

**THE AMERICAN CENTER  
FOR PHILANTHROPY, INC**

990 Tax Filings – Public Inspection Copy

December 31, 2020



600 INWOOD AVENUE NORTH  
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[www.akinshenke.com](http://www.akinshenke.com)

**Return of Organization Exempt From Income Tax**

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE AMERICAN CENTER FOR PHILANTHROPY INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>11 BRIDGE SQUARE, SUITE 200</b> City or town, state or province, country, and ZIP or foreign postal code <b>NORTHFIELD MN 55057</b>	<b>D</b> Employer identification number <b>41-2010078</b> <b>E</b> Telephone number <b>507-321-4027</b> <b>G</b> Gross receipts \$ <b>14,975,478</b>
<b>F</b> Name and address of principal officer: <b>GREGORY A. CARLSON</b> <b>11 BRIDGE SQUARE, SUITE 200</b> <b>NORTHFIELD MN 55057</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u WWW.AMERICANCP.ORG</b>		<b>L</b> Year of formation: <b>2001</b> <b>M</b> State of legal domicile: <b>MN</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>PROMOTE PHILANTHROPY BY PROVIDING EFFECTIVE, EFFICIENT, AND FLEXIBLE MEANS FOR INDIVIDUALS TO CARRY OUT THEIR PERSONAL CHARITABLE OBJECTIVES BY UTILIZING DONOR ADVISED FUNDS.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>4</b>
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>0</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		<b>0</b>
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11		<b>0</b>
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>3,516,860</b>	<b>3,588,004</b>
	9	Program service revenue (Part VIII, line 2g)		<b>0</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,159,796</b>	<b>1,444,399</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,676,656</b>	<b>5,032,403</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>2,892,742</b>	<b>4,218,797</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>0</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>0</b>	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>218,721</b>	<b>220,632</b>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>3,111,463</b>	<b>4,439,429</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>1,565,193</b>	<b>592,974</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>31,998,461</b>	<b>33,669,317</b>
	21	Total liabilities (Part X, line 26)	<b>14,425</b>	<b>121,767</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>31,984,036</b>	<b>33,547,550</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>GREGORY A. CARLSON</b> Type or print name and title	Date <b>PRESIDENT</b>
	<b>CHRIS HENKE</b> Print/Type preparer's name <b>CHRIS HENKE</b> Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN <b>P01008921</b>	
<b>Paid Preparer Use Only</b>	Firm's name } <b>AKINS HENKE AND COMPANY</b> <b>600 INWOOD AVENUE NORTH, SUITE 160</b> Firm's address } <b>OAKDALE, MN 55128</b>	Firm's EIN } <b>46-3220328</b> Phone no. <b>651-636-3806</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**PROMOTE PHILANTHROPY BY PROVIDING EFFECTIVE, EFFICIENT, AND FLEXIBLE MEANS FOR INDIVIDUALS TO CARRY OUT THEIR PERSONAL CHARITABLE OBJECTIVES BY UTILIZING DONOR ADVISED FUNDS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **4,280,047** including grants of \$ **4,218,797** ) (Revenue \$ )

**THE AMERICAN CENTER FOR PHILANTHROPY PROMOTES PHILANTHROPY BY PROVIDING EFFECTIVE, EFFICIENT, AND FLEXIBLE MEANS FOR INDIVIDUALS TO CARRY OUT THEIR PERSONAL CHARITABLE OBJECTIVES BY UTILIZING DONOR ADVISED FUNDS. THE CENTER MADE 1,167 GRANTS TO CHARITABLE ORGANIZATIONS DURING 2020.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 4,280,047**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> 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		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		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		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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 See instructions		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		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No		
<b>2a</b>	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	<b>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 5, 1b, 4, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest, and whistleblower policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records u

