmental unit to the organization without charge and a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11. 2493094. 2838095. 3030366. 3918066. 3307325. 15586946. 6 Public support. Charge and the paid to or expended on its behalf and the paid to organization included on line 1 that exceeds 2% of the amount shown on line 1. and the previous of the paid to organization included on line 1 that exceeds 2% of the amount shown on line 1. 2194003. (b) 2013 (c) 2014 (d) 2015 (d) 2015 (d) 2016 (d) 201	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization is behalf 2493094. 2838095. 3030366. 3918066. 3307325. 15586946. 3 The value of services or facilities turnished by a governmental unit to the organization without charge 2493094. 2838095. 3030366. 3918066. 3307325. 15586946. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (after than a government unit or public) supported organization includes of the amount shown on line 11, column (f) 2194003. 2194003. 6 Public support. Contract lines for line 4 23392943. 33303366. 3918066. 3307325. 15586946. 8 Gross income from interest and sources and income from interest and income inteted antivities, etc. (see instructions)		membership fees received. (Do not						
icrain's bonefit and ether pair to or expended on its behalf		include any "unusual grants.")	2493094.	2838095.	3030366.	3918066.	3307325.	15586946.
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3 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11. 2493094. 2838095. 3030366. 3918066. 3307325. 15586946. 6 Public support of ordai contributions by each person (other than a governmental unit or public) support of organization included on line 1 that exceeds 2% of the amount shown on line 11. 2194003. 2194003. 6 Public support of organization included and increment of first year (offsel year beginning in) by each person (other shown on line 11. 2493094. 2838095. 3030366. 3918066. 3307325. 15586946. 6 Gross income from line 4 2493094. 2838095. 3030366. 3918066. 3307325. 15586946. 8 Gross income from line 4 2493094. 2838095. 3030366. 3918066. 3307325. 15586946. 9 Net income from unrelated business a regularly carried on unclude gain or toos from the sale or capital assets (Explain in Part V). 12 480, 194. 526, 033. 570, 266. 587, 826. 611, 184. 2775503. 11 Total support. Add lines / through 10 18362449. 12		ization's benefit and either paid to						
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Chedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 INC .

41-2010078 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support	r	1	1	1	1		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
Ŭ	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
ie (ction B. Total Support							
ale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total	
	Amounts from line 6							
0a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
k	Durrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	the organization'	s first, second, th	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) o	rganization,	_
	check this box and stop here						<u></u>	
	ction C. Computation of Publ							
	Public support percentage for 2016 (15		%
<u>16</u>	Public support percentage from 2015					16		%
	ction D. Computation of Inves							
	Investment income percentage for 20					17		%
18	Investment income percentage from 2							%
198	a 33 1/3% support tests - 2016. If the							7
	more than 33 1/3%, check this box a							
Ľ	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	•						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check tl				
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41-2010078 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990 or 990-EZ) 2016 INC. Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

41-20100<u>78_Page5</u>

Sche		1-201007	8 Pa	ige 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	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		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	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 operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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 supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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?	1		
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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	I		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	[,] (see instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
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. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	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.	3b		
63202		(Form 990 or 99	90-EZ)	2016
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06570830 766845 ACP 2016.04020 THE AMERICAN CENTER FOR PHI ACP____1

THE AMERICAN CENTER FOR PHILANTHROPY

Schedule A (Form 990 or 990 EZ) 2016 INC . Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 ot Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Sche	dule A (Form 990 or 990-EZ) 2016 INC .			1-2010078 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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	he organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
с	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule A	(Form 990 or 990-E				IC POI	T FRIDAN.		41-2010078	B Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	I Information. Pro , lines 1, 2, 3b, 3c, 4b ction D, lines 2 and 3; 6, and 8; and Part V,	, 4c, 5a, 6, 9a Part IV, Sect	a, 9b, 9c, 11 ion E, lines	la, 11b, a 1c, 2a, 2t	nd 11c; Part IV, o, 3a, and 3b; Pa	Section B, lines art V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Sect V, Section B, line 1e;	ion C,
	(See instructions.)		,				,		
	10						Cabarte	Io A (Eorem 000 or 00	
32028 09-21-		_			20			le A (Form 990 or 99	
570830	766845 AC	Р	2016.	04020	\mathbf{THE}	AMERICAN	CENTER	FOR PHI ACP	1

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

20	16

Employer identification number

Schedule B

(Form 990, 990-FZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

\mathbf{THE}	AMERICAN	CENTER	FOR	PHILANTHROPY,
TNC				

41-2010078

Organization	type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

41 - 2010078

THE AMERICAN CENTER FOR PHILANTHROPY, INC.

Name of organization

Part I Contributors (See instructions). Use duplicate copies of Part Lif additional space is needed

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u> 1 </u>		\$99,343.	Person Payroll Noncash X (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
2		\$69,948.	Person X Payroll Noncash X (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
3		\$100,734.	Person Payroll Noncash X (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>4</u> _ 		\$80,042.	Person Payroll Noncash X (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
5		\$92,510.	Person Payroll Noncash X (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u> 6 </u>		\$105,062.	Person X Payroll Noncash X (Complete Part II fo noncash contributio

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

06

Page 2

Employer identification number

41 - 2010078

THE AMERICAN CENTER FOR PHILANTHROPY, INC. Part I Contributors (See instructions) Use duplicate copies of Part Lif additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	, , , ,	- \$\$95,517.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- \$ <u>151,070.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$102,480. 	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		- \$\$506,488. -	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ <u>100,578.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18-	23	Schedule B (Form MERICAN CENTER FO	990, 990-EZ, or 990-PF) (2016 R PHI ACP 1

	MERICAN CENTER FOR PHILANTHROPY,			0010070
с.				-2010078
art II	Noncash Property (See instructions). Use duplicate copies of Part II if a	dditional space is neede	ed.	
(a) No.	11-1	(c)		1-11
om	(b) Description of noncash property given	FMV (or estimate	-	(d) Date received
art I		(See instructions	5)	Batereestea
	5,680 SHARES OF DFA U.S. LARGE COMPANY			
1				
		\$ 99,3	43.	12/29/16
		•		/
a)		(c)		
lo. om	(b)	FMV (or estimate	e)	(d)
artl	Description of noncash property given	(See instructions	5)	Date received
	477 SHARES OF MICROSOFT, 381 SHARES OF			
2	DFA US LARGE VALUE II			
		, <u> </u>	10	12/29/16
		\$39,9	40.	_12/29/10
(a)		(c)		
No.	(b)	FMV (or estimate	e)	(d)
om art I	Description of noncash property given	(See instructions	-	Date received
	VARIOUS SHARES OF PUBLICLY TRADED			
3	SECURITIES			
		100 5	24	10/06/10
		\$ 100,7	34.	12/06/16
(a)		(0)		
No.	(b)	(c) FMV (or estimate	e)	(d)
om art I	Description of noncash property given	(See instructions	-	Date received
	468 SHARES OF 3M STOCK			
4				
		\$ 80,0	10	11/00/16
		\$80,0	42.	11/09/16
(a)		(c)		
lo.	(b)	FMV (or estimate	e)	(d)
om art I	Description of noncash property given	(See instructions		Date received
	925 SHARES OF VANGUARD US LARGE CAP			
5	INDEX			
			10	10/00/16
		\$ 92,5	<u> </u>	12/02/16
a)		(-)		
lo.	(b)	(c) FMV (or estimate	e)	(d)
om art I	Description of noncash property given	(See instructions		Date received
	280 SHARES OF UNITED HEALTHCARE			
6				
_				
		\$\$\$\$\$\$\$\$		03/15/16

06570830 766845 ACP

art II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is neede	d.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)		(d) Date received	
7	6,334 SHARES OF SCHWAB FUNDAMENTAL US				
		\$95,5	17.	12/27/16	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
8	1,816.52 SHARES OF DFA TAX-MANAGED US SMALL CAP AND 2,215 SHARES OF DFA TAX-MANAGED US SMALL VALUE	\$ 151,0	70.	12/12/16	
(a)		φ <u></u>			
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
9	572 SHARES OF 3M STOCK				
		\$102,4	80.	07/13/16	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	-	(d) Date received	
10	451 SHARES OF VALSPAR, 8,216 SHARES OF HORMEL FOODS, 1,421 SHARES OF ECOLAB				
		\$506,4	88.	12/14/16	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
11	3,833 SHARES OF DFA TAX-MANAGED US LARGE VALUE II				
		\$100,5	78.	12/21/16	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
		\$			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 3

NC.	ERICAN CENTER FOR PHIL		Employer identification num $41 - 2010078$		
Part III	Exclusively religious, charitable, etc., contributor. Complete c completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	olumns (a) through (e) and the fol s, charitable, etc., contributions of \$1,000	bed in section 501(c)(7), (8), or (10) that total more than \$1, ollowing line entry. For organizations 0 or less for the year. (Enter this info. once.) \$\$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g	gift		
-	Transferee's name, address, ar	ad ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift		(d) Description of how gift is hold		
Part I	(b) Furpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g			
_	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(a) Tuonolou of a			
	Transferee's name, address, ar	(e) Transfer of g nd ZIP + 4	Relationship of transferor to transferee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
 - -		(e) Transfer of g			
_	Transferee's name, address, ar		Relationship of transferor to transferee		
-					
3454 10-18-1	6	26	Schedule B (Form 990, 990-EZ, or 990-		

