۱.		* PUBLIC DISCHOSURE COPY FR		
For	 9	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2016
Depa	artment	of the Treasury Do not enter social security numbers on this form as it r	nay be made public.	Open to Public
-		enue Service Information about Form 990 and its instructions is at wy		Inspection
AF	or th	e 2016 calendar year, or tax year beginning JUN 1 2016 and ending	9 MAY 31, 2017	
B	Check if	ole:	D Employer identificat	ion number
	Addr	THE GERMAN MARSHALL FUND OF THE		
	Chan		-	- 1
-	chan		.uite E Telephone number	51
	Final			2650
	lermi		<u>202-683</u> - G Gross receipts \$	
	ated	nded	H(a) Is this a group return	45,686,505.
	Appli		for subordinates?	
L	_tion pend	ing		
1 1	24.04	EXAME AS C ABOVE empt status: x 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a list	
		te: > HTTP://www.GMFUS.ORG	H(c) Group exemption n	
				late of legal domicile: pc
_	art I	Summary		are of legal bornelle. DL
Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULI</u> Check this box > if the organization discontinued its operations or disposed of		
ver	3			19
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		18
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		86
itie	6	Total number of volunteers (estimate if necessary)		0
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12		- 201_982.
Ā		Net unrelated business taxable income from Form 990-T, line 34		-202,232.
-			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	16,479,373	17,715,121,
Revenue	9	Program service revenue (Part VIII, line 2g)	18,370.	18,709.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3 521 950	1,708,297.
Ē		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73 363	24,362,
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,093,056	19,466,489,
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5 115 420	4 189 844.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ś		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,458,325,	11,169,819.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) Total fundraising expenses (Part IX, column (D), line 25)		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,804,364.	11,504,142.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,378,109,	26 863 805.
	19	Revenue less expenses, Subtract line 18 from line 12	-8,285,053.	-7.397.316.
Assets or Balances			Beginning of Current Year	End of Year
sete	20	Total assets (Part X, line 16)	175,318,654.	181,736,251.
A CO	21	Total liabilities (Dart X, line 26)	16 050 542	15 200 110

Part II Signature Block

Fund

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

Sign	Signature of officer	g		
Here	DEBORAH R. IWIG CHIEF FINANCIAL Type or print name and tille	OFFICER	1	
-	Print/Type preparer's name	Preparer's signature	Date Date	Check PTIN
Paid	YONG ZHANG CPA	1000 M	Nogle III	07/17 self-employed 1249785
Preparer	Firm's name 🕞 RSM US LLP	10.0	01	Firm's EIN 42 0714325
Use Only	Firm's address 🕨 1861 INTERNATIONAL DRIV	E, SUITE 400		
	MCLEAN VA 22102			Phone no.703-336 6400
May the I	RS discuss this return with the preparer shown at	ove? (see instruction	s)	X Yes No

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

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

543

158 460 111

16 858

15 396 110.

166 340 141

N)	THE GERMAN MARSHALL FUND OF THE		
	n 990 (2016) UNITED STATES	52-0954751	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		1
1	Briefly describe the organization's mission:		
	THE GERMAN MARSHALL FUND OF THE UNITED STATES (GMF) IS AN AMERICAN		
	INSTITUTION THAT STRENGTHENS TRANSATLANTIC COOPERATION ON REGIONAL,		
	NATIONAL AND GLOBAL CHALLENGES AND OPPORTUNITIES IN THE SPIRIT OF THE		
	MARSHALL PLAN,		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yı	es 🗶 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?	Ye	es 🔟 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expense	es, and
-	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$11,078,635, including grants of \$390,620,) (Revenue	ie \$	18,709.)
	POLICY - GMF PROVIDES EFFECTIVE WAYS FORWARD TO SOLVING TODAY'S		
	TRANSATLANTIC POLICY ISSUES.		
	<u>1</u>		
			*
4b	(Code:) (Expenses \$5,391,790, including grants of \$3,794,624.) (Revenue	IP %	ă
	CIVIL SOCIETY - GMF SUPPORTS CIVIL SOCIETY BY FOSTERING DEMOCRATIC	οφ ₌	/
	INITIATIVES, RULE OF LAW AND REGIONAL COOPERATION.		
			N.
4c	(Code:) (Expenses \$2,436,136, including grants of \$4,600,) (Revenue	e\$	
	LEADERSHIP - GMF OFFERS RISING AND ESTABLISHED LEADERS DYNAMIC		
	OPPORTUNITIES TO BUILD TRANSATLANTIC BRIDGES.		
4d	Other program services (Describe in Schedule O.)	2	
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses 18,906,561.	e.	990 (2016)
		Form	2010)