GREGORY A. CARLSON
NORTHFIELD

11 BRIDGE SQUARE, SUITE 200

MN 55057

507-321-4027

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>GREGORY A. CARLSON</b> ..... <b>PRESIDENT</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
(2) <b>RICHARD ESTENSON</b> ..... <b>TREASURER</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
(3) <b>BLAKE ABDELLA</b> ..... <b>SECRETARY</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
(4) <b>ARTHUR MONAGHAN</b> ..... <b>BOARD MEMBER</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(5) <b>MATTHEW RICH</b> ..... <b>BOARD MEMBER</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>3,588,004</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	<b>\$ 3,179,271</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>3,588,004</b>				
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>604,604</b>			<b>604,604</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	<b>10,782,870</b>			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	<b>9,943,075</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>	<b>839,795</b>				
<b>d</b> Net gain or (loss)	<b>u</b>	<b>839,795</b>			<b>839,795</b>		
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>5,032,403</b>	<b>0</b>	<b>0</b>	<b>1,444,399</b>		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>4,218,797</b>	<b>4,218,797</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	<b>36,950</b>		<b>36,950</b>	
<b>b</b> Legal				
<b>c</b> Accounting	<b>12,947</b>		<b>12,947</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>167,323</b>	<b>60,236</b>	<b>107,087</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	<b>2,321</b>		<b>2,321</b>	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>MISCELLANEOUS</b>	<b>1,091</b>	<b>1,014</b>	<b>77</b>	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>4,439,429</b>	<b>4,280,047</b>	<b>159,382</b>	<b>0</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	<b>1,800,343</b>	<b>2</b>	<b>1,895,107</b>
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>35,010</b>	<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities	<b>30,163,108</b>	<b>11</b>	<b>31,774,210</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>31,998,461</b>	<b>16</b>	<b>33,669,317</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable	<b>14,425</b>	<b>18</b>	<b>121,767</b>
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>14,425</b>	<b>26</b>	<b>121,767</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>31,984,036</b>	<b>27</b>	<b>33,547,550</b>
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>31,984,036</b>	<b>32</b>	<b>33,547,550</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>31,998,461</b>	<b>33</b>	<b>33,669,317</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>5,032,403</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>4,439,429</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>592,974</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>31,984,036</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>970,540</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>33,547,550</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**THE AMERICAN CENTER FOR  
PHILANTHROPY INC.**

Employer identification number

**41-2010078**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,307,325	6,457,567	2,170,677	3,516,860	3,588,004	19,040,433
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3,307,325	6,457,567	2,170,677	3,516,860	3,588,004	19,040,433
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,673,665
<b>6</b> Public support. Subtract line 5 from line 4						15,366,768

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	3,307,325	6,457,567	2,170,677	3,516,860	3,588,004	19,040,433
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	611,184	728,989	914,975	787,247	604,604	3,646,999
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						22,687,432

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

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	67.73 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	70.69 %

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2019.** 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—2020.** 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—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**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>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 .....			
b From 2016 .....			
c From 2017 .....			
d From 2018 .....			
e From 2019 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 .....			
b Excess from 2017 .....			
c Excess from 2018 .....			
d Excess from 2019 .....			
e Excess from 2020 .....			



**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization  
**THE AMERICAN CENTER FOR  
PHILANTHROPY INC.**

Employer identification number  
**41-2010078**

Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             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**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**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).

Name of organization

**THE AMERICAN CENTER FOR**

Employer identification number

**41-2010078**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 95,378	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 125,528	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 80,548	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 90,343	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 99,511	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**THE AMERICAN CENTER FOR**

Employer identification number

**41-2010078**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 120,100	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,401,938	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 75,428	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 200,508	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**THE AMERICAN CENTER FOR**

Employer identification number

**41-2010078****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	2,355 DFA TAX MANAGED US	\$ 95,378	12/07/20
2	719 VANGUARD US LARGE CAP INDEX	\$ 125,528	12/21/20
3	217 ISHARES S&P 500	\$ 80,548	12/04/20
4	VAR. PUBLICLY TRADED SECURITIES	\$ 90,343	08/14/20
5	VAR. PUBLICLY TRADED SECURITIES	\$ 99,511	12/15/20
7	783 VANGUARD US LARGE CAP INDEX	\$ 120,100	09/22/20

Name of organization

**THE AMERICAN CENTER FOR**

Employer identification number

**41-2010078**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	VAR. PUBLICLY TRADED SECURITIES	\$ 1,401,938	11/30/20
9	617 APPLE	\$ 75,428	12/07/20
10	1155 VANGUARD US LARGE CAP	\$ 200,508	12/15/20
		\$	
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE AMERICAN CENTER FOR PHILANTHROPY INC.

Employer identification number

41-2010078

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 7/25/06, Number of conservation easements modified, transferred, released, extinguished, or terminated, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

- c Beginning balance .....
- d Additions during the year .....
- e Distributions during the year .....
- f Ending balance .....