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
(Forn	n 990)	Complete if the orga	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service		Attach to Form 990. m 990) and its instructions is at www.irs.go		Open to Public Inspection
	ployer identification number				
Nam	e of the organizati	INC.	R FOR PHILANTHROPY,		41-2010078
Par		-	d Funds or Other Similar Funds or	Accou	Ints.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		().) [de and attended and an and
	Tatal succession at a		(a) Donor advised funds	(b) Fun	ids and other accounts
1 2		nd of year f contributions to (during year)	3,286,435.		
2		f grants from (during year)	2,633,540.		
4		t end of year			
5			writing that the assets held in donor advised f	unds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		X Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only	
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose con	ferring	
Dec	impermissible priv				
Par			ganization answered "Yes" on Form 990, Part	IV, line 7	<u>. </u>
1		servation easements held by the organizati			the state of the state
		n of land for public use (e.g., recreation or e of natural habitat	education) Preservation of a historica	<i>.</i>	
		n of open space		TIISTOLIC	Siluciule
2			fied conservation contribution in the form of a	conserva	ation easement on the last
	day of the tax yea	• •			Held at the End of the Tax Year
а	Total number of co	onservation easements		. 2a	
b	•				
			ucture included in (a)	. 2 c	
d			after 8/17/06, and not on a historic structure		
					<u> </u>
3		vation easements modified, transferred, rel	leased, extinguished, or terminated by the org	janizatioi	1 during the tax
4	year	where property subject to conservation eas	sement is located		
5		tion have a written policy regarding the per			
•	0	forcement of the conservation easements if	6 , 1 , 6		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv		
	►				
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easemei	nts during the year
	▶\$				
8			ve satisfy the requirements of section 170(h)(4		
9			on easements in its revenue and expense sta		
9	-	•	tion's financial statements that describes the		
	conservation ease			organiza	tion 3 accounting for
Par			f Art, Historical Treasures, or Othe	r Simil	ar Assets.
	Complete it	f the organization answered "Yes" on Form	1990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and bala	ance sheet works of art,
	historical treasure	s, or other similar assets held for public ext	nibition, education, or research in furtherance	of public	service, provide, in Part XIII,
		tnote to its financial statements that descri			
b	-		SC 958), to report in its revenue statement and		
			ducation, or research in furtherance of public	service, j	provide the following amounts
	relating to these it				¢
					\$
2	.,		asures, or other similar assets for financial ga		le
-	-	unts required to be reported under SFAS 1	-		
а	-			🕨	\$
					\$
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2016
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Schedule D from 990 (2016 INC. INC. 41-2010078 page 2 Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetgeomization. de loan or exchange programs Chock at that apply: a collection is an exchange programs e loan or exchange programs b Scholdwire reserved d loan or exchange programs e loan or exchange programs chock at that apply: a collection is collections and explain how they further the organization's collection? No Part IVI Escow and Custodial Arrangements. Complete the organization's collection? No No Part IVI Escow and Custodial Arrangements. Complete the organization's collection? No No Difference and anount on form 600, Part X, line 21. Ine 21. No No Difference an anount on form 600, Part X, line 21. Ine 21. Into organization as anoth trues custodian or orther intermediary for contributions or other assets not included on form 600, Part X, line 21. Ine 21. Ine 40. a Baginning balance Into organization necked an amount on form 600, Part X, line 21. Ine 21. Into organization necked an amount on form 600, Part X, line 21. Ine 21. Part V Endowment Funds. Complete the the organization anowered "Yes" or form 600, Part X, line 20. Into into into into into into into into i		THE AMERI	CAN CENT	ER FOF	PHI	LANTHR	OPY,				
General that apply: A Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that apply): A provide a description of the organization's collections and explain how they further the organization's event of the thus generations Provide a description of the organization's collections and explain how they further the organization's event purpose in Part XIII. During they are, did the organization social errore de donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 2, i. Is the organization and performents. Complete if the organization answered "Yes" on Form 990, Part X, line 2, i. Is the organization angent, trustee, custoclain or other intermediary for contributions or other assets not included on Form 990, Part X, line 2, i. If "Yes," oxplain the arrangement in Part XIII and complete the tollowing table: Additions during the year Id Additions during the year If and and and any function on Form 990, Part N, line 2, for escrow or custofial account liability? Yes Ne Hif "Yes," oxplain the arrangement in Part XIII and complete the explanation has been provided on Part XIII Endop balance (a) Current year (b) Prior year: (c) Two yars back (d) Time yars back (d) Current year (d) Current year	Sche	dule D (Form 990) 2016 INC .						4	11-20	10078	Page 2
check at list apply: d Loan or exchange programs a D-bite exhibition d Loan or exchange programs b Schdarly research e Other c Preservation for future generations e Other c Provide a description of the organization solucitor receive donations of art, historical treasures, or other similar assets to be solid the organization answered 'Yes' on Form 990, Part XJII. 7 Exercise and Cutstodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part XJII. The organization anagent, fusite, cutstodian or other intermediary for contributions or other assets not included on form 990, Part XJII. The organization anagent, fusite, cutstodian or other intermediary for contributions or other assets not included on form 900, Part XJII. The organization anagent, fusite, cutstodian or other intermediary for contributions or other assets not included on form 900, Part XJII. The organization anagent, fusite, cutstodian or other intermediary for contributions or other assets not included on form 900, Part XJII. The organization include an amount on Form 900, Part XJ, Ine 21, for escrow or cutstodial account liability? Yes No b If Yes, "explain the arrangement in Part XIII. Check here if the explanation insis been provided on Part XIII. Port Part Part Part Part Part Part Part Pa	Par	t III Organizations Maintaining Coll	lections of A	rt, Histor	ical Tr	easures, o	or Othe	^r Simila	ar Asse	ts(continu	ued)
a Public exhibition during the generations development of the organization's collection's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, dot the organization solitic oreceles donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is defining balance	3	Using the organization's acquisition, accession,	and other record	ds, check ar	ny of the	following that	at are a sig	nificant u	use of its	collection	items
b Scholary research e Other c Provide a description of huture generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive domatons of art, historical treasures, or other similar assets to to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IX, Ille 9. No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, Ille 9. No b If Yes, "explain the arrangement in Part XIII and complete the following table: Amount Image: the organization include an amount on Form 990, Part X, Ille 21. Intervention of the organization and the organization answered "Yes" on Form 980, Part X, Ille 21. 2 Did the organization include an amount on Form 990, Part X, Ille 21. for secret or or custodial account liability? Yes No 16 Tedring balance (a) Current year (b) Prory year (c) Four years back (c) Four years		(check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 950, Part K, line 91, or reported an amount on Form 950, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, the segments. Complete if the organization answered 'Yes' on Form 950, Part K, line 91, for segments. Complete if Thes''s explain the arrangement in Part XIII. And complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete intermediary for contributions during the year. 1d Intermediary for administration include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete intermediary for contributions account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete intermediary for contributions account liability? 3 Do the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete inthe organization for form 990, Part X, line 10.	а	Public exhibition	c	🗴 🗌 Loa	in or exc	hange progra	ams				
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Line 21. Image: Complete Intermediary for contributions or other assets not included on Form 990, Part X // Line 21. If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Image: Complete Intermediary for contributions or other assets not included on Form 990, Part X, line 21. If additions during the year Id If balance Id If Complete Intermediations during the year Id If balance If 'I'' If Define the arrangement in Part XII. Check here if the explanation balance on Part XIII If Contributions during the year Id If a Beginning of year balance If Current year If Administrative explain the arrangement in Part XII. Check here if the explanation balance bases provided on Part XIII If Administrative explaines Image: Complete If the organization answered 'Yes' on Form 990, Part IV, line 10. If Administrative explanation Image: Complete If the organization answered 'Yes' on Form 990, Part X, line 21. If Administrative explanation Image: Complete If the organization answered 'Yes' on Form 990, Part X, line 21.	5	During the year, did the organization solicit or re	eceive donations	of art, histo	rical trea	sures, or oth	er similar a	assets			
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c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations Yes No (i) unrelated organizations 3a(i) 3a(i) 3a(ii) 3b 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3b 3b 3b 3b 3b 3c	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Pescription of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other	b	Permanent endowment	_%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: (i) unrelated organizations 3a(i) 3a(i) 3a(i) 3a(i) 1 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 1 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 1 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land	С	Temporarily restricted endowment	%								
by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings c Leasehold improvements d Equipment e Other		The percentages on lines 2a, 2b, and 2c should	equal 100%.								
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	3a	Are there endowment funds not in the possession	on of the organiz	ation that a	re held a	and administe	ered for the	e organiz	ation	_	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1 1 b Buildings 1 1 c Leasehold improvements 1 1 d Equipment 1 1 1 e Other 1 1 1		by:								`	Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land											
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (other) Ia Land (d) Book value b Buildings (d) Book value c Leasehold improvements (d) Equipment e Other (d) Equipment		(ii) related organizations								3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b	If "Yes" on line 3a(ii), are the related organization	ns listed as requi	ired on Sche	edule R?					3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				owment fun	ds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par							10			
Image: transmission of the second			1	<u> </u>							
1a Land		Description of property			• •		• •		a	(d) Book	value
b Buildings		Land			Ja515		uepr	Colation			
c Leasehold improvements d Equipment e Other											
d Equipment											
e Other											
	-		L al Form 990. Parl	t X. column	B). line 1	10c.)					0.