THE GERMAN MARSHALL FUND OF TH

	THE GERMAN MARSHALL FUND OF THE			0
	990 (2016) UNITED STATES 52-0954751		Pi	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	_	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- 114		
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		^	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2016)

THE GERMAN MARSHALL FUND OF THE

	THE GERMAN MARSHALL FOND OF THE			
	990 (2016) UNITED STATES 52-095475	1	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)		-	-
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		~	
04		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			A
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	51		A
38	Note. All Form 990 filers are required to complete Schedule O	38	v	
	Note: All Formoso niero de required to complete ochequie o	1.00	A	

Form 990 (2016)

4

	THE GERMAN MARSHALL FUND OF THE			
	990 (2016) UNITED STATES 52-0954751		Р	age 5
Pa	rt 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			Lx
			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 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 86			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
2	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a		3a	x	
b		3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00	-	
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	v	
		40	X	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-	1	(22)
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>x</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
		9a		
a h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10		30		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2016)

•	THE GERMAN MARSHALL FUND OF THE			
Form	990 (2016) UNITED STATES 52-0954751		F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" /	respor	ise
-	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			x
Sec	tion A. Governing Body and Management			
			Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year 1a 19			
14	If there are material differences in voting rights among members of the governing body or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b18			
u Q	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		
0	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		X
3		3		
	of officers, directors, or trustees, or key employees to a management company or other person?	4	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	· · · ·		-	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		1000
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes X	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		x	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b	x x	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b	x x	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a	x x x	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a	x x x x	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	10b 11a 12a	x x x x	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a 12a 12b	x x x x x	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	10b 11a 12a 12b 12c	x x x x x x x	<u>No</u>
b 11a b 12a b c 13	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	x x x x x x x x x	
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c 13	x x x x x x x x x	
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13	x x x x x x x x x	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	x x x x x x x x x x	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	x x x x x x x x x x	
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	x x x x x x x x x x	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14	x x x x x x x x x x	
b 11a b 12a b c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x x x x x x x x x	
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b 11a b 12a b c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x x x x x x x x x	
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10b 11a 12a 12b 12c 13 14 15a 15b 16a	x x x x x x x x x x x x	
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization is CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	x x x x x x x x x x x x	
b 11a b 12a c 13 14 15 a b 16a b Sec	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's <i>exempt</i> status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed A _{AK} , CA, DC, IL, MD, MT, NC, NY, OH, OR, SC, VA	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	x x x x x x x x x x x x x	
b 11a b 12a b c 13 14 15 a b 16a b <u>Sec</u> 17	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements ? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed > AK, CA, DC, IL, MD, MT, NC, NY, OH, OR, SC, VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	x x x x x x x x x x x x x	
b 11a b 12a b c 13 14 15 a b 16a b <u>Sec</u> 17	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's <i>exempt</i> status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed A _{AK} , CA, DC, IL, MD, MT, NC, NY, OH, OR, SC, VA	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	x x x x x x x x x x x x x	
b 11a b 12a b c 13 14 15 a b 16a b <u>Sec</u> 17	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization set on the organization of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements ? List the states with which a copy of this Form 990 is required to be filed A <u>K, CA, DC, LL, MD, MI, NC, NY, OH, OR, SC, VA</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	x x x x x x x x x x x x x	

20	State the name, address, and telephone number of the person who possesses the organization's books and records:	
	DEBORAH R. IWIG - 202 683-2650	

1744 R. STREET, NW, WASHINGTON, DC 20009

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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.

