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. |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| 4h | (Codo:) (Exponence \$ | including grants of \$ | |) |
| 40 | (Code) (expenses \$ | |) (Revenue \$ |) |
| | | | | |
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| | | | | |
| 4. | | | | |
| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
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| <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) |
| 63200 | 2 11-11-16 | | | |
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06570830 766845 ACP

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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)

632003 11-11-16

06570830 766845 ACP

INC.

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)

632004 11-11-16

06570830 766845 ACP

| | 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 | | |

632005 11-11-16

| 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.

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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. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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|--|---|--|--------------------------------|-------------|-----------------|-------------------------------------|-------------------|------------------------------|--|-------|-------------------|----------------------------------|---------------|
| 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 | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 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. |
| 63200 | 9 11-1 | 11-16 | | | 9 | | | Form 990 (2016) |

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 |

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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)

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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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| 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)) | | | | | |
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| 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 | | | | | | |
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| or expended on its behalf 3 The value of services or facilities it musices its relation in those the parameter is the inset the services or facilities its through a services or facilities and the services of the amount shown on line 11, column (f) 2493094. 2838095. 3030366. 3918066. 3307325. 15586946. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization's through a services of the amount shown on line 11, column (f) 12194003. 6 Public support. Berget the store inset (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 2493094. 2838095. 3030366. 3918066. 3307325. 15586946. Sacros income from innet acceeds 26 of the amount shown on line 12. 2493094. 2838095. 30303366. 3918066. 3307325. 15586946. Sacros income from innet acceeds 26 of the amount shown on similar sources and income from innet acceeds 26 of the amount shown on line 13. 18062449. Sacros income from innet acceeds 26 of the amount shown on line 13. 183622449. 10 Other income. Do not include gain or ioss from the sale of capital asset (Explain in Part VI). 14 72.94 % fig. 5.803. 11 <t< td=""><td>2</td><td>Tax revenues levied for the organ-</td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | 2 | Tax revenues levied for the organ- | | | | | | |
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| b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization qualifies as a publicly supported organization b 10% organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization c 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and s | 16a | | - | | | | | |
| and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization is publicly supported organization in Part VI how the organization is publicly supported | | | | | | | | |
| 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | b | | - | | | | | |
| and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions b | | | | | | | | |
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| b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | C C | | • | • | • | • | |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | d organization | | ▶∟ |
| organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18 | b | | - | | | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | · · · | | | | | | е |
| | | | | | | | | |
| | 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | | | |

Chedule A (Form 990 or 990-EZ) 2016

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

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(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 | | | | |
| 320 | 23 09-21-16 | | | 1 - | Sch | edule A (For | rm 990 or 990-EZ) 20 |)16 |
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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.)

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Schedule A (Form 990 or 990-EZ) 2016

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|-------|--|--------------------------------|--------|-------|
| 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 | | |
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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).

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| 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.) | | , | | | | , | | |
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| | 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 |
| 63205 | 1 08-29-16 | | 27 | | |
| 570 | 830 76684 | | 27 27 אודי אאדיריאא כדאיין | רס הי | 1 מיזג דעם פו |

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2016.04020 THE AMERICAN CENTER FOR PHI ACP____1

| THE AMERICAN CENTER FOR PHILANTHROP | YY | ۰, |
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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) |
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| on Form 990, Part X2 Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Didth organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (a) Three years back a Beginning of year balance (b) Prior year (c) Two years back (a) Current year balance (b) Prior year (c) Two years back (a) Three years back a Contributions (c) Two years back (c) Tore years back (c) Four years back (b) Four years back (c) Two years back (c) Two years back (c) Four years back a Contributions (c) Our regarization answered 'Yes' on Form 900, Part IV, line 10. (c) Three years back (c) Four years back (| | reported an amount on Form 990, Part X | , line 21. | | | | | | | | |
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| and programs | d | Grants or scholarships | | | | | | | | | |
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| 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