Schedule D (Form 990) 2016

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THE AMERICAN CENTER FOR PHILANTHRO	ΡY	2	,	
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Schedule D (Form 990) 2016 INC .			41	-2010078	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market v	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		e 11d. See Form 990,	Part X, line 15.	() -	
	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)				
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lin		n 990, Part X, line 25	j	
1 (a) Description of liability	1	(b) Book value			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

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THE	AMERICAN	CENTER	FOR	PHILANTHROPY,

Sche	dule D (Form 990) 2016 INC •			41-2	2010078 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,302,145.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,208,093.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,208,093.
3	Subtract line 2e from line 1			3	4,094,052.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,094,052.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,158,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,158,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,158,300.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE
CENTER AND RECOGNIZE A TAX LIABILITY IF THE CENTER HAS TAKEN AN UNCERTAIN
POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION
BY THE INTERNAL REVENUE SERVICE. THE CENTER HAS ANALYZED THE TAX
POSITIONS IT HAS TAKEN, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2016,
THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD
REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL
STATEMENTS.

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Schedule D (Form 990) 2016 Part XIII Supplemental Infor			CENTER	FOR	PHILANTHROPY	, 41-2010078 _{Page}
	mation	(continuea)				
						Schedule D (Form 990) 20
632055 08-29-16				_		
		0010		31		

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individua	Is in the Uni on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		ion about Schedule I	► Attach to For (Form 990) and its		t www.irs.aov/form90	00	Open to Public Inspection
Name of the organization THE AMERI INC .		ER FOR PHILA					Employer identification number $41 - 2010078$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						ction X Yes No
Part II Grants and Other Assistance to	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than s 1 (a) Name and address of organization or government	\$5,000. Part II car (b) EIN	n be duplicated if addit (c) IRC section (if applicable)	tional space is need (d) Amount of cash grant	ded. (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
ADOPTACLASSROOM.ORG 110 N. 5TH ST, 10TH FLOOR MINNEAPOLIS, MN 55403	65-0828272	501(C)(3)	18,000.	0.			HASTINGS, MN: CLASSROOMS TBD
ARNOLD S. LEONARD CANCER RESEARCH FUND - 715 FLORIDA AVE S, STE 406B - GOLDEN VALLEY, MN 55426	20-2924536	501(C)(3)	10,000.	0.			GENERAL ACCOUNT
ASCENSION CATHOLIC CHURCH 1723 BRYANT AVENUE N. MINNEAPOLIS, MN 55411	41-0705767	501(C)(3)	7,500.	0.			ASCENSION CATHOLIC SCHOOL
ASSUMPTION CHURCH 51 WEST 7TH STREET ST. PAUL, MN 55102	41-0694736	501(C)(3)	9,000.	0.			GENERAL ACCOUNT
AUGUSTANA UNIVERSITY 2001 S. SUMMIT AVE SIOUX FALLS, SD 57197	46-0224588	501(C)(3)	6,000.	0.			JULIE BLOCKHUS LARSON AND DAVID LARSON ENDOWED SCHOLARSHIP FOR NURSING/CAMPAIGN EVENT -
BAPTIST HEALTH RICHMOND FOUNDATION P.O. BOX 1600 RICHMOND, KY 40476		501(C)(3)	6,000.	0.			CAPITAL CAMPAIGN EVENT - CAPITAL CAMPAIGN/PATTIE A. CLAY AUXILLARY CHARITY BALL/FOUNDATION FUNDRAISER
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	nd government o	rganizations listed in th	ne line 1 table				

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

Schedule I (Form 990) (2016)

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEREA COLLEGE							
CPO 2216 EDWARDS BLDG.							
BEREA, KY 40404	61-0444650	501(C)(3)	12,723.	0.			GENERAL ACCOUNT
BETHEL LUTHERAN CHURCH							
1321 NORTH AVENUE							GENERAL FUND, ANNUAL
NORTHFIELD, MN 55057	41-6049270	501(C)(3)	57,100.	0.			GIVING, DEBT REDUCTION
BLUE HILLS FRIENDS OF SCOUTING							
110 W. POPLAR AVE.							
CAMERON, WI 54822	39-0807227	501(C)(3)	10,000.	0.			GENERAL ACCOUNT
BOY SCOUTS OF AMERICA - NORTHERN							
STAR COUNCIL - 393 MARSHALL AVE							
ST. PAUL, MN 55102	20-3000282	501(C)(3)	8,250.	0.			GENERAL ACCOUNT
,			,				
BOYS & GIRLS CLUB OF ROCHESTER							
1026 E. CENTER STREET							
ROCHESTER, MN 55904	41-1945875	501(C)(3)	11,000.	0.			GENERAL ACCOUNT
							FOLLOWING: PRESIDENT'S
BRIAR CLIFF UNIVERSITY 3303 REBECCA STREET							LEADERSHIP COUNCIL (\$1000), INSPIRE PHYSICA
SIOUX CITY, IA 51104	42-0707124	501(C)(3)	10,500.	0.			THERAPISTS (\$3750),
51000 0111, 10 51101		551(6)(5)	10,000.	•••			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CARNEGIE MELLON UNIVERSITY							
5000 FORBES AVE., GSIA 213							
PITTSBURGH, PA 15213	25-0969449	501(C)(3)	10,000.	0.			TEPPER SCHOOL OF BUSINES
CATHOLIC CHARITIES							
1200 SECOND AVE. S, SUITE 201							
MINNEAPOLIS, MN 55403	41-1302487	501(C)(3)	8,000.	0.			GENERAL ACCOUNT
CHANNEL ONE REGIONAL FOOD BANK							
131 35TH ST. SE	41 1390913	E01(0)(2)	00 500	•			
ROCHESTER, MN 55904	41-1379713	pur(C)(3)	22,500.	0.			GENERAL ACCOUNT

Schedule I (Form 990)

Schedule I (Form 990)