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

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

- a Board designated or quasi-endowment **u** .....
- b Permanent endowment **u** .....
- c Term endowment **u** .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations .....
- (ii) Related organizations .....

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....				

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-9.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,835,620
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	970,540	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	970,540
3	Subtract line 2e from line 1		3	4,865,080
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	167,323	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	167,323
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,032,403

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,272,106
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,272,106
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	167,323	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	167,323
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,439,429

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

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, 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE AMERICAN CENTER FOR PHILANTHROPY INC.** Employer identification number **41-2010078**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SCHWAB CHARITABLE PO BOX 628298 ORLANDO FL 32862	31-1640316	501C3	616,008				FUNDS
(2)	MAYO CLINIC 200 FIRST ST SW ROCHESTER MN 55905	41-6011702	501C3	210,000				GENERAL ACCOUNT
(3)	NORTHFIELD SHARES 205 WATER STREET S NORTHFIELD MN 55057	27-3080430	501C3	171,500				MULTIPLE PURPOSES
(4)	HAMLIN UNIVERSITY 1536 HEWITT AVE. ST. PAUL MN 55104	41-0693960	501C3	114,395				SCHOLARSHIPS/ANNUAL
(5)	SAINT ELIZABETH'S COMM. DEV. FDN 1200 GRANT BLVD. W. WABASHA MN 55981	41-1453829	501C3	112,977				GENERAL/SCHOLARSHIP
(6)	MACALESTER COLLEGE 1600 GRAND AVENUE ST. PAUL MN 55105	41-0693962	501C3	86,615				MAC/DODGE FUND
(7)	HASTINGS PUBLIC SCHOOLS 1000 WEST 11TH STREET HASTINGS MN 55033	41-1880438	501C3	68,789				GENERAL ACCOUNT
(8)	ST. PHILIPS LUTHERAN CHURCH 1401 15TH ST. W HASTINGS MN 55033	41-0972019	501C3	64,000				GENERAL AND CAPITAL
(9)	COMMUNITY ACTION CENTER-NORTHFIELD 1651 JEFFERSON PARKWAY NORTHFIELD MN 55057	41-0970984	501C3	58,900				GENERAL/HOUSING/FOOD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 127**

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



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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NATIONAL EAGLE CENTER 50 PEMBROKE AVE. WABASHA MN 55981	41-1817466	501C3	50,250				GENERAL ACCOUNT
(2)	AUGSBURG UNIVERSITY 2211 RIVERSIDE AVENUE MINNEAPOLIS MN 55454	41-0694721	501C3	50,000				TIEDE VOCATIONAL
(3)	CAMFED USA FOUNDATION 466 GEARY STREET, STE 400 SAN FRANCISCO CA 94102	54-2033897	501C3	50,000				GENERAL ACCOUNT
(4)	HIMALAYAN CATARACT PROJECT PO BOX 55 WATERBURY VT 05676	03-0362926	501C3	50,000				GENERAL ACCOUNT
(5)	LIVING WORD CHRISTIAN CENTER 9201 75TH AVE. N BROOKLYN PARK MN 55428	41-1392954	501C3	50,000				GENERAL ACCOUNT
(6)	ONEGOAL 180 N WABASH, STE 800 CHICAGO IL 60601	56-2369898	501C3	50,000				GENERAL ACCOUNT
(7)	HASTINGS FAMILY SERVICE 301 2ND STREET EAST HASTINGS MN 55033	23-7083534	501C3	48,250				FOOD SHELF/MAX
(8)	BETHEL LUTHERAN CHURCH 1321 NORTH AVENUE NORTHFIELD MN 55057	41-6049270	501C3	47,750				ANNUAL/GENERAL/FOOD
(9)	ST. JOHN'S LUTHERAN CHURCH 500 THIRD ST. W NORTHFIELD MN 55057	41-1636168	501C3	42,772				GENERAL/MUSIC/HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2020)