632052 08-29-16

| 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, |
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| 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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632054 08-29-16

| Schedule D (Form 990) 2016 Part XIII Supplemental Infor | | | CENTER | FOR | PHILANTHROPY | , 41-2010078 _{Page} |
|--|--------|-------------|--------|-----|--------------|---------------------------------|
| | mation | (continuea) | | | | |
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| | | | | | | 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. | | | | | | | | |
| 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. REFURBISHING OF BRI APRONS AND RETAINING MATHENTAGE PARK COMUNITY 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 CUTUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 DEERMOD, MN 56444 37-1706581 501(C)(3) 50,000. 0. Seneral Account DOCTORS WITHOUT BORDERS - - - - - - | | | | | | | | |
| CITY OF HASTINGS CITY OF HASTINGS CITREAT EAST 101 4TH STREET EAST 41-6005220 501(C)(3) 326,804. 0. PAVILION CITY OF WABASHA 900 HIAWATHA DR. E. REFURBISHING OF BRINAPRONS AND RETAINING REFURBISHING OF BRINAPRONS AND RETAINING WABASHA, MN 55981 41-1810909 501(C)(3) 35,000. 0. AT HERITAGE PARK COMMUNITY ACTION CENTER 1651 JEFFERSON PKWY, STE HS200 NORTHFIELD, MN 55057 41-0970984 501(C)(3) 11,800. 0. RCRU F.O. BOX 628222 95-6006173 501(C)(3) 5,250. 0. SENERAL ACCOUNT CUYUNA LAKES MOUNTAIN BIKE CREW 97-1706581 501(C)(3) 50,000. 0. SENERAL ACCOUNT DOCTORS WITHOUT BORDERS 37-1706581 501(C)(3) 50,000. 0. SENERAL ACCOUNT | | 41-0837655 | 501(C)(3) | 19 000 | 0 | | | |
| 101 4TH STREET EAST 41-6005220 501(C)(3) 326,804. 0. CINEMA SYSTEM/ROTAR HASTINGS, MN 55033 41-6005220 501(C)(3) 326,804. 0. REFURBISHING OF BRID 900 HIAWATHA DR, E. 41-1810909 501(C)(3) 35,000. 0. NT HERITAGE PARK WABASHA, MN 55981 41-1810909 501(C)(3) 35,000. 0. NT HERITAGE PARK COMMUNITY ACTION CENTER 1651 JEFFERSON PKWY, STE HS200 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 CUYUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 37-1706581 501(C)(3) 50,000. 0. SENERAL ACCOUNT DOCTORS WITHOUT BORDERS 37-1706581 501(C)(3) 50,000. 0. SENERAL ACCOUNT | SHOREVIEW, MN 55120 | 41-0037033 | 501(0)(3) | 19,000. | 0. | | | CAMPAIGN |
| 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 | | | | | | | |
| CITY OF WABASHA 900 HIAWATHA DR. E. WABASHA, MN 55981 41-1810909 501(C)(3) 35,000. 0. COMMUNITY ACTION CENTER 1651 JEFFERSON PKWY, STE HS200 NORTHFIELD, MN 55057 41-0970984 501(C)(3) 11,800. 0. NORTHFIELD, MN 55057 41-0970984 501(C)(3) 11,800. 0. CRU P.O. BOX 628222 ORLANDO, FL 32862 95-6006173 501(C)(3) 5,250. 0. CUYUNA LAKES MOUNTAIN BIKE CREW P.O. BOX 162 DEERWOOD, MN 56444 37-1706581 501(C)(3) 50,000. 0. DOCTORS WITHOUT BORDERS | 101 4TH STREET EAST | | | | | | | CINEMA SYSTEM/ROTARY |
| 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 |
| 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 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 BORDERSImage: Comparison of the compa | | | | | | | | |
| WABASHA, MN 5598141-1810909501(C)(3)35,000.0.AT HERITAGE PARKCOMMUNITY ACTION CENTER 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.NORTHFIELD WORKSCUVUNA 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 seneral account seneral account seneral seneral account seneral sener | | | | | | | | |
| 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 37-1706581 501(C)(3) 50,000. 0. SENERAL ACCOUNT DOCTORS WITHOUT BORDERS JON | | 41-1810909 | 501(C)(3) | 35 000 | 0 | | | |
| 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 | | | | | | | |
| CRU P.O. BOX 628222 95-6006173 501(C)(3) 5,250. 0. ORLANDO, FL 32862 95-6006173 501(C)(3) 5,250. 0. CUYUNA LAKES MOUNTAIN BIKE CREW 95-6006173 501(C)(3) 50,000. 0. P.O. BOX 162 37-1706581 501(C)(3) 50,000. 0. DEERWOOD, MN 56444 37-1706581 501(C)(3) 50,000. 0. | 1651 JEFFERSON PKWY, STE HS200 | | | | | | | |
| P.O. BOX 628222 95-6006173 501(C)(3) 5,250. 0. General account CUYUNA LAKES MOUNTAIN BIKE CREW 95-6006173 501(C)(3) 5,250. 0. General account P.O. BOX 162 37-1706581 501(C)(3) 50,000. 0. General account DEERWOOD, MN 56444 37-1706581 501(C)(3) 50,000. 0. General account | NORTHFIELD, MN 55057 | 41-0970984 | 501(C)(3) | 11,800. | 0. | | | NORTHFIELD WORKS |
| 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)