 List all of the organization is current officers, directors, trustees (whether Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	/do		Pos		n e than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensation	amount of
	week	-	cer ar	nd a c	lirect	or/trus	stee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee ee	npens		(W-2/1099-MISC)		organization and related
	below	dual tr	tiona		nploy	st cor				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) MARGARET CARLSON	1,00									
TRUSTEE		X						0.	0.	0,
(2) GREGORY CRAIG	1.00							1		
TRUSTEE		x						0.	0.	0.
(3) MARC GROSSMAN	1.00									
TRUSTEE		x						0.	0.	0.
(4) JOHN HARRIS	1.00									
TRUSTEE		x				_		0.	0.	0.
(5) DAVID IGNATIUS	1.00									
TRUSTEE		X		_				0.	0.	0.
(6) THOMAS KELLY	1.00									
TRUSTEE		X					-	0.	0.	0.
(7) MARC LELAND	1.00									
TRUSTEE		X						0.	0.	0.
(8) ROBERT LIBERATORE	1,00									
TRUSTEE		X					_	0,	0.	0.
(9) ROMAN MARTINEZ IV	1,00									
TRUSTEE		X	_	_	_			0.	0.	0.
(10) ANNIE MAXWELL	1,00									
TRUSTEE		X	_		_		_	0.	0.	0.
(11) MEGHAN L. O'SULLIVAN	1.00									
TRUSTEE		X	_		<u> </u>			0.	0.	0.
(12) RICHARD POWERS	1,00									
TRUSTEE		X	-	_	-			0.	0.	0.
(13) SHYAM REDDY	1,00									
TRUSTEE		X	_	_	-	-		0.	0.	0.
(14) CHRISTOPHER SCHROEDER	1,00									
TRUSTEE		X	-	-	-	-	-	(.	0.	0.
(15) J. ROBINSON WEST	1,00									
TRUSTEE		X		_		-	_	0.	0.	0.
(16) KASSIE FREEMAN	1,00									
TRUSTEE		X					_	Q.	0,	0.
(17) DAVID SMICK	1.00									
TRUSTEE		X			_	-		C.	Q.	0

632007 11-11-16

Form 990 (2016)

Form 990		UNITED	STATE
Part VII	Section A. Officers,	Directo	rs, Trus

O) UNITED STATES				52-0954751	Page 8
ction A. Officers, Directors, Trust	ees, Key Em	ployees, and Highest Co	mpensated Employe	es (continued)	
(A)	(B)	(C)	(D)	(E)	(F)
Name and title	Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation

	hours for related organizations below line)	Individual trustee or direc	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(18) ROBERT WEXLER	1.00									
TRUSTEE		Х						0.	0.	0.
(19) KAREN DONFRIED	40.00									
PRESIDENT		Х		X				415,390.	0.	42,303.
(20) DEBORAH IWIG	40,00									
VICE PRESIDENT/CFO				X		_		220,599.	0.	24,417.
(21) DEREK CHOLLET	40,00									
EXEC VICE PRESIDENT				X			_	196,098.	0.	34,179.
(22) IVAN VEJVODA	40.00									
VICE PRESIDENT					X			268,154.	0.	40,919.
(23) IAN LESSER	40.00									
VICE PRESIDENT					Х			286,999.	0.	29,068.
(24) STEPHEN SZABO	40,00									
EXC DIR TA						Х		218,439.	0.	38,310.
(25) DANIELA SCHWARZER	40.00									
DIRECTOR, BERLIN				_		X	_	188,595.	0.	10,368.
(26) SUSAN COURTNEY BICKERT	40.00									
VICE PRESIDENT PARTNERSHIPS						X		169,464.	0.	9,484.
1b Sub-total								1,963,738.	0.	229,048.
c Total from continuation sheets to P	art VII, Section A							513,348.	0.	57,700.
d Total (add lines 1b and 1c)								2,477,086.	0.	286,748,

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LAW OFFICES OF PAIGE E REFFE, 3300 LOWELL		
STREET, NW, WASHINGTON, DC 20008	CONSULTING FOR EVENTS	494,156,
ASSET COMMUNICATIONS		Contraction of the STAN of and a state
AVE LOUISE 300, BRUSSELS, BELGIUM 1050	CONSULTING SERVICES	252,437.
ROSA BALFOUR, AVENUE LOUIS LEPOUTRE 107,		
BRUXELLES, BELGIUM	CONSULTING SERVICES	137,326.
RHODIUM GROUP, 5 COLUMBUS CIRCLE, SUITE		
1801, NEW YORK, NY 10019	CONSULTING/RESEARCH	120,000.
2 Total number of independent contractors (including but not limited \$100,000 of compensation from the organization	t to those listed above) who received more than 4	