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(1)	CHRIST COMMUNITY NAPLES 6060 COLLIER BLVD, SUITE 36 NAPLES FL 34114	81-1196171	501C3	42,500				GENERAL AND BUILDING
(2)	FAIRVIEW FOUNDATION 1690 UNIVERSITY AVE W, SUITE 250 ST. PAUL MN 55104	41-1573810	501C3	40,000				MS ACHIEVEMENT CTR
(3)	ZUMBRO LUTHERAN CHURCH 624 3RD AVE SW ROCHESTER MN 55902	41-0718374	501C3	36,000				GENERAL, BUILDING
(4)	LUTHER COLLEGE 700 COLLEGE DRIVE DECORAH IA 52101	42-0680466	501C3	34,985				GENERAL, REUNION
(5)	SECOND HARVEST HEARTLAND 1140 GERVAIS AVE ST PAUL MN 55109	23-7417654	501C3	29,510				GENERAL, COVID
(6)	SAINT PATRICK PARISH 1500 VINE ST HUDSON WI 54016	39-0806399	501C3	29,500				ANNUAL/SISTER PARISH
(7)	FIRST BAPTIST CHURCH 1108 WESTWOOD DRIVE FARIBAULT MN 55021	41-6028643	501C3	28,700				GENERAL
(8)	GREATER TWIN CITIES UNITED WAY 404 S 8TH ST MINNEAPOLIS MN 55404	41-1973442	501C3	28,682				GENERAL
(9)	HASTINGS ROTARY FOUNDATION 118 4TH STREET E HASTINGS MN 55033	83-4243656	501C3	28,438				CYCLING/RIVERTOWN

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(1)	MINNEAPOLIS PATHWAYS 3115 HENNEPIN AVE S MINNEAPOLIS MN 55408	41-1628884	501C3	27,464				GENERAL ACCOUNT
(2)	SOUTH DAKOTA STATE UNIVERSITY FDN 815 MEDARY AVE, STE 301 BROOKINGS SD 57007	46-0273801	501C3	26,010				TOLK SCHOLARSHIP
(3)	SOUTHWEST MN STATE UNIVERSITY 1501 STATE ST., FOUNDERS HALL #220 MARSHALL MN 56258	23-7108470	501C3	26,010				TOLK SCHOLARSHIP
(4)	JDRF 3001 METRO DRIVE, SUITE 100 BLOOMINGTON MN 55425	23-1907729	501C3	26,000				GENERAL, WALK
(5)	UNIVERSITY OF MN FOUNDATION 200 OAK ST SE, STE 500 MINNEAPOLIS MN 55455	41-6042488		25,450				SCHOLARSHIPS, HOCKEY
(6)	ISTHMUS FOUNDATION 10141 IRWIN ROAD MINNEAPOLIS MN 55437	82-4257211	501C3	25,000				GENERAL FUND
(7)	MICHIGAN TECH FUND 1400 TOWNSEND AVE HOUGHTON MI 49931	38-1554664	501C3	25,000				ELLIOTT SCHOLARSHIP
(8)	MINNESOTA STATE UNIVERSITY MANKATO 126 ALUMNI FOUNDATION CENTER MANKATO MN 56001	41-6033423	501C3	25,000				TRACK & FIELD EQUIP.
(9)	ST. OLAF COLLEGE 1520 ST OLAF AVENUE NORTHFIELD MN 55057	41-0693979	501C3	22,926				GENERAL/SCHOLARSHIPS

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. DOMINIC CATHOLIC CHURCH-SCHOOL 104 LINDEN ST. N NORTHFIELD MN 55057	41-0711501	501C3	20,550				ANNUAL, SUN. GIVING
(2)	CHANNEL ONE REGIONAL FOOD BANK 131 35TH ST SE ROCHESTER MN 55904	41-1379713	501C3	21,000				GENERAL FUND, CHACKO
(3)	SKY KIDS INCORPORATED 11369 SOUTH COOL WATER DRIVE GOODYEAR AZ 85338	45-3177806	501C3	21,000				THE GENERAL ACCOUNT
(4)	AMERICAN RED CROSS PO BOX 1288 MINNEAPOLIS MN 55454	53-0196605	501C3	14,550				GENERAL FUND
(5)	LAKES AREA INTERFAITH CAREGIVERS 14398 DELLWOOD DR N BAXTER MN 56425	13-4230071	501C3	20,000				THE GENERAL ACCOUNT
(6)	SISTERS OF ST LOUIS 22300 MULHOLLAND DRIVE WOODLAND HILLS CA 91364	95-3074013	501C3	20,000				THE GENERAL ACCOUNT
(7)	RESURRECTION UNITED METHODIST 615 W. 15TH STREET HASTINGS MN 55033	43-6111835	501C3	17,750				GENERAL, SCHOLARSHIP
(8)	FOLDS OF HONOR FOUNDATION 5800 N. PATRIOT DRIVE OWASSO OK 74055	75-3240683	501C3	17,340				THE GENERAL ACCOUNT
(9)	WILLOW RIVER ORG FOR WILDLIFE 1034 CO. RD. A HUDSON WI 54016	39-1667467	501C3	17,340				THE GENERAL ACCOUNT