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|---|--------------------|----------------------------------|--------------------------|---|---|--|--|
| 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)

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|--|----------------|----------------------------------|--------------------------|---|---|--|--|
| 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 |
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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, 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 |
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| 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 |
|--|----|------|-------|--------|
|--|----|------|-------|--------|

| (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, | | |
| 6100 MAIN STREET 74-1109620 501(C)(3) 10,000. 0. DEMERAL ACCOUNT SAINT PATRICK PARISH 39-0806399 501(C)(3) 86,500. 0. DUNCH STORAGE SAINT PAUL AREA SYNOD 39-0806399 501(C)(3) 86,500. 0. DUNTKIEUTION SAINT PAUL AREA SYNOD 36-3514252 501(C)(3) 12,008. 0. DOUTRI BUTION SAINT PAUL AREA SYNOD 36-3514252 501(C)(3) 12,008. 0. DOUTRI BUTION SAINT PAUL AREA SYNOD 36-3514252 501(C)(3) 12,008. 0. DOUTRI BUTION SAINT PAUL AREA SYNOD 36-3514252 501(C)(3) 14,500. D. DOUTRI BUTION SAINT PAUL AREA SYNOD 36-3514252 501(C)(3) 14,500. D. DEPARAL ACCOUNT SAUNTIC NARY - MN 445 FRIG AZEA PACOUNTHY HUBOSHY DICULTION DEPARAL ACCOUNT DEPARAL ACCOUNT SAVE THE NORTHFILED MEDOT 27-2081273 501(C)(3) 5,800. D. DEPARAL ACCOUNT SECOND HARVEST HEARTLAND 23-7417654 501(C)(3) 5,800. <td>RICE UNIVERSITY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | RICE UNIVERSITY | | | | | | | |
| 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 | | | | | | | | |
| 1500 VINE STREET HUDSON, WI 5401639-0806399501(C)(3)86,500.0.BUILDING/2016 ANNUAL CONTRIBUTIONSAINT PAUL AREA SYNDD 105 W. UNIVERSITY AVENUE SF. PAUL, NN 5510336-3514252501(C)(3)12,008.0.Reading and an an and an and an an an and an and an an and an an an and an an an and an an an and an an an an and an | HOUSTON, TX 77251 | 74-1109620 | 501(C)(3) | 10,000. | 0. | | | GENERAL ACCOUNT |
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| 105 W. UNIVERSITY AVENUE ST. FAUL, MN 5510336 - 3514252501(C)(3)12,0080.BEGA KWA BEGA HARRIS ACCOUNT/GENERAL ACCOUNTSALVATION ARMY - MN 2445 PRIOR AVENUE NORTH ROSEVILLE, NN 5511341 - 0698597501(C)(3)14,500.0.BENERAL ACCOUNTSAVE THE NORTHFIELD DEPOT 712 47H STREET EAST NORTHFIELD, MN 5505727 - 2081273501(C)(3)14,500.0.BENERAL ACCOUNTSECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. FAUL, MN 5510923 - 7417654501(C)(3)5,600.0.BENERAL ACCOUNTSHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH APTON, MN 5500123 - 7417654501(C)(3)5,500.0.BENERAL ACCOUNTSIGUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIGUX FALLS, SD 57103501(C)(3)5,500.0.BENERAL ACCOUNTSIGUX FALLS, RABA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIGUX FALLS, SD 57103501(C)(3)6,000.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUNDSIGUX FALLS, SD 5710331 - 1748533501(C)(3)6,000.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUND | HUDSON, WI 54016 | 39-0806399 | 501(C)(3) | 86,500. | 0. | | | |