SEE PART VII, SECTION A CONTINUATION SHEETS

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THE GERMAN MARSHALL FUND OF THE

Part VII Section A. Officers, Directors, Tru		nple	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated
	hours	(C	heck	k all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loye		the	organizations	compensatior from the
	(list any	Irect				6mp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	hours for related	e or d	ee			sated		(00-2/1099-00150)		and related
	organizations	rustei	Irus		89	npen				organizations
	below	l ual 1	tiona		nploy	st coi				organizations
	line)	Individual trustee or director	Institutional Irustee	Officer	Key employee	Highest compensated employee	Former			
(27) KEVIN COTTRELL	40.00	-	-		×	-	LL.			
DIRECTOR, TLI	10,00					x		159,220.	0.	28,375
(28) DAN TWINING	40.00									
COUNSELOR/DIRECTOR OF THE ASIA PROGR						x		154,461.	0.	29,321
(29) HEIKE MACKERRON	40.00									
FORMER DIRECTOR, BERLIN		_					x	199,667.	0.	
		-			-	-	-			
			-	-	_	_	_			
		1								
			-			H				
					_	_				
			_							
			-		-	-	_			
					-		-			

	0 (2016) UNITED					52-0954751	Page 9
Part V	<u>(</u>		or poto to envilia	a in this Dart VIII			
	Check if Schedule O con	tans a response	of hote to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 12	a Federated campaigns	1a					
and Other Similar Amounts	b Membership dues						
Am	c Fundraising events	1c					
lar	d Related organizations	1d					
Sin	e Government grants (contribu-		5,672,634.				
ler	f All other contributions, gifts, grar						
ŧ	similar amounts not included abo		12,042,487.				
pue	g Noncash contributions included in lines h Total. Add lines 1a-1f			17 715 101			
	n Total. Add lines fa n		Business Code	17,715,121.			
2	a REGISTRATION		900099	18,709.	18,709.		
	b			10,100.	20,105.		
	c						
even a	d						
- ·	e						
	f All other program service reve						
_	g Total. Add lines 2a-2f			18,709.			
3	Investment income (including						
4	other similar amounts)			1,450,547.		-201,982.	1,652,529.
5	Royalties						
ľ	noyunoo	(i) Real	(ii) Personal				
6	a Gross rents						
1	b Less: rental expenses						
	c Rental income or (loss)						
			🕨				
7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	26,477,766.					
	b Less: cost or other basis		1				
	and sales expenses c Gain or (loss)	26,220,016.					
	c Gain or (loss) d Net gain or (loss)			257,750.			257.750.
	a Gross income from fundraisin			231,130.			251,150.
	including \$						
	contributions reported on line						
	Part IV, line 18	а					
	b Less: direct expenses						
0	Net income or (loss) from func	-					
9 8	Gross income from gaming ac						
	Part IV, line 19						
	 Less: direct expenses Net income or (loss) from gam 						
	 Net income or (loss) from gam Gross sales of inventory, less 	E E	····· P				
10 8	and allowances						
l t	Less: cost of goods sold	b					
	Net income or (loss) from sale						
	Miscellaneous Revenu		Business Code				
11 a	OTHER INCOME		900099	24,362.			24,362.
k)						
0							
0							
- Co. 100	• Total. Add lines 11a-11d			24,362.			a variant version
12	Total revenue. See instructions.	and an		19,466,489.	18,709,	201,982.	1,934,641,