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(1)	GUARDIAN ANGELS CHURCH 217 2ND STREET WEST CHASKA MN 55318	41-0785167	501C3	16,000				CAMPAIGN, GIVING
(2)	NORTHFIELD UNITED METHODIST CHURCH 1401 MAPLE STREET NORTHFIELD MN 55057	41-0729976	501C3	15,175				GENERAL, MEMORIALS
(3)	BEREAN BAPTIST CHURCH 309 EAST COUNTY ROAD 42 BURNSVILLE MN 55306	41-1224849	501C3	15,000				COVID/LAKEVILLE
(4)	GUSTAVUS ADOLPHUS LUTHERAN CHURCH 1669 ARCADE ST ST. PAUL MN 55106	41-0711504	501C3	15,000				GATEWAY FUND/GENERAL
(5)	HUALALAI OHANA FOUNDATION PO BOX 5227 KAILUA-KONA HI 96745	81-0570716	501C3	15,000				ANNUAL/CRISIS RESP.
(6)	SALVATION ARMY MN 2445 PRIOR AVENUE NORTH ROSEVILLE MN 55113	41-0698597	501C3	14,920				GENERAL, COVID
(7)	BEREA COLLEGE CPO 2216, EDWARDS BLDG. BEREA KY 40404	61-0444650	501C3	14,291				GENERAL ACCOUNT
(8)	GREEN LAKE LUTHERAN MINISTRIES 9916 LAKE AVE. S. SPICER MN 56288	41-0726172	501C3	14,000				QUILT AUC/MEMORIAL
(9)	CUMBERLAND COLLEGE 6191 COLLEGE STATION DR. WILLIAMSBURG KY 40769	61-0470593	501C3	13,991				GENERAL ACCOUNT

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(1)	GREENPEACE FUND 702 H STREET NW, SUITE 300 WASHINGTON DC 20001	95-3313195	501C3	13,991				GENERAL ACCOUNT
(2)	TECHNO SERVE, INC. 1777 N KENT ST, STE 1100 ARLINGTON VA 22209	13-2626135	501C3	13,991				GENERAL ACCOUNT
(3)	CHRIST UNITED METHODIST CHURCH 400 5TH AVE SW ROCHESTER MN 55902	41-0693980	501C3	13,500				2020 GENERAL
(4)	KENNETH HAGIN MINISTRIES PO BOX 50126 TULSA OK 74150	75-1226882	501C3	13,000				MISSIONS/FAITH
(5)	CRU PO BOX 628222 ORLANDO FL 32862	95-6006173	501C3	12,500				MILLER AND THOMPSON
(6)	MOUNDS PARK ACADEMY 2051 LARPEN TEUR AVE EAST ST PAUL MN 55109	41-1420915	501C3	12,500				GENERAL/COMM CARE
(7)	ADOPTACLRSSROOM.ORG PO BOX 856097 MINNEAPOLIS MN 55485	65-0828272	501C3	12,000				GENERAL ACCOUNT
(8)	LUTHERAN CHURCH OF GOOD SHEPHERD 4801 FRANCE AVENUE SOUTH MINNEAPOLIS MN 55410	41-0744070	501C3	12,000				GENERAL/JUSTICE/MEM
(9)	PAX CHRISTI CATHOLIC CHURCH 4135 18TH AVE NW ROCHESTER MN 55901	41-1532400	501C3	12,000				GENERAL ACCOUNT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2020)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**THE AMERICAN CENTER FOR  
PHILANTHROPY INC.**