| 105 W. UNIVERSITY AVENUE ST. FAUL, MN 5510336 - 3514252501(C)(3)12,0080.BEGA KWA BEGA HARRIS ACCOUNT/GENERAL ACCOUNTSALVATION ARMY - MN 2445 PRIOR AVENUE NORTH ROSEVILLE, NN 5511341 - 0698597501(C)(3)14,500.0.BENERAL ACCOUNTSAVE THE NORTHFIELD DEPOT 712 47H STREET EAST NORTHFIELD, MN 5505727 - 2081273501(C)(3)14,500.0.BENERAL ACCOUNTSECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. FAUL, MN 5510923 - 7417654501(C)(3)5,600.0.BENERAL ACCOUNTSHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH APTON, MN 5500123 - 7417654501(C)(3)5,500.0.BENERAL ACCOUNTSIGUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIGUX FALLS, SD 57103501(C)(3)5,500.0.BENERAL ACCOUNTSIGUX FALLS, RABA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIGUX FALLS, SD 57103501(C)(3)6,000.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUNDSIGUX FALLS, SD 5710331 - 1748533501(C)(3)6,000.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUND | | | | | | | | |
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| 2445 PRIOR AVENUE NORTH ROSEVILLE, MN 5511341-0698597501(c)(3)14,500.0.SENERAL ACCOUNTSAVE THE NORTHFIELD DEPOT 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)5,800.0.SENERAL ACCOUNTSHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH AFTON, MN 5500141-1314182501(c)(3)5,500.0.SENERAL ACCOUNTSIOUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 5710331-1748533501(c)(3)6,000.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUNDSISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVEImage: Seneral accounce ADDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD | 51. INOL, MA 55105 | 50 5514252 | 501(0)(3) | 12,000. | ••• | | | |
| 2445 PRIOR AVENUE NORTH ROSEVILLE, MN 5511341-0698597501(c)(3)14,500.0.SENERAL ACCOUNTSAVE THE NORTHFIELD DEPOT 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)5,800.0.SENERAL ACCOUNTSHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH AFTON, MN 5500141-1314182501(c)(3)5,500.0.SENERAL ACCOUNTSIOUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 5710331-1748533501(c)(3)6,000.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUNDSISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVEImage: Seneral accounce ADDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD | SALVATION ARMY - MN | | | | | | | |
| ROSEVILLE, MN 5511341-0698597501(C)(3)14,500.0.DENERAL ACCOUNTSAVE THE NORTHFIELD DEPOT 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.GENERAL ACCOUNTSHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH AFTON, MN 5500141-1314182501(C)(3)5,500.0.GENERAL ACCOUNTSIOUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 5710331-1748533501(C)(3)6,000.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUNDSISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVEJ1-1748533501(C)(3)6,000.0.GENERAL COUND | | | | | | | | |
| SAVE THE NORTHFIELD DEPOT 712 4TH STREET EAST NORTHFIELD, MN 55057 27-2081273 501(C)(3) 5,800. 0. SENERAL ACCOUNT SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. PAUL, MN 55109 23-7417654 501(C)(3) 12,500. 0. SENERAL ACCOUNT SHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH AFTON, MN 55001 41-1314182 501(C)(3) 5,500. 0. SENERAL ACCOUNT SIOUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 57103 31-1748533 501(C)(3) 6,000. 0. FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE - SIOUX FALLS, SD 57103 31-1748533 501(C)(3) 6,000. 0. C. FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUND | | 41-0698597 | 501(C)(3) | 14,500. | 0. | | | GENERAL ACCOUNT |
| 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 | | | | , | | | | |
| 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 5500121-1314182501(C)(3)5,500.0.SENERAL ACCOUNTSIOUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 5710331-1748533501(C)(3)6,000.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUNDSISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVE | SAVE THE NORTHFIELD DEPOT | | | | | | | |
| SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. PAUL, MN 55109 23-7417654 501(C)(3) 12,500. 0. GENERAL ACCOUNT SHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH AFTON, MN 55001 41-1314182 501(C)(3) 5,500. 0. GENERAL ACCOUNT SIOUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 57103 31-1748533 501(C)(3) 6,000. 0. FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUND SISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVE | 712 4TH STREET EAST | | | | | | | |
| 1140 GERVAIS AVENUE ST. PAUL, MN 5510923-7417654501(C)(3)12,500.0.GENERAL ACCOUNTSHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH AFTON, MN 5500141-1314182501(C)(3)5,500.0.GENERAL ACCOUNTSIOUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 5710331-1748533501(C)(3)6,000.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUNDSISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVE31-1748533501(C)(3)6,000.0.Image: Community of the second se | NORTHFIELD, MN 55057 | 27-2081273 | 501(C)(3) | 5,800. | 0. | | | GENERAL ACCOUNT |
| 1140 GERVAIS AVENUE ST. PAUL, MN 5510923-7417654501(C)(3)12,500.0.GENERAL ACCOUNTSHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH AFTON, MN 5500141-1314182501(C)(3)5,500.0.GENERAL ACCOUNTSIOUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 5710331-1748533501(C)(3)6,000.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUNDSISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVE31-1748533501(C)(3)6,000.0.Image: Community of the second se | | | | | | | | |
| ST. PAUL, MN 5510923-7417654501(C)(3)12,500.0.SENERAL ACCOUNTSHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH AFTON, MN 5500141-1314182501(C)(3)5,500.0.SENERAL ACCOUNTSIOUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 5710331-1748533501(C)(3)6,000.0.FALLS COMMUNITY HEALTH MEDICATION ASSISTANCE FUNDSISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVE31-1748533501(C)(3)6,000.0.SENERAL ACCOUNT | | | | | | | | |
| SHEPHERD OF THE VALLEY 41-1314182 501(C)(3) 5,500. 0. GENERAL ACCOUNT 14107 HUDSON ROAD SOUTH 41-1314182 501(C)(3) 5,500. 0. GENERAL ACCOUNT SIOUX FALLS AREA COMMUNITY FALLS COMMUNITY HEALTH FALLS COMMUNITY HEALTH FALLS COMMUNITY HEALTH FOUNDATION - 200 N. CHERAPA PLACE 31-1748533 501(C)(3) 6,000. 0. FUND SISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVE Image: Community of the second | | 23-7417654 | 501(C)(3) | 12 500 | 0 | | | GENERAL ACCOUNT |
| 14107 HUDSON ROAD SOUTH AFTON, MN 5500141-1314182501(C)(3)5,500.0.Image: Constraint of the second | 51. FROI, MN 55109 | 25-7417054 | 501(0)(3) | 12,500. | 0. | | | GENERAL ACCOUNT |
| 14107 HUDSON ROAD SOUTH AFTON, MN 5500141-1314182501(C)(3)5,500.0.Image: Constraint of the second | SHEPHERD OF THE VALLEY | | | | | | | |
| AFTON, MN 55001 41-1314182 501(C)(3) 5,500. 0. GENERAL ACCOUNT SIGUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIGUX FALLS, SD 57103 31-1748533 501(C)(3) 6,000. 0. CHERAPA PLACE SISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVE | | | | | | | | |
| SIOUX FALLS AREA COMMUNITY FOUNDATION - 200 N. CHERAPA PLACE - SIOUX FALLS, SD 57103 31-1748533 501(C)(3) 6,000. 0. FALLS COMMUNITY HEALTH SISTERS OF ST. LOUIS LEAGUE 22300 MULHOLLAND DRIVE | | 41-1314182 | 501(C)(3) | 5,500. | 0. | | | GENERAL ACCOUNT |
| 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 | |
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| | | | | | | . . | | | | | | | | |
| 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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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

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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

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