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	(A) se or note to any line in	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	150.000.	150,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,039,844.	4,039,844.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,387,239.	751,250.	635,989.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				2000 - 100 -
7	Other salaries and wages	7,764,518.	4,879,126.	2,373,807.	511,585
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	371,150.	235,993.	116,575.	18,582
9	Other employee benefits	608,962,	337,454.	201,691.	69,817
10	Payroll taxes	1,037,950.	828,102.	170,554.	39,294
11	Fees for services (non-employees):				
a	Management		45 404	51 162	11 000
b		77,382.	15,191.	51,163.	11,028
c	Accounting	165,481.	51,962.	113,519.	
d					
e	Professional fundraising services. See Part IV, line 17	100.002		100 003	
f	Investment management fees	180,093.		180,093.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0.007.000	0 600 764	100 040	20 102
	column (A) amount, list line 11g expenses on Sch 0.)	2,807,889,	2,607,764.	160,942.	39,183
12	Advertising and promotion	760.060	276 457	220 (21	6,134
13	Office expenses	760,962.	376,157.	378,671,	11,791
14	Information technology	355,453.	24,053.	319,009.	11,791
15	Royalties	1 000 701	229,850.	850 871.	
16		1,080,721. 3,604,115.	3,396,688.	143.848.	63,579
17	Travel Payments of travel or entertainment expenses	5,004,115.	5,590,000	143,040,	05,313
10	for any federal, state, or local public officials	129,450.	129.450.		
19	Conferences, conventions, and meetings	803,357	678,547.	114,571.	10,239
20			010,541.	231,814.	10,233
20 21	Payments to affiliates	231,814.		231,014.	
22 22	Depreciation, depletion, and amortization	928,184.	20,611.	898,125,	9,448
23	1997401	154,657.	11,037.	143.620.	5,440
23 24	Other expenses. Itemize expenses not covered	T2# 021		145,020.	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	190,505.	118,481.	69,775.	2,249
b	SUBSCRIPTIONS/PUBLICATI	34,079.	25,001,	7,215,	1,863
c			,		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	26,863,805.	18,906,561.	7,162,452,	794,792
26	Joint costs. Complete this line only if the organization			,,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here to tollowing SOP 98-2 (ASC 958-720)				

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	9,450.	1	2,550
	2	Savings and temporary cash investments	7,270,043.	2	14,099,924
	3	Pledges and grants receivable, net	8,077,183,	3	6,222,625
	4	Accounts receivable, net	133,906.	4	101,117
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
ć	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	114,149.	9	330,241
	-	Land, buildings, and equipment: cost or other			- * -
		basis. Complete Part VI of Schedule D 10a 29,488,112.			
	b	Less: accumulated depreciation 10b 9,796,492.	20,560,777.	10c	19,691,620
	11	Investments - publicly traded securities	33,861,743,	11	52,763,254
	12	Investments - other securities. See Part IV, line 11	105,205,342.	12	88,438,970
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	86,061,	15	85,950
	16	Total assets. Add lines 1 through 15 (must equal line 34)	175 318 654.	16	181,736,251
	17	Accounts payable and accrued expenses	1,877,545,	17	1,702,239
	18	Grants payable	854.087.	18	1,062,749
	19	Deferred revenue	4,947,433.	19	3,510,951
	20	Tax-exempt bond liabilities	9,179,478.	20	9,120,171
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to current and former officers, directors, trustees,			Sec. March 199
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	16,858,543.	26	15,396,110
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and			
ŝ		complete lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets	148,170,609.	27	158,761,546
	28	Temporarily restricted net assets	10,289,502.	28	7,578,595
	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.		0	
3	30	Capital stock or trust principal, or current funds		30	
2	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	158,460,111.	33	166,340,141
	34	Total liabilities and net assets/fund balances	175 318 654.	34	181,736,251

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	THE GERMAN MARSHALL FUND OF THE				
-	n 990 (2016) UNITED STATES	52-0954751		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	,466	,489.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26	,863	,805.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7	,397	,316.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	158	,460	,111.
5	Net unrealized gains (losses) on investments	5	15	,455	,790.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-178	,444.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	166	,340	,141.
Pa	rt XII Financial Statements and Reporting				
-	Check if Schedule O contains a response or note to any line in this Part XII				Lx
				Yes	No
1	Accounting method used to prepare the Form 990: Cash x Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			ê	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:		- I		
	x Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		(1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb	X	

Form 990 (2016)