Employer identification number  
**41-2010078**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF WISCONSIN RIVER FALLS 410 S. 3RD STREET RIVER FALLS WI 54022	39-6064630	501C3	12,000				SCHOLARSHIPS
(2)	DUNWOODY COLLEGE OF TECHNOLOGY 818 DUNWOODY BLVD. MINNEAPOLIS MN 55403	41-0693856	501C3	11,000				GENERAL ACCOUNT
(3)	HOLY FAMILY CATHOLIC HS 8108 KOCHIA LANE VICTORIA MN 55386	41-1848970	501C3	11,000				TEACHERS/ANNUAL FUND
(4)	NORTHFIELD COMMUNITY CHURCH PO BOX 30 NORTHFIELD MN 55057	81-5002515	501C3	10,800				GENERAL ACCOUNT
(5)	NORTHFIELD UNION OF YOUTH PO BOX 481 NORTHFIELD MN 55057	41-1812234	501C3	10,750				GENERAL, MEMORIAL
(6)	HASTINGS PRESCOTT AREA ARTS COUNCIL PO BOX 370 HASTINGS MN 55033	41-1758837	501C3	10,500				GALA/RV BAND
(7)	BEAR LAKE/HAUGEN FIRE RESCUE PO BOX 187 HAUGEN WI 54841	83-2297342	501C3	10,000				BRUSH TRUCK
(8)	BORDER COMMUNITY ALLIANCE, INC. P.O.BOX 1863 TUBAC AZ 85646	61-1726630	501C3	10,000				GENERAL, SHELTER
(9)	CARLETON COLLEGE ONE NORTH COLLEGE NORTHFIELD MN 55057	41-0694747	501C3	10,000				ANNUAL/RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE., GSIA 213 PITTSBURGH PA 15213	25-0969449	501C3	10,000				DEAN'S DISCRETIONARY
(2)	CITY OF HASTINGS PARK AND REC. 920 W. 10TH STREET HASTINGS MN 55033	41-6005220	501C3	10,000				MUSIC IN THE PARK
(3)	CITY OF WABASHA 900 HIAWATHA DR. E. WABASHA MN 55981	41-1810909	501C3	10,000				GENERAL ACCOUNT
(4)	COMO PARK LUTHERAN CHURCH 1376 HOYT AVE. W ST. PAUL MN 55108	41-0705751	501C3	10,000				ENVELOPE
(5)	GIRLS ON THE RUN - CHICAGO 1415 N. DAYTON ST., SUITE 112 CHICAGO IL 60642	36-4331462	501C3	10,000				2020 DONATION
(6)	GRAND TRAVERSE REGIONAL LAND CONS. 3860 N. LONG LAKE RD., SUITE D TRAVERSE CITY MI 49684	38-2994229	501C3	10,000				DUNES PROJECT
(7)	HALLET COMMUNITY CENTER FOUNDATION 470 8TH ST. NE CROSBY MN 56441	41-1839978	501C3	10,000				HALLETT CENTER
(8)	KIDS FROM WISCONSIN 640 S. 84TH ST. SUITE 522 MILWAUKEE WI 53214	39-1425288	501C3	10,000				GENERAL FUND
(9)	LUTHER SEMINARY 2481 COMO AVE. ST. PAUL MN 55108	41-1425961	501C3	10,000				THEOLOGICAL TEACHING

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Schedule I (Form 990) (2020)



**SCHEDULE I  
(Form 990)**

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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(1)	LUTHERAN SOCIAL SERVICE OF MN 2485 COMO AVENUE ST. PAUL MN 55108	41-0872993	501C3	13,000				ANNUAL GALA
(2)	MAGNUM CHORUM PO BOX 16600 MINNEAPOLIS MN 55416	41-1729332	501C3	10,000				GENERAL FUND
(3)	METROPOLITAN SYMPHONY ORCHESTRAL P.O. BOX 581213 MINNEAPOLIS MN 55458	36-3305025	501C3	10,000				GENERAL FUND
(4)	RALPH REEDER FOOD SHELF 2544 MOUNDS VIEW BLVD MOUNDS VIEW MN 55112	41-6008084	501C3	10,000				GENERAL FUND
(5)	RICE UNIVERSITY PO BOX 1892 HOUSTON TX 77251	74-1109620	501C3	10,000				WIESS SCHOOL
(6)	SAIDIANA 4940 WEST 77TH STREET EDINA MN 55435	20-5147038	501C3	10,000				GENERAL FUND
(7)	ST. FELIX SCHOOL 130 E. 3RD STREET WABASHA MN 55981	41-0695538	501C3	10,000				GENERAL ACCOUNT
(8)	ST. JOHN'S EVANGELICAL LUTHERAN 120 N MAIN ST LEWISTON PA 17044	41-0797139	501C3	10,000				GENERAL FUND
(9)	THE CHURCH OF THE ASSUMPTION 51 WEST 7TH STREET ST. PAUL MN 55102	41-0694736	501C3	10,000				GENERAL ACCOUNT