41	-2010078	Page 1

organization or governmentif applicablecash grantnon-cash gasistancevaluation assistancenon-cash assistanceor assistanceor assistanceURL IGHT CATHOLIC PARISH	(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
CHRIET OUR LIGHT CATHOLIC PARISH SERVICES Services <th>(a) Name and address of organization or government</th> <th>(b) EIN</th> <th></th> <th></th> <th>non-cash</th> <th>valuation (book, FMV,</th> <th></th> <th></th>	(a) Name and address of organization or government	(b) EIN			non-cash	valuation (book, FMV,		
804 5. SEVENTH AVE. 27-2605585 501(C)(3) 8,000. 0. CATHOLIC PRINCETON, MN 55371 27-2605585 501(C)(3) 8,000. 0. CHARITIES1,000, HRIST UNITED METHODIST CHURCH 800 STE SW 41-0693980 501(C)(3) 9,000. 0. SEMERAL ACCOUNT HURCH OF ST. ODILIA 3465 VICTORIA STREEP NORTH BENERAL ACCOUNT/CAP 500 FILVER, MN 55126 41-0837655 501(C)(3) 19,000. 0. SEMERAL ACCOUNT/CAP 500 FILVER, MN 55126 111 OF HASTINGS 101 ATH STREET EAST 41-605520 501(C)(3) 19,000. 0. SEMERAL ACCOUNT/CAP 501(C)(3) SEMERAL ACCOUNT/CAP 501(C)(3) SEMERAL ACCOUNT/CAP 501(C)(3) 111 OF HASTINGS 101 ATH STREET EAST 41-605520 501(C)(3) 326,804. 0. SEMERAL ACCOUNT/CAP 501(C)(3) 111 ATH STREET EAST 41-605520 501(C)(3) 326,804. 0. SEMERAL ACCOUNT/CAP 501(C)(3) SEMERAL ACCOUNT/CAP 501(C)(3) 111 FUT OF WABASHA 400 HIAWATHA DR, E. 41-1810909 501(C)(3) 35,000. 0. NORTHFIELD APFUNDA 111 FUT OF WABASHA 400 KIAWATHA DR, E. 41-0970984 501(C)(3) 11,800. 0. NORTHFIELD APFUNDA NORTHFIELD WORKS 111 FUT OF WABASHA 500 KORTHFIELD, MN 55057 41-0970984								
PRINCETON, MN 55371 27-260585 501(C)(3) 8,000. 0. PHARITIES1,000; CHRIST UNITED METHODIST CHURCH 400 STH AVE SW ROCHESTER, MN 55902 41-0693980 501(C)(3) 9,000. 0. DEMERAL ACCOUNT CHURCH OF ST. ODILIA 3455 VICTORIA STREET NORTH SHOREVIEW, MN 55126 41-0837655 501(C)(3) 19,000. 0. DEMERAL ACCOUNT/CAP. CAMPAIGN CITY OF HASTINGS 101 4TH STREET EAST RASTINGS, NN 5503 41-6005220 501(C)(3) 326,804. 0. REFUREISHING OF PAVILION CITY OF WABASHA MASABHA, MN 55981 41-6005220 501(C)(3) 326,804. 0. REFUREISHING OF BEI PAVILION COMMUNITY ACTION CENTER 1651 JEFFERSON PKWY, STE HS200 MORTHFIELD, MN 55057 501(C)(3) 35,000. 0. NORTHFIELD WORKS CRU e.o., BOX 628222 POS-GO06173 501(C)(3) 5,250. 0. PENERAL ACCOUNT CRU e.o., BOX 628222 POS-GO06173 501(C)(3) 5,250. 0. PENERAL ACCOUNT POR 628222 POSTABUDO, FL 32862 37-1706581 501(C)(3) 50,000. 0. PENERAL ACCOUNT POR 628222 POERMOOD, NN 56444 37-1706581 501(C)(3) 50,000. 0.								
CHRIST UNITED METHODIST CHURCH 400 5TH AVE 5W ROCHESTER, MN 55902 41-0693980 501(c)(3) 9,000. 0. DENERAL ACCOUNT 400 5TH AVE 5W ROCHESTER, MN 55902 41-0693980 501(c)(3) 9,000. 0. DENERAL ACCOUNT CHURCH OF ST. ODILIA 3455 VICTORIA STREET NORTH SHOREVIEW, MN 55126 41-0837655 501(c)(3) 19,000. 0. CAMPAIGN CITY OF HASTINGS 101 4TH STREET EAST HASTINGS, MN 55033 41-6005220 501(c)(3) 326,804. 0. PAVILION CITY OF WABASHA 900 HIAWATHA DR. E. WABASHA, MN 55981 41-1810909 501(c)(3) 35,000. 0. NT HERITAGE PARK COMMUNITY ACTION CENTER 1651 JEFERSION FKWY, STE HS200 NORTHFIELD, NN 55057 41-0970984 501(c)(3) 11,800. 0. NORTHFIELD WORKS CRU P.O. BOX 628222 ORLANDO, FL 32862 95-6006173 501(c)(3) 5,250. 0. DENERAL ACCOUNT CUTVINA LAKES MOUNTAIN BIKE CREW P.O. BOX 628222 DEBERMOOD, MN 56444 37-1706581 501(c)(3) 50,000. 0. DENERAL ACCOUNT								
400 5TH AVE SW ROCHESTER, NN 5590241-0693980501(C)(3)9,0000.BENERAL ACCOUNTCHURCH OF ST. ODILIA 3455 VICTORIA STREET NORTH SHOREVIEW, NN 5512641-0837655501(C)(3)19,000.0.CAMPAIGNCITY OF HASTINGS 101 4TH STREET EAST HASTINGS, NN 5503341-6005220501(C)(3)326,804.0.CITINENA SYSTEM/ROTARCOMBUNITY ACTION CENTER 1651 JEFFERGON FKW, STE HS200 ORETHFIELD, NN 5505741-0970984501(C)(3)35,000.0.REFURBISHING OF BEI APRONS AND RETAINING NORTHFIELD NN 55057CRU P.O. BOX 628222 ORLANDO, FL 3286295-6006173501(C)(3)52,250.0.SENERAL ACCOUNTCUTUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 DEERMODD, NK 5644437-1706581501(C)(3)50,000.0.SENERAL ACCOUNTDOCTORS WITHOUT BORDERS37-1706581501(C)(3)50,000.0.SENERAL ACCOUNT	PRINCETON, MN 55371	27-2606585	501(C)(3)	8,000.	0.			CHARITIES1,000;
ROCHESTER, MN 55902 41-063380 501(C)(3) 9,000 0. SENERAL ACCOUNT CHURCH OF ST, ODILIA 3495 VICTORIA STREET NORTH SHOREVIEW, NN 55126 41-0837655 501(C)(3) 19,000 0. CAMPAICN CITY OF HASTINGS 101 4TH STREET EAST HASTINGS, MN 55033 41-0605220 501(C)(3) 326,804. 0. CITYADE ACCOUNT/CAP. CAMPAICN CITY OF WABASHA 900 HIAWATHA DR. E. WABASHA, MN 55981 41-1810909 501(C)(3) 326,804. 0. REFURBISHING OF BRI APRONS AND EFFAINING PAVILION COMMUNITY ACTION CENTER 1651 JEFFERSON FKWY, STE HS200 NORTHFIELD, MN 55057 41-0970984 501(C)(3) 35,000. 0. NORTHFIELD WORKS CRU P.O. BOX 628222 ORLANDO, L 32862 95-6006173 501(C)(3) 5,250. 0. DENERAL ACCOUNT CUTUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 DEERMOD, MN 56444 37-1706581 501(C)(3) 50,000. 0. DENERAL ACCOUNT	CHRIST UNITED METHODIST CHURCH							
CHURCH OF ST. ODILIA 345 VICTORIA STREET NORTH SHOREVIEW, MN 55126 41-0837655 501(c)(3) 19,000. 0. CIMEMA SYSTEM/ROTAR CAMPAIGN CIMEMA SYSTEM/ROTAR CAMPAIGN CIMEMA SYSTEM/ROTAR CAMPAIGN CIMEMA SYSTEM/ROTAR CIMEMA SYSTEM/ROTAR CAMPAIGN CIMEMA SYSTEM/ROTAR CAMPAIGN CIMEMA SYSTEM/ROTAR PAVILION REFURBISHING OF BRI AFFORS AND RETAINING AFFORS AND RETAINING AFFORMAT	400 5TH AVE SW							
SHOREVIEW, MN 55126 41-0837655 501(C)(3) 19,000. 0. CAMPAIGN CITY OF HASTINGS 101 4TH STREET EAST HASTINGS, MN 55033 41-6005220 501(C)(3) 326,804. 0. PAVILION CITY OF WABASHA 900 HIAWATHA DR. E. WABASHA, MN 55981 41-1810909 501(C)(3) 326,000. 0. REFURBISHING OF BRI APRONS AND RETAINING AT HERITAGE PARK COMMUNITY ACTION CENTER 1651 JEFFERSON PKWY, STE HS200 NORTHFIELD, MN 55057 41-0970984 501(C)(3) 11,800. 0. NORTHFIELD WORKS CRU P.O. BOX 628222 ORLANDO, FL 32862 95-6006173 501(C)(3) 5,250. 0. SENERAL ACCOUNT CUYUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 95-6006173 501(C)(3) 50,000. 0. SENERAL ACCOUNT	ROCHESTER, MN 55902	41-0693980	501(C)(3)	9,000.	0.			GENERAL ACCOUNT
3495 VICTORIA STREET NORTH SHOREVIEW, MN 5512641-0837655501(C)(3)19,000.0.SENERAL ACCOUNT/CAP. CAMPAIGNCTIY OF HASTINGS 101 4TH STREET EAST HASTINGS, MN 5503341-6005220501(C)(3)326,804.0.CINEMA SYSTEM/ROTAR PAVILIONCTIY OF WABASHA 900 HIAWATHA DR. E. WABASHA, NN 5593141-810909501(C)(3)326,804.0.REFURBISHING OF BEI APRONS AND RETAINING NOT HEILD, MN 55951COMMUNITY ACTION CENTER 1651 JEFFRESON PKWY, STE HS200 NORTHFIELD, MN 5505741-0970984501(C)(3)11,800.0.NORTHFIELD WORKSCRU P.O. BOX 628222 ORLANDO, FL 3286295-6006173501(C)(3)5,250.0.SENERAL ACCOUNTCUYUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 DEERWOOD, MN 5644437-1706581501(C)(3)50,000.0.SENERAL ACCOUNTDOCTORS WITHOUT BORDERS10.10.0.0.10.10.10.								
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HASTINGS, MN 55033 41-6005220 501(C)(3) 326,804. 0. PAVILION CITY OF WABASHA 900 HIAWATHA DR. E. WABASHA, MN 55981 41-1810909 501(C)(3) 35,000. 0. REFURBISHING OF BRIA APRONS AND RETAINING AT HERITAGE PARK COMMUNITY ACTION CENTER 1651 JEFFERSON PKWY, STE HS200 41-0970984 501(C)(3) 11,800. 0. NORTHFIELD, WN S5057 NORTHFIELD WORKS CRU P.O. BOX 628222 oRLANDO, FL 32862 95-6006173 501(C)(3) 5,250. 0. SENERAL ACCOUNT CUYUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 DEERWOOD, MN 56444 37-1706581 501(C)(3) 50,000. 0. SENERAL ACCOUNT DOCTORS WITHOUT BORDERS 37-1706581 501(C)(3) 50,000. 0. SENERAL ACCOUNT	CITY OF HASTINGS							
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900 HIAWATHA DR. E. WABASHA, MN 5598141-1810909501(C)(3)35,000.0.APRONS AND RETAINING AT HERITAGE PARKCOMMUNITY ACTION CENTER 1651 JEFFERSON PKWY, STE H5200 NORTHFIELD, MN 5505741-0970984501(C)(3)11,800.0.NORTHFIELD WORKSCRU P.O. BOX 628222 ORLANDO, FL 3286295-6006173501(C)(3)5,250.0.SENERAL ACCOUNTCUYUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 DEERWOOD, MN 5644437-1706581501(C)(3)50,000.0.SENERAL ACCOUNTDOCTORS WITHOUT BORDERSImage: Seneral Account seneral seneral Account seneral Account seneral Account seneral Accou	HASTINGS, MN 55033	41-6005220	501(C)(3)	326,804.	0.			PAVILION
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1651 JEFFERSON PKWY, STE HS200 NORTHFIELD, MN 5505741-0970984501(C)(3)11,800.0.NORTHFIELD WORKSCRU P.O. BOX 628222 ORLANDO, FL 3286295-6006173501(C)(3)5,250.0.Image: Comparison of the sector of the sect	WADASHA, EN 55901	41-1010909	501(0)(3)	55,000.	0.			AI HERIIAGE FARK
NORTHFIELD, MN 55057 41-0970984 501(C)(3) 11,800. 0. NORTHFIELD WORKS CRU P.O. BOX 628222 95-6006173 501(C)(3) 5,250. 0. SENERAL ACCOUNT ORLANDO, FL 32862 95-6006173 501(C)(3) 5,250. 0. SENERAL ACCOUNT CUYUNA LAKES MOUNTAIN BIKE CREW 95-6006173 501(C)(3) 50,000. 0. SENERAL ACCOUNT DEERWOOD, MN 56444 37-1706581 501(C)(3) 50,000. 0. SENERAL ACCOUNT DOCTORS WITHOUT BORDERS Image: Comparison of the seneral account of t	COMMUNITY ACTION CENTER							
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P.O. BOX 628222 ORLANDO, FL 3286295-6006173501(C)(3)5,250.0.GENERAL ACCOUNTCUYUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 DEERWOOD, MN 5644437-1706581501(C)(3)50,000.0.GENERAL ACCOUNTDOCTORS WITHOUT BORDERS	CRII							
ORLANDO, FL 3286295-6006173501(C)(3)5,250.0.GENERAL ACCOUNTCUYUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 DEERWOOD, MN 5644437-1706581501(C)(3)50,000.0.GENERAL ACCOUNTDOCTORS WITHOUT BORDERS								
CUYUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 DEERWOOD, MN 56444 37-1706581 501(C)(3) 50,000. 0. GENERAL ACCOUNT DOCTORS WITHOUT BORDERS		95-6006173	501(C)(3)	5 250	0			GENERAL ACCOUNT
P.O. BOX 162 DEERWOOD, MN 56444 37-1706581 501(C)(3) 50,000. 0. GENERAL ACCOUNT DOCTORS WITHOUT BORDERS				-,				
DEERWOOD, MN 56444 37-1706581 501(C)(3) 50,000. 0. GENERAL ACCOUNT DOCTORS WITHOUT BORDERS .	CUYUNA LAKES MOUNTAIN BIKE CREW							
DOCTORS WITHOUT BORDERS	P.O. BOX 162							
	DEERWOOD, MN 56444	37-1706581	501(C)(3)	50,000.	0.			GENERAL ACCOUNT
NEW YORK, NY 10001 13-3433452 501(C)(3) 9,550. 0. GENERAL ACCOUNT		13-3/33/52	501(C)(3)	9 550	0			GENERAL ACCOUNT