(Fe	orm 9	DULE A 90 or 990-EZ) of the Treasury nue Service		Complete if the orga 49	nization is a section 50 947(a)(1) nonexempt ch Attach to Form 990 or		OMB No. 1545-0047 2016 Open to Public Inspection			
-	_	the organizati			(Form 990 or 990-EZ) and	l its instruc	tions is at I	www.irs.gov/fo		r identification number
INCI	ne oi	the organizati	IIII G	ERMAN MARSHALL :	FUND OF THE				· •	
P	art I	Reason	for Public	D STATES Charity Status	(All organizations must c	omplete t	his part.) S	See instruction	<u>5</u>	2-0954751
<u> </u>					(For lines 1 through 12,					
1 2 3 4		A church, cor A school des A hospital or :	nvention of cl cribed in sec a cooperative earch organi	hurches, or associati tion 170(b)(1)(A)(ii). e hospital service org	ion of churches describe (Attach Schedule E (For ganization described in s onjunction with a hospita	ed in secti m 990 or 9 section 17	on 170(b) (990-EZ).) 0(b)(1)(A)((1)(A)(i). iiii).)(iii). Enter	the hospital's name,
5					ollege or university owne	d or opera	ated by a g	governmental u	unit descril	bed in
6 7 8 9		A federal, stat An organizatio section 170(b A community	e, or local go on that norma b)(1)(A)(vi). (C trust describ	ally receives a substa Complete Part II.) red in section 170(b)	mental unit described in antial part of its support)(1)(A)(vi). (Complete Par d in section 170(b)(1)(A)	from a gov rt II.)	vernmenta	I unit or from t	-	
5					culture (see instructions)					
10		activities relat income and u	ed to its exer nrelated busi	mpt functions - subje iness taxable income	e than 33 1/3% of its sup ect to certain exceptions e (less section 511 tax) fr	, and (2) n	o more tha	an 33 1/3% of	its suppor	t from gross investment
11 12 a		An organization An organization more publicly lines 12a throw Type I. A su	on organized on organized supported of ugh 12d that pporting orga	and operated exclus rganizations describe describes the type o anization operated, s	sively to test for public sa sively for the benefit of, t ed in section 509(a)(1) of of supporting organization supervised, or controlled egularly appoint or elect	o perform or section on and cor by its sup	the function 509(a)(2). Inplete line Sported or	ons of, or to ca See section 5 s 12e, 12f, and ganization(s), t	5 09(a)(3). d 12g. ypically by	check the box in
b		organization Type II. A su control or m	. You must o upporting org anagement o	complete Part IV, So ganization supervised	ections A and B. d or controlled in connect anization vested in the s	tion with i	ts support	ed organizatio	n(s), by ha	wing
с] Type III fun	ctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functional	ly integrate	ed with,
	r	7			s); You must complete					
d		that is not fu	inctionally in	tegrated. The organiz	porting organization open zation generally must sa nplete Part IV, Sections	tisfy a dist	ribution re	quirement and		
е			•		written determination fro			a Type I, Type	II, Type III	
	_				nally integrated support					
f										
g		ide the followir) Name of suppo		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(IV) is the orga	inization listed	(v) Amount of	monetarv	(vi) Amount of other
		organization		(1) 2.14	(described on lines 1-10	in your govern Yes	ng document?	support (see in		support (see instructions)
					above (see instructions))					
Tota	ıl									

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

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Schedule A	(Form 990 or 990 EZ) 2016 UNITED STATES	52-0954751	Page
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 qua	lify under Part III. If the orga	nization
	fails to qualify under the tests listed below, please complete Part III.)		