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(1)	THE GREATER LEWES FOUNDATION 135 2ND ST. LEWES DE 19958	51-0400365	501C3	10,000				CEMETERY FUND
(2)	THE SAINT PAUL FOUNDATION 101 FIFTH STREET EAST, SUITE 2400 ST. PAUL MN 55101	41-6031510	501C3	10,000				SCIENCE SCHOLARS
(3)	UNIVERSITY OF NOTRE DAME PO BOX 802275 CHICAGO IL 60680	35-0868188	501C3	10,000				GREATEST NEED
(4)	WILDERNESS CANOE BASE 738 HICKORY POINT LANE AMERY WI 54001	39-0973783	501C3	10,000				GENERAL ACCOUNT
(5)	W-K PUBLIC SCHOOLS 2113 HIAWATHA DR. E. WABASHA MN 55981	41-6004412	501C3	10,000				GENERAL ACCOUNT
(6)	WORLD MISSION PRAYER LEAGUE, INC 232 CLIFTON AVENUE MINNEAPOLIS MN 55403	41-0786986	501C3	10,000				EKKA SUPPORT FUND
(7)	GEM RESOURCES INTERNATIONAL 101 OLD HWY 31 BERRIEN SPRINGS MI 49103	38-3114488	501C3	9,000				ETHIOPIAN PROJ/GEN
(8)	GREAT DEEDS 3055 131ST CT NE BLAINE MN 55449	41-2001192	501C3	8,750				TRUCK RE3
(9)	NDSU FOUNDATION 1241 UNIVERSITY DRIVE NORTH FARGO ND 58105	36-3667912	501C3	8,000				SCHOLARSHIPS

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(1)	SHEPHERD OF THE VALLEY 14107 HUDSON ROAD SOUTH AFTON MN 55001	41-1314182	501C3	8,000				GENERAL FUND/ACCOUNT
(2)	ANIMAL HUMANE SOCIETY 845 MEADOW LANE NORTH GOLDEN VALLEY MN 55422	41-0693842	501C3	7,750				GENERAL/RESCUE
(3)	HEALTHFINDERS COLLABORATIVE PO BOX 731 NORTHFIELD MN 55057	20-1805262	501C3	8,000				GENERAL FUND
(4)	CARPENTER NATURE CENTER 12805 ST. CROIX TRAIL S. HASTINGS MN 55033	23-7275337	501C3	7,700				GENERAL/ANNUAL/GOLF
(5)	AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE MINNEAPOLIS MN 55415	41-1717098	501C3	7,500				GENERAL FUND
(6)	GOLDSTEIN MUSEUM OF DESIGN 1985 BUFORD AVENUE ST. PAUL MN 55108	41-6042488	501C3	7,500				CRANE COLLECTION
(7)	INVER HILLS COMMUNITY COLLEGE FDN 2500 80TH ST. E. INVER GROVE HEIGHTS MN 55076	41-1410445	501C3	7,500				GENERAL ACCOUNT
(8)	UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVE MADISON WI 53726	39-0743975	501C3	7,500				L&S DEAN/PSYCHOLOGY
(9)	TRINITY LUTHERAN CHURCH 601 2ND STREET EAST WACONIA MN 55387	41-0713894	501C3	7,350				GENERAL

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(1)	DOCTORS WITHOUT BORDERS 40 RECTOR ST, 16TH FLOOR NEW YORK NY 10001	13-3433452	501C3	7,513				GENERAL
(2)	DANA HALL SCHOOL 45 DANA ROAD WELLESLEY MA 02482	04-2103562	501C3	7,000				BLUE/WHITE NIGHT
(3)	UNITED WAY OF HASTINGS PO BOX 353 HASTINGS MN 55033	41-1486488	501C3	7,000				RESPONSE & RECOVERY
(4)	FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS MN 55433	41-1601449	501C3	6,763				GENERAL/FOOD
(5)	MINNESOTA OPERA 620 NORTH FIRST ST. MINNEAPOLIS MN 55401	41-0946789	501C3	6,700				GENERAL
(6)	WINGS PO BOX 845 NORTHFIELD MN 55057	41-6031510	501C3	6,600				GENERAL/ANNUAL/ENDOW
(7)	HEALTHY COMMUNITY INITIATIVE (HCI) 1651 JEFFERSON PARKWAY, STE 128 NORTHFIELD MN 55057	26-2852506	501C3	6,500				GENERAL, BREAKFAST
(8)	MT. OLIVET LUTHERAN CHURCH 5025 KNOX AVE. S MINNEAPOLIS MN 55419	41-0773766	501C3	6,400				STEWARDSHIP
(9)	HASTINGS ISD#200 200 GENERAL SIEBEN DRIVE HASTINGS MN 55033	41-6000810	501C3	6,000				GENERAL PURPOSES