Schedule I (Form 990)

Schedule I (Form 990)

							1-2010070 Pag
Part II Continuation of Grants and Othe	r Assistance to Go	overnments and Orga	nizations in the U	nited States (School	edule I (Form 990), Pa	irt II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNWOODY COLLEGE OF TECHNOLOGY 318 DUNWOODY BLVD.							
MINNEAPOLIS, MN 55403	41-0693856	501(C)(3)	11,000.	0.			GENERAL ACCOUNT
EAGLE BROOK CHURCH 7015 20TH AVENUE CENTERVILLE, MN 55038	41-0872884	501(C)(3)	10,000.	0.			GENERAL ACCOUNT
EDINA COMMUNITY LUTHERAN CHURCH 4113 W. 54TH STREET EDINA, MN 55424	41-0836936	501(C)(3)	27,000.	0.			GENERAL ACCOUNT/CAPITAI CAMPAIGN
EMMAUS BAPTIST CHURCH 712 LINDEN STREET NORTH NORTHFIELD, MN 55057	41-1435680	501(C)(3)	12,000.	0.			GENERAL ACCOUNT
FAIRVIEW FOUNDATION 2344 ENERGY PARK DRIVE ST. PAUL, MN 55108	41-1573810	501(C)(3)	14,000.	0.			MS ACHIEVEMENT CENTER
FIRST BAPTIST CHURCH 1108 WESTWOOD DRIVE FARIBAULT, MN 55021	41-6028643	501(C)(3)	23,600.	0.			GENERAL ACCOUNT
FIRST CONGREGATIONAL CHURCH OF ANOKA – 1923 THIRD AVE. S. – ANOKA, MN 55303	41-0959634	501(C)(3)	8,000.	0.			GENERAL ACCOUNT
FIRST COVENANT CHURCH 2302 TWIN BLUFF RD RED WING, MN 55066	51-0139925	501(C)(3)	5,700.	0.			FIRST COVENANT PARKING LOT - ONE-TIME GIFT/BUILDING FUND
FOOTHILLS FOOD BANK P.O. BOX 715 CAREFREE, AZ 85377	86-0619725	501(C)(3)	46,000.	0.			GENERAL ACCOUNT

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	art II.)	1-2010078 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORDHAM UNIVERSITY 45 COLUMBUS AVE, 8TH FLOOR BRONX, NY 10023	13-1740451	501(C)(3)	10,000.	0.			FORDHAM FUND & GABELLI SCHOOL OF BUSINESS (UNDERGRADUATE FUND)
FRIENDS OF THE ST. CROIX COUNTY FAIRGROUNDS - 1468 85TH STREET - NEW RICHMOND, WI 54017	27-0506251	501(C)(3)	20,000.	0.			PURCHASE OF LED DIGITAL SIGN FOR FAIRGROUNDS
FRIENDS OF THE WILLOW RIVER AND KINNICKINNIC STATE PARKS - 1034 COUNTY ROAD A - HUDSON, WI 54016	39-1667467	501(C)(3)	16,636.	0.			THE LEANN C. TOLK SCHOLARSHIP FUND
GENERAL CONFERENCE OF SEVENTH DAY ADVENTIST - 12501 OLD COLUMBIA PIKE - SILVER SPRINGS, MD 20904	52-0643036	501(C)(3)	11,500.	0.			ECD, FOR PROPOSED WESTERN ETHOPIAN UNION OFFICE
GRACE COMMUNITY BIBLE CHURCH 16075 HAWTHORN PATH LAKEVILLE, MN 55044	80-0387805	501(C)(3)	12,000.	0.			TEAM HORNIST (\$6,000) ANN THE GENERAL FUND (\$6,000)
GRAND CENTRAL CHARITIES DBA FIRST STEP INITIATIVE - 4940 W. 77TH STREET, STE 30 - EDINA, MN 55435	20-5147038	501(C)(3)	20,000.	0.			GENERAL ACCOUNT
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419	41-1379021	501(C)(3)	25,500.	0.			MULTIPLYING EFFECT CAMPAIGN
GREEN LAKE LUTHERAN MINISTRIES 9916 LAKE AVENUE SOUTH SPICER, MN 56288	41-0726172	501(C)(3)	20,000.	0.			SHORES OF ST. ANDREW SITE DIRECTOR
GREENPEACE FUND 702 H STREET NW, SUITE 300 WASHINGTON, DC 20001	95-3313195	501(C)(3)	12,773.	0.			GENERAL ACCOUNT

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUARDIAN ANGELS CHURCH							
217 2ND STREET WEST							2016 CALENDAR WEEKLY
CHASKA, MN 55318	41-0785167	501(C)(3)	9,000.	Ο.			GIVING
							GENERAL FUND (\$3,000),
GUSTAVUS ADOLPHUS LUTHERAN CHURCH							GATEWAY FUND (\$1,500),
1669 ARCADE STREET							AND THE LIGHTING RETROFIT
ST. PAUL, MN 55106	41-0711504	501(C)(3)	12,000.	0.			FUND (\$3,000)
UNCONTACE EXMITLY CEDUTCE							
HASTINGS FAMILY SERVICE 301 2ND STREET EAST							
HASTINGS, MN 55033	23-7083534	501(C)(3)	33,917.	0.			FOOD SHELF
	23 7003334	501(0)(3)					
HASTINGS ISD #200							
1000 W. 11TH STREET							
HASTINGS, MN 55033	41-6000810	501(C)(3)	97,550.	0.			ATTACHED LIST
HASTINGS PRESCOTT AREA ARTS							
COUNCIL - P.O. BOX 370 - HASTINGS,				_			
MN 55033	41-1758837	501(C)(3)	22,500.	0.			CONCERT
HASTINGS UNITED METHODIST CHURCH							GENERAL FUND (50%), YOUTH (25%), CONFERENCE
615 W. 15TH STREET							MISSIONS (25%)GENERAL
HASTINGS, MN 55033	43-6111835	501(C)(3)	33,350.	0.			FUND (50%), YOUTH (35%),
	15 0111055	551(6)(5)		.			10112 (300), 100111 (300),
HASTINGS YMCA							
85 PLEASANT DRIVE							
HASTINGS, MN 55033	45-2563299	501(C)(3)	8,500.	0.			CAPITAL CAMPAIGN
HAZEL PARK CONGREGATIONAL CHURCH							
1831 E. MINNEHAHA AVENUE							
ST. PAUL, MN 55119	41-0832887	501(C)(3)	18,000.	0.			GENERAL ACCOUNT
HEALTHFINDERS COLLABORATIVE							
P.O. BOX 731							GALA SPONSORSHIP/ANNUAL
NORTHFIELD, MN 55057	20-1805262	501(C)(3)	6,000.	0.			FUND