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	29,554,047.	25,811,577.	17,533,741.	16,479,373,	17,715,121.	107,093,859.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	c					
Ŭ	furnished by a governmental unit to		1 ()				
	the organization without charge						
4	Total. Add lines 1 through 3	29,554,047.	25,811,577.	17,533,741.	16,479,373.	17,715,121,	107.093.859.
5	The portion of total contributions	27,551,011.	23,011,011.	11,000,111	10,110,010,	27,120,2022	
5	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)						25,722,930.
	Public support. Subtract line 5 from line 4.						81,370,929.
	ction B. Total Support					1.1.0010	200 7 1 1
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Totał
	Amounts from line 4	29,554,047.	25,811,577.	17,533,741.	16,479,373.	17,715,121.	107,093,859.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,817,820.	4,187,611.	1,943,341.	1,536,218.	1,652,529,	13,137,519.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income, Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	54 750	66,374.	40 729	73,363,	24,362.	259,578,
11	Total support. Add lines 7 through 10						120,490,956.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	148,839.
	First five years. If the Form 990 is for	•				n 501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per					
14	Public support percentage for 2016 (li	ne 6. column (f) di	vided by line 11. co	olumn (f))		14	67.53 %
	Public support percentage from 2015		-			15	67.56 %
	33 1/3% support test - 2016. If the o						
100	stop here. The organization qualifies a						
ŀ	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali						
17-	10% -facts-and-circumstances test						
1/2							
	and if the organization meets the "fact			-			
	meets the "facts-and-circumstances"	-					
k	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	pox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	na see instructions	

Schedule A (Form 990 or 990 EZ) 2016 UNITED STATES
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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received, (Do not						
	include any "unusual grants.")				1		
0	Gross receipts from admissions,		· · · · · ·				
2	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
-			1				
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6		1				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2016 (lin	ne 8, column (f) d	ivided by line 13, c	column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the						
192	more than 33 1/3%, check this box an						. [
1-	33 1/3% support tests - 2015. If the						
0	line 18 is not more than 33 1/3%, check	-					
00			-				20120100000000
20	Private foundation. If the organization	пана пот спеск а	box on line 14, 19	a, or rap, check th	iis box and see in	SUDCTIONS	

Page 4

No

Yes

1

2

3a

Зb

3c

4a

4b

4c

5a

5b

5c

6

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9a

9b

9c

10a

10b

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

Section A. All Supporting Organizations

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

THE GERMAN MARSHALL FUND OF THE

 Schedule A (Form 990 or 990-EZ) 2016 UNITED STATES
 52-0954751
 Page 5

LD.		56 6554151		1900
Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	_11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			h =
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		[
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- b ____ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c Interview of the organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016

2a

2b

3a

3h

Yes

No

other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
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	Ł

		9	emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally	-
		5	Distributable Amount. Subtract line 5 from line 4, unless subject to	
		9	Income tax imposed in prior year	
		- +	Enter greater of line 2 or line 3	_ =
		3	Minimum asset amount for prior year (from Section B, line 8, Column A)	
		5	Enter 85% of line 1	
		1	Adjusted net income for prior year (from Section A, line 8, Column A)	
Current Year			tnuomA əldstudirtzid - O no	oitoe
		8	(ð enil ot 7 enil bbs) truomA tezzA muminiM	8
		L	Recoveries of prior-year distributions	2
		9	250. yd 2 enil ylquluM	- 63
		9	Net value of non-exempt-use assets (subtract line 4 from line 3)	g
		4	see instructions)	
			Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	t
		3	Subtract line 2 from the fight	3
		5	Acquisition indebted as applicable to non-exempt-use assets	2
			factors (explain in detail in Part VI):	
			Discount claimed for blockage or other	ə
		PL	Total (add lines 1 a, 1 b, and 1 c)	р
		JC I	Fair market value of other non-exempt-use assets	Э
		٩٢	Average monthly cash balances	q
		Et	Average monthly value of securities	6
			instructions for short tax year or assets held for part of year):	
			Aggregate tair market value of all non-exempt-use assets (see	ŀ
(B) Current Year (optional)	(A) Prior Year		tnuomA fezzA muminiM - 8 no	itoə
		8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8
		L	Other expenses (see instructions)	L
		9	maintenance of property held for production of income (see instructions)	
			collection of gross income or for management, conservation, or	
			Portion of operating expenses paid or incurred for production or	9
		9	Depreciation and depletion	g
		4	E dguordt 1 sanil bbA	4
		3	Other gross income (see instructions)	3
		5	Recoveries of prior year distributions	2
		4	Net short-term capital gain	ł
(B) Current Year (optional)	(A) Prior Year		9moɔnl t∋N bətɛuįbA - A noi	itoə
. 2		and available	other Type III non-functionally integrated supporting organizations co	_

Schedule A (Form 990 or 990-EZ) 2016

instructions).