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(1)	IFP MN CENTER FOR MEDIA ARTS 550 VANDALIA ST, STE 120 ST. PAUL MN 55114	41-1594894	501C3	6,000				GENERAL ACCOUNT
(2)	MARSHALL LUTHERAN CHURCH 308 NW LEWISON ST. ADAMS MN 55909	36-3403881	501C3	6,000				GENERAL FUND/ACCOUNT
(3)	ST. MATTHEW'S EPISCOPAL CHURCH 330 N HUBBARDS LANE LOUISVILLE KY 40207	61-0476701	501C3	6,000				GENERAL FUND
(4)	EMMAUS BAPTIST CHURCH 712 LINDEN ST N NORTHFIELD MN 55057	41-1435680	501C3	5,990				GENERAL FUND
(5)	HOLY CROSS LUTHERAN CHURCH W156N8131 PILGRIM RD MENOMONEE FALLS WI 53051	39-6030677	501C3	5,700				GENERAL/FATIH DEV.
(6)	EDINA COMMUNITY LUTHERAN CHURCH 4113 WEST 54TH STREET EDINA MN 55424	41-0836936	501C3	5,500				ANNUAL STEWARDSHIP
(7)	ST. JUDE'S CHILDREN'TS HOSPITAL 501 ST. JUDE PLACE MEMPHIS TN 38105	62-0646012	501C3	5,500				GENERAL PURPOSES
(8)	NORTHEASTERN MINNESOTANS FOR WILDERNESS PO BOX 625 ELY MN 55731	01-0743018	501C3	5,350				GENERAL/BOUND WATERS
(9)	CITY OF HOPE 1500 E. DUARTE ROAD DUARTE CA 91010	95-3435919	501C3	5,250				MEMORIAL/PROD. IND.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(1)	<b>FRIENDS OF SD PUBLIC BROADCASTING 555 N DAKOTA ST VERMILLION SD 57069</b>	<b>23-7310698</b>	<b>501C3</b>	<b>5,250</b>				<b>SOUND VISION CAMP.</b>
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

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

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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Name of the organization

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**41-2010078**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... u \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... u \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

**Total** ..... u \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) <b>CARLSON CAPITAL MANAGEMENT</b>	<b>SEE PART V</b>	<b>204,273</b>	<b>SEE PART V</b>		<b>X</b>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information.**

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

**SCHEDULE L, PART V - ADDITIONAL INFORMATION**

**SCHEDULE L, PART IV, BUSINESS TRASCTIONS INVOLVING INTERESTED PERSONS:**

**(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 MANAGMENT FOR INVESTMENT ADVISORY SERVICES AND ADMINISTRATIVE SERVICES. GREGORY CARLSON IS MORE THAN 35% OWNER OF CARLSON CAPITAL MANAGEMENT.**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**THE AMERICAN CENTER FOR  
PHILANTHROPY INC.**

Employer identification number

**41-2010078**

**Part 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	(d) Method of determining noncash contribution amounts
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	<b>X</b>	<b>75</b>	<b>3,179,271</b>	<b>FAIR VALUE</b>
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 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( )				
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**THE AMERICAN CENTER FOR  
PHILANTHROPY INC.**

Employer identification number

**41-2010078**

**FORM 990, PART VI - ADDITIONAL INFORMATION**

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

**THE ORGANIZATION DOES NOT HAVE ANY PAID EMPLOYEES.**

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

**GREGORY A CARLSON**

**MATTHEW RICH**

**BUSINESS RELATIONSHIP**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**A DRAFT OF THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS  
PRIOR TO BEING FILED WITH THE INTERNAL REVENUE SERVICE.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REVIEWED  
ANNUALLY.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

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