Schedule I (Form 990) INC . Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa		1-2010078 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY FAMILY CATHOLIC HS 8108 KOCHIA LANE VICTORIA, MN 55386	41-1848970	501(C)(3)	8,740.	0.			2016 HF SPIRIT OF FIRE DONATION PORTION/HOLY FAMILY FUND/CAPITAL CAMPAIGN
HOUSE OF HOPE PRESBYTERIAN CHURCH 797 SUMMIT AVENUE ST. PAUL, MN 55105	41-0694740	501(C)(3)	6,000.	0.			GENERAL FUND (\$4000), GRIEF OUTREACH (\$1000) AND CAPITAL CAMPAIGN (\$1000)
INVER HILLS COMMUNITY COLLEGE FOUNDATION - 2500 80TH ST. E INVER GROVE HEIGHTS, MN 55076	41-1410445	501(C)(3)	7,500.	0.			GEORGE AND RUTH DOFFING CHARITABLE FUND SCHOLARSHIPS
LAKE WAPOGASSET LUTHERAN BIBLE CAMP - 738 HICKORY PT LAKE AMERY, WI 54001	39-0973783	501(C)(3)	10,100.	0.			FOR THE RENEWAL CAMPAIGN
LUTHER COLLEGE 700 COLLEGE DRIVE DECORAH, IA 52101	42-0680466	501(C)(3)	12,000.	0.			AREAS LISTED ON THE ATTACHED
LUTHER SEMINARY 2481 COMO AVENUE ST. PAUL, MN 55108	41-1425961	501(C)(3)	13,500.	0.			LEADERSHIP CIRCLE (\$10,000) AND SCHOLARSHI FUND (\$1,000)
LUTHERAN WORLD RELIEF P.O. BOX 17061 BALTIMORE, MD 21297	13-2574963	501(C)(3)	6,000.	0.			GENERAL ACCOUNT
MACALESTER COLLEGE 1600 GRAND AVENUE ST. PAUL, MN 55105	41-0693962	501(C)(3)	83,613.	0.			DOROTHY DODGE SCHOLARSHI FUND
MAGNUM CHORUM 3800 W. 32ND MINNEAPOLIS, MN 55416	41-1729332	501(C)(3)	10,500.	0.			GENERAL ACCOUNT

Schedule I (Form 990) INC •						4	1-2010078 Page
Part II Continuation of Grants and Other	r Assistance to Go	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC							
200 FIRST STREET SW							
ROCHESTER, MN 55905	41-6011702	501(C)(3)	11,000.	0.			GENERAL ACCOUNT
Rochester, Mr 33903	41 0011702	501(0)(3)	11,000.	•.			SENERAL ACCOUNT
MINNEAPOLIS PATHWAYS							
3115 HENNEPIN AVENUE SOUTH							
MINNEAPOLIS, MN 55408	41-1628884	501(C)(3)	10,000.	0.			GENERAL FUND
	11 1020001	501(0)(0)	10,000.	••			
MINNESOTA MUSEUM OF AMERICAN ART							
141 E. 4TH ST., STE 101							GENERAL ACCOUNT/IMAGINE
ST. PAUL, MN 55101	41-0726138	501(C)(3)	7,000.	Ο.			FUND
			.,				
MINNESOTA OPERA							
620 N. FIRST STREET							
MINNEAPOLIS, MN 55401	41-0946789	501(C)(3)	15,450.	Ο.			GENERAL ACCOUNT
MINNESOTA ORCHESTRAL ASSOCIATION							
1111 NICOLLET MALL							
MINNEAPOLIS, MN 55403	41-0693875	501(C)(3)	8,000.	Ο.			GENERAL ACCOUNT
· · · · · · · · · · · · · · · · · · ·							
MOUNDS PARK ACADEMY							
2051 LARPENTEUR AVENUE EAST							ANNUAL FUND/GENERAL
ST. PAUL, MN 55109	41-1420915	501(C)(3)	6,500.	Ο.			ACCOUNT
MT. OLIVET LUTHERAN CHURCH							2017 STEWARDSHIP
5025 KNOX AVE. S.							CONTRIBUTION/GENERAL
MINNEAPOLIS, MN 55419	41-0773766	501(C)(3)	8,600.	0.			ACCOUNT
NATIONAL EAGLE CENTER							
50 PEMBROKE AVENUE							ACQUISITION AND TRAININ
WABASHA, MN 55981	41-1817466	501(C)(3)	30,000.	0.			OF TWO EAGLE AMBASSADOR
NORTHFIELD AREA YMCA							
1501 HONEYLOCUST DRIVE							
NORTHFIELD, MN 55057	59-3817686	501(C)(3)	21,618.	0.			JINGLE BELL RUN 2015

Schedule I (Form 990)

	41	-201	.0078	Page 1
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(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
NORTHFIELD COMMUNITY ACTION CENTER							GENERAL ACCOUNT/CHRISTMAS
1651 JEFFERSON PKWY, HS200							SHARING PROJECT/SEEDS
NORTHFIELD, MN 55057	41-0970984	501(C)(3)	6,200.	Ο.			FOOD
NORTHFIELD UNITED METHODIST CHURCH							
1401 MAPLE STREET							JUBILEE CAPITAL
NORTHFIELD, MN 55057	03-6009781	501(C)(3)	6,860.	0.			CAMPAIGN/GENERAL ACCOUNT
NORTHFIELD UNITED WAY							
1651 JEFFERSON PARKWAY							
NORTHFIELD, MN 55057	41-6025711	501(C)(3)	7,420.	0.			GENERAL ACCOUNT
· · ·							
NORWEGIAN-AMERICAN HISTORICAL							
ASSOCIATION - 1510 ST. OLAF AVENUE							CLIMATE CONTROL
- NORTHFIELD, MN 55057	41-6038548	501(C)(3)	5,250.	Ο.			PROJECT/GENERAL ACCOUNT
							DEDICATED TO UPPER
NPH USA							MIDWEST OFFICE FOR THEM
134 N. LASALLE ST., SUITE 500							TO DIRECT TO HAITI/FR.
CHICAGO, IL 60602	65-1229309	501(C)(3)	11,000.	0.			RICK POST HURRICANE
AGUNAGU ADEN GONGENIEMU EQUNENEEN							
OSHKOSH AREA COMMUNITY FOUNDATION							OSHKOSH POLICE DEPT;
(OACF) - 230 OHIO STREET, SUITE			10.000				ANALYST'S NOTEBOOK
100 - OSHKOSH, WI 54901	39-2034571	501(C)(3)	10,000.	0.			SOFTWARE
PARK NICOLLET FOUNDATION							LOVE & LEGACY CANCER
6500 EXCELSIOR BLVD.							CENTER EXPANSION FOR THE
ST. LOUIS PARK, MN 55426	23-7346465	501(C)(3)	7,000.	Ο.			BUD AND ELLEN GREEN ROOM
			,				
PAX CHRISTI CATHOLIC CHURCH							
4135 18TH AVENUE NW							
ROCHESTER, MN 55901	41-1532400	501(C)(3)	13,000.	0.			GENERAL ACCOUNT
PROJECT HEALING WATERS FLY FISHING							
12844 GLORIA DRIVE							ST. CLOUD AND MINNEAPOLIS
	61 1510154	E01/(0)/(2)	16 626	_			
FISHERS, IN 46037	61-1518154	DOT(C)(3)	16,636.	0.			PHWFF CHAPTERS

Schedule I (Form 990)