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	THE GERMAN MARSHALL	FUND OF THE		
Sche	dule A (Form 990 or 990 EZ) 2016 UNITED STATES			52-0954751 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued	<i>1</i>)
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			1
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
	From 2014			
e	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
1	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

THE GERMAN MARSHALL FUND OF THE	
	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME FROM EXEMPT ACTIVITIES	
2012 AMOUNT: \$ _ 54,750.	
2013 AMOUNT: \$ 66,374.	
2014 AMOUNT: \$ 40,729.	
2015 AMOUNT: \$ 73,363.	
2016 AMOUNT: \$ 24,362.	

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* *	PUBLIC	DISCLOSURE	СОРУ	* :
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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

Employer identification number

OMB No 1545-0047

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Name of the org	anization
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Schedule B

(Form 990, 990-EZ,

Department of the Treasury

Internal Revenue Service

or 990-PF)

THE GERMAN MARSHALL FUND OF THE UNITED STATES

ì	2	- 0	9	5	4	7	5	1

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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).

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

Schedule B (Form 990.	990-EZ, or	990-PF)	(2016)
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Name of organization

Part I

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THE GERMAN MARSHALL FUND OF THE UNITED STATES

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$880,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$408,231.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$2,245,720,	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$1,184,424,	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$2,414,245.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$1,168,865,	Person x Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

52-0954751

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Schedule	D	(ronn	990,	SOU-EZ,	UL	330 FF	1	2010	

Name of organization

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THE GERMAN MARSHALL FUND OF THE UNITED STATES

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
· <u>·</u>		\$638,435,	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 		\$2,065,361,	Person x Payroll Noncash (Complete Part II for noncash contributions,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Poncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Page 2

Employer identification number

52-0954751

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

Name of organization

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Page 3

THE GERMAN MARSHALL FUND OF THE UNITED STATES Employer identification number

52-0954751

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

(b)	(c) EMV (or estimate)	(d)
Description of noncash property given	(See instructions)	Date received
	\$,
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Description of noncash property given (b) Description of noncash property given	(b) FWV (or estimate) (See instructions) (b) (c) Description of noncash property given (c) (b) (c) (c) FMV (or estimate) (See instructions) (c) (b) (c) (c) FMV (or estimate) (c) FMV (or estimate) (see instructions) (c) (b) FMV (or estimate) (c) FMV (or estimate) (see instructions) (c) (b) FMV (or estimate) (c) FMV (or estimate) (see instructions) (c) (b) FMV (or estimate) (see instructions) (c) (b) (c) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate)

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2016)		Page
Name of org	anization		Employer identification number
HE GERMA	AN MARSHALL FUND OF THE		
NITED ST	PATES		52-0954751
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	columns (a) through (e) and the follo is, charitable, etc., contributions of \$1,000 c	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations or less for the year, (Enter this info, once) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	/ ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

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SC	HEDULE D Supplementa	al Financial Statements		OM8 No. 1545-0047
(For	m 990) Complete if the org	anization answered "Yes" on Form 990,		2016
Denar	Iment of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
		rm 990) and its instructions is at www.irs.gov/f	orm990.	Inspection
Nam	e of the organization THE GERMAN MARSHALL FUND OF	F THE	Employ	er identification number
Do	UNITED STATES	d Funda ar Othar Similar Funda ar A	000000	52-0954751
Pa	rt I Organizations Maintaining Donor Advise		ccount	S. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		h) Funds	and other accounts
1	Total number at and of year		bji unus	
2	Total number at end of year Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confer	ring	
-				🗌 Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a certified his	storic stru	cture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a co	101020-5	IN CASES FOR IN TWAR See 11/2
	day of the tax year.		in the second se	ld at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic str		2c	
d	Number of conservation easements included in (c) acquired a			
0	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the organ	ization du	ring the tax
	year	coment is located		
4 5	Number of states where property subject to conservation easons be organization have a written policy regarding the per			
5	violations, and enforcement of the conservation easements it			Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,			
0		nanding of violations, and emotering conservatio	n casenic	shta duning the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements o	during the year
	► \$			
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the org	anization'	s accounting for