SAINT PATRICK PARISH 1500 VINE STREET HUDSON, WI 54016 39-0806399 501(C)(3) 86,500. 0. SAINT PAUL AREA SYNOD 105 W. UNIVERSITY AVENUE ST. PAUL, MN 55103 36-3514252 501(C)(3) 12,008. 0. SALVATION ARMY - MN 2445 PRIOR AVENUE NORTH ROSEVILLE, MN 55113 41-0698597 501(C)(3) 14,500. 0. SAVE THE NORTHFIELD DEPOT 712 4TH STREET EAST NORTHFIELD, MN 55057 27-2081273 501(C)(3) 5,800. 0. SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. PAUL, MN 55109 23-7417654 501(C)(3) 12,500. 0. SHEPHER OF THE VALLEY 14107 HUDGON ROAD SOUTH AFTON, MN 55001 41-1314182 501(C)(3) 5,500. 0. SINCH ARVEST MARKA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE	Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	i
5100 MAIN STREET 74-1109620 501(C)(3) 10,000. 0. DEMERAL ACCOUNT SAINT PATRICK PARISH 39.0806399 501(C)(3) 86,500. 0. DIULDING/2016 ANNUAL SUDSON, WI 54016 39.0806399 501(C)(3) 86,500. 0. DUTRICK PARISH SUDSON, WI 54016 39.0806399 501(C)(3) 86,500. 0. DUTRICK/2016 ANNUAL SAINT PAUL AREA SYNOD 36-3514252 501(C)(3) 12,008. 0. DUTRICK/2016 ANNUAL SAINT FAUL AREA SYNOD 36-3514252 501(C)(3) 12,008. 0. DUTRICK/2016 ANNUAL SAINT FAUL AREA SYNOD 36-3514252 501(C)(3) 14,500. 0. DUTRICK/2016 ANNUAL SAINT FAUL AREA SYNOD 36-3514252 501(C)(3) 14,500. 0. DUTRICK/2016 ANNUAL SAINT FAUL AREA SYNOD 36-3514252 501(C)(3) 14,500. 0. DUTRICK/2016 ANNUAL SAINT FAUL AREA SYNOD 36-3514252 501(C)(3) 14,500. D. DUTRICK/2016 ANNUAL SAINT FAUL AREA SYNOD 310(C)(3) 5,800. 0. DUTRICK/2016 ANNUAL DUTRICK/2016 ANNUAL SAINT FAUL AREA SY		(b) EIN			non-cash	valuation (book, FMV,		
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HOUSTON, TX 77251 74-1105620 501(C)(3) 10,000. 0. DEMERAL ACCOUNT SAINT PATRICK PARISH 1500 VINE STREET 39-0806399 501(C)(3) 86,500. 0. CHURCH STORAGE SUILDING/2016 ANNUAL CONTRIBUTION SAINT PAUL AREA SYNOD 39-0806399 501(C)(3) 86,500. 0. CONTRIBUTION SAINT PAUL AREA SYNOD 36-3514252 501(C)(3) 12,008. 0. BEGA KWA BEGA HAREIS ACCOUNT/GENERAL ACCOUNT SALVATION ARWY - MN 36-3514252 501(C)(3) 14,500. 0. BERRAL ACCOUNT SALVATION ARWY - MN 41-0698597 501(C)(3) 14,500. 0. BENERAL ACCOUNT SAVE THE NORTHFIELD DEPOT 1140 GERVALES AVENUE NORTHFIELD DEPOT 71.2 4TH STREET RAST 501(C)(3) 5,800. 0. BENERAL ACCOUNT SECOND HARVEST HEARTLAND 1140 GERVALES AVENUE SECOND HARVEST HEARTLAND 23-7417654 501(C)(3) 5,800. 0. BENERAL ACCOUNT SHEPHER OF THE VALLEY 14107 HUBOR NGAD SOUTH AFTON, MN 55101 41-1314182 501(C)(3) 5,500. 0. BENERAL ACCOUNT SIGUE FAILS, SD 57103 31-1748533 501(C)(3) 5,500. 0. BENERAL ACCOUNT SIGUE FAILS, SR 57103 3								
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712 4TH STREET EAST NORTHFIELD, MN 5505727-2081273501(C)(3)5,800.0.SENERAL ACCOUNTSECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. PAUL, MN 5510923-7417654501(C)(3)12,500.0.SENERAL ACCOUNTSHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH AFTON, MN 5500123-7417654501(C)(3)12,500.0.SENERAL ACCOUNTSIOUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 5710331-1748533501(C)(3)5,500.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUNDSISTERS OF ST. LOUIS LEAGUE 23300 MULHOLLAND DRIVEImage: State of the state of t				,				
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14107 HUDSON ROAD SOUTH AFTON, MN 5500141-1314182501(C)(3)5,500.0.Image: Constraint of the second	SHEPHERD OF THE VALLEY							
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FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 57103 31-1748533 501(C)(3) 6,000. 0. MEDICATION ASSISTANCE SISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVE	· · ·							
- SIOUX FALLS, SD 57103 31-1748533 501(C)(3) 6,000. 0. FUND SISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVE	SIOUX FALLS AREA COMMUNITY							FALLS COMMUNITY HEALTH
SISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVE	FOUNDATION - 200 N. CHERAPA PLACE							MEDICATION ASSISTANCE
22300 MULHOLLAND DRIVE	- SIOUX FALLS, SD 57103	31-1748533	501(C)(3)	6,000.	٥.			FUND
22300 MULHOLLAND DRIVE	SISTERS OF ST LOUIS LEAGUE							
		95-3074013	501(C)(3)	20 000	n			GENERAL ACCOUNT

Schedule I (Form 990) INC .		-	· · ·			4	1-2010078 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	anizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKY KIDS INCORPORATED							
14988 N. 78TH WAY, STE 106							
SCOTTSDALE, AZ 85260	45-3177806	501(C)(3)	10,000.	0.			GENERAL ACCOUNT
	45-5177800	501(0)(3)	10,000.	0.			GENERAL ACCOUNT
SMILE TRAIN							
41 MADISON AVENUE, 28TH FLOOR							GENERAL ACCOUNT/AREAS
NEW YORK, NY 10010	13-3661416	501(C)(3)	7,000.	Ο.			MOST NEEDED
			,,				
SOUTH DAKOTA STATE UNIVERSITY							
FOUNDATION - 815 MEDARY AVE.,							
SUITE 301 - BROOKINGS, SD 57007	46-0273801	501(C)(3)	25,454.	0.			LEANN C. TOLK SCHOLARSHIE
SOUTHWEST MINNESOTA STATE			, -				
UNIVERSITY - 1501 STATE STREET,							
, FOUNDERS HALL #220 - MARSHALL, MN							THE LEANN C. TOLK
56258	23-7108470	501(C)(3)	24,954.	0.			SCHOLARSHIP FUND
			,				
ST. DOMINIC CHURCH							
104 LINDEN STREET NORTH							
NORTHFIELD, MN 55057	41-0711501	501(C)(3)	8,000.	Ο.			GENERAL ACCOUNT
ST. DOMINIC SCHOOL							
216 SPRING STREET							
NORTHFIELD, MN 55057	41-0711501	501(C)(3)	18,000.	Ο.			GENERAL ACCOUNT
							FOLLOWING: SCHOLARSHIPS
ST. ELIZABETH'S COMMUNITY							(\$45,000) AND MAMMOGRAPHY
DEVELOPMENT FOUNDATION - 1200							TECHNOLOGY
GRANT BLVD. W WABASHA, MN 55981	41-1453829	501(C)(3)	94,171.	0.			(\$48,171)/GENERAL ACCOUNT
ST. FELIX SCHOOL							THE PURCHASE OF ENERGY
130 E. 3RD STREET							EFFICIENT SOLAR SHADES
WABASHA, MN 55981	41-0695538	501(C)(3)	10,000.	0.			FOR THE CLASSROOMS
							FOLLOWING: REGULAR
ST. JOHN'S LUTHERAN							OFFERING (\$1560) AND JULY
500 THIRD STREET WEST							3, 2016 RADIO
NORTHFIELD, MN 55057	41-1636168	501(C)(3)	10,975.	Ο.			FUND/GENERAL

Schedule I (Form 990)

41-2010078 Page 1

Schedule I (Form 990)						4	1-2010076 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S UNIVERSITY							MEN'S SOCCER
P.O. BOX 7222							PROGRAM/ANNUAL
COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	27,300.	0.			FUND/GAGLIARDI FIELD
	41 0055575	501(0)(5)	27,500.	•••			BUILDING RENOVATION AND
ST. MARY'S OF THE LAKE CATHOLIC							HAITI RELIEF
CHURCH - 4690 BALD EAGLE AVENUE -							EFFORT/CAPITAL
WHITE BEAR LAKE, MN 55110	41-0789357	501(C)(3)	12,000.	0.			CAMPAIGN/PARISH DONATION
	41 0705557	501(0)(5)	12,000.	•••			NURSING PROGRAM/THE ST.
ST. OLAF COLLEGE							OLAF FUND/GT HARSTAD
1520 ST. OLAF AVENUE							SCHOLARSHIP IN MEMORY OF
NORTHFIELD, MN 55057	41-0693979	501(C)(3)	18,400.	0.			MEL GEORGE/GENERAL
	41 0055575	501(0)(5)	10,400.	•••			
ST. PHILIPS LUTHERAN CHURCH							
1401 15TH STREET WEST							CAPITAL INVESTMENT
HASTINGS, MN 55033	41-0972019	501(C)(3)	7,500.	٥.			FUND/GENERAL FUND
			.,				
ST. STEPHEN LUTHERAN CHURCH							
8400 FRANCE AVENUE SOUTH							
BLOOMINGTON, MN 55431	41-0838964	501(C)(3)	7,300.	0.			GENERAL ACCOUNT
TECHNOSERVE, INC.							
, 1120 19TH STREET NW, 8TH FLOOR							
WASHINGTON, DC 20036	13-2626135	501(C)(3)	12,773.	0.			GENERAL ACCOUNT
,			, .				
TRINITY LUTHERAN CHURCH							
601 2ND STREET EAST							ROOF/SOUND PROJECT,
WACONIA, MN 55387	41-0713894	501(C)(3)	14,600.	0.			GENERAL FUND
TWIN CITIES CATHOLIC CHORALE							
P.O. BOX 4234							
ST. PAUL, MN 55104	14-1975264	501(C)(3)	8,000.	٥.			MUSIC SPONSOR
TWIN CITIES HABITAT FOR HUMANITY							
1954 UNIVERSITY AVE W, STE 16							
ST. PAUL, MN 55104	36-3363171	501(C)(3)	17,250.	٥.			3M CARES
· · · · · · · · · · · · · · · · · · ·		, , , , , , ,		· · ·			

Schedule I (Form 990)

41-2010078 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED METHODIST CHURCH							CAMP SCHOLARSHIPS- \$100, YOUTH SOUND SYSTEM- \$800,
615 W. 15TH STREET							RED BIRD MISSION- \$400,
HASTINGS, MN 55033	43-6111835	501(C)(3)	6,000.	0.			ZOE MINISTRIES- \$200,
UNITED METHODIST CHURCH -							
NORTHFIELD - 1401 S. MAPLE STREET							
- NORTHFIELD, MN 55057	41-0729976	501(C)(3)	10,000.	Ο.			GENERAL FUND
							LAW SCHOOL/HUMAN
UNIVERSITY OF MINNESOTA FOUNDATION							RIGHTS/DR. VERN CARDWELL
200 OAK STREET SE, STE 500							SCHOLARSHIP
MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	12,800.	0.			(80802)/FRIENDS OF THE
UNIVERSITY OF NOTRE DAME							
1251 N. EDDY STREET, SUITE 300							ENDOWMENT FOR EXCELLENCE
SOUTH BEND, IN 46617	35-0868188	501(C)(3)	20,250.	0.			FOR ATHLETIC MANAGERS
UNIVERSITY OF SOUTH DAKOTA							
FOUNDATION - P.O. BOX 5555, 1110							TRUMAN AND BEVERLY
N. DAKOTA ST VERMILLION, SD							SCHWARTZ DISTINGUISHED
57069	46-6018891	501(C)(3)	15,000.	0.			AWARD ENDOWMENT
UNIVERSITY OF SOUTHERN CALIFORNIA							
MARSHALL SCHOOL OF BUSINESS - 3551							
TROUSDALE PKWY - LOS ANGELES, CA	05 1640204	F01 (g) (2)	10.000				
90089	95-1642394	501(C)(3)	10,000.	0.			DEAN'S FUND
UNIVERSITY OF THE CUMBERLANDS							
6191 COLLEGE STATION DR.							
WILLIAMSBURG, KY 40769	61-0470593	501(C)(3)	12,773.	0.			GENERAL ACCOUNT
williamsbokg, ki 40703	01 0470353	501(0)(5)	12,773.	••			UW SCHOOL OF VETERINARY
UNIVERSITY OF WISCONSIN FOUNDATION							MEDICINE (\$250) AND
US BANK LOCKBOX #78807							WOMEN'S ROWING (\$250)/L&S
MILWAUKEE, WI 53278	39-0743975	501(C)(3)	5,500.	0.			DEAN
UNIVERSITY OF WISCONSIN RIVER							
FALLS - 410 S. 3RD STREET - RIVER							MICKEY MCDERMOTT
FALLS, WI 54022	39-6064630	501(C)(3)	6,000.	Ο.			SCHOLARSHIP FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	irt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JS FRIENDS OF THE DAVID SHELDRICK							
WILDLIFE TRUST - 25283 CABOT ROAD							
- LAGUNA HILLS, CA 92653	30-0224549	501(C)(3)	10,000.	0.			GENERAL ACCOUNT
WINGS							
P.O. BOX 845							GENERAL ACCOUNT/ANNUAL
NORTHFIELD, MN 55057	41-6031510	501(C)(3)	5,350.	0.			FUND/ENDOWMENT
W-K PUBLIC SCHOOL							WABASHA-KELLOGG HIGH
2113 HIAWATHA DRIVE EAST							SCHOOL'S INDUSTRIAL
WABASHA, MN 55981	41-6004412	501(C)(3)	10,000.	0.			TECHNOLOGY DEPARTMENT
WOLF RIDGE ENVIRONMENTAL LEARNING							
CENTER - 6282 CRANBERRY ROAD -							
FINLAND, MN 55603	41-1251705	501(C)(3)	10,000.	0.			GENERAL ACCOUNT
WORLD MISSION PRAYER LEAGUE							
232 CLIFTON AVENUE							EKKA FAMILY SUPPORT
MINNEAPOLIS, MN 55403	41-0786986	501(C)(3)	10,000.	0.			ACCOUNT
WOUNDED WARRIOR PROJECT							
P.O. BOX 758517							
TOPEKA, KS 66675	20-2370934	501(C)(3)	5,500.	0.			GENERAL ACCOUNT
YOUNG LIFE - HASTINGS							
204 SIBLEY STREET							
HASTINGS, MN 55033	84-0385934	501(C)(3)	14,750.	0.			GENERAL ACCOUNT
ZUMBRO LUTHERAN CHURCH							
624 3RD AVE SW							GENERAL ACCOUNT/HELPING
ROCHESTER, MN 55902	41-0718374	501(C)(3)	13,750.	0.			LAMBI DELIVER FUND

Schedule I (Form 990) (2016) INC .
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

- -		

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

PART I, LINE 2:

USE OF FUNDS BY CHARITIES IS NOT MONITORED BY THE ORGANIZATION.

41-2010078

Page 2

SCHEDULE L (Form 990 or 990-EZ)		28b, or 28c, o Atta	swere or For ich to	ed "Yes m 990 Form	s" on F -EZ, P 990 or	Form 990, Par art V, line 38a FForm 990-E2	rt IV a or Z.	, line 25a, 25b, 2 40b.				20	1545-00 16 to Put)
	THE AMERI	CAN CENI	ER	FOR	PH	ILANTHR	OP	Ϋ,			ident		ion nı	ımber
	INC . efit Transacti	ODE (agation E)	01(0)(2) 000t	ion EO	1(a)(4) and 5(11/0	(20) organization			100	78		
	organization answ						•				Ъ			
1	(h) F	Relationship betv									50.	(d)	Corre	cted?
(a) Name of disqualified	person	person and organization				(c) Description of trai				nsaction				No
												_		
												_		
												-		
2 Enter the amount of tax	,	0	0		•	•	0	,						
section 4958 3 Enter the amount of tax	if any on line 2													
	, ii ariy, ori iine 2, i	above, reimburs	seu by	ine or	yaniza					Þ				
Part II Loans to an	d/or From Int	erested Per	sons	5.										
Complete if the	organization answ	wered "Yes" on	Form	990-EZ	, Part	V, line 38a or l	Forr	n 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	ion	
·	ount on Form 990		1				<u> </u>				(b) An	nrover	1	1.111
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	n the		e) Original cipal amount	(f) Balance due	(9)		(h) Approved by board or committee? a		agree	(i) Written agreement?	
	3			ization? From		· · · · · · · · · · · · · · · · · · ·		Yes		No	Yes	///////////////////////////////////////		1
									100		100		1.00	
						. .								
Total Part III Grants or As	ssistance Ber	nefitina Inter	reste	ed Pe	rson	> \$ 5-								
	organization answ	-												
(a) Name of interested person		(b) Relationship between interested person and the organization				(c) Amount of assistance		(d) Type of assistance			(e) Purpose of assistance			
										+				
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										-+				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

632131 10-24-16

Schedule L (Form 990 or 990-EZ) 2016 $\,$ INC . Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (c) Amount of (d) Description of (a) Name of interested person (b) Relationship between interested òrganization's person and the organization transaction transaction revenues? No Yes CARLSON CAPITAL MANAGEMENTA BOARD MEMBER OF Α 164,501. THE ORGANIZ Х Supplemental Information Part V

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CARLSON CAPITAL MANAGEMENT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

A BOARD MEMBER OF ACP IS ALSO A SHAREHOLDER OF CARLSON CAPITAL MANAGEMENT.

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PAID CARLSON CAPITAL

MANAGEMENT FOR INVESTMENT ADVISORY SERVICES AND ADMINISTRATIVE SERVICES.

GREGORY CARLSON IS MORE THAN 35% OWNER OF CARLSON CAPITAL MANAGEMENT.

Schedule L (Form 990 or 990-EZ) 2016

632132 10-24-16

SCHE	DULE	Μ
(Form	990)	

Noncash Contributions

OMB No. 1545-0047

20

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

16

Name of the organization

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. THE AMERICAN CENTER FOR PHILANTHROPY, Employ

Employer identification number 41 - 2010078

	INC.					41-2	2010	078	
Pa	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of de oncash contrib	etermir	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	137	3,119,748.	QUO	TED STOC	K P	RIC	E
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18									
10 19	Collectibles								
	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi								
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29					
								Yes	No
30a	During the year, did the organization receive b	-			•				
	must hold for at least three years from the date								37
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
							31	Х	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which column (a) is che	ecked,				
	describe in Part II.								

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

Schedule M (Form 990) (2016)

632141 08-23-16

THE A	MERICAN	CENTER	FOR	PHILANTHROPY,

Schedule M (Form 990) (2016) INC .

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE CENTER USES A THIRD PARTY REAL ESTATE BROKER TO HANDLE THE SALE OF

ALL REAL ESTATE DONATIONS RECIEVED BY THE CENTER.

Schedule M (Form 990) (2016)

41-2010078

Page 2

632142 08-23-16

06570830 766845 ACP

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Mathematical Revenue Service Math	ZU1b Open to Public
Name of the organization THE AMERICAN CENTER FOR PHILANTHROPY, INC.	Employer identification number $41 - 2010078$
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
PROMOTE PHILANTHROPY BY PROVIDING EFFECTIVE, EFFICIENT, A	ND FLEXIBLE
MEANS FOR INDIVIDUALS TO CARRY OUT THEIR PERSONAL CHARITAN	BLE OBJECTIVES
BY UTILIZING DONOR ADVISED FUNDS.	
FORM 990, PART VI, SECTION A, LINE 2:	
GREGORY A CARLSON AND MATTHEW RICH HAVE A BUSINESS RELATION	ONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE FORM 990 IS REVIEWED AND APPROVED BY THE A	UDIT COMMITTEE. A
COPY OF THE RETURN IS THEN SENT TO THE ENTIRE BOARD PRIOR	TO BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:	
COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST PO	OLICY IS REVIEWED
ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION DOES NOT HAVE ANY PAID EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CO	ONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE	E PUBLIC.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

2016.04020 THE AMERICAN CENTER FOR PHI ACP____1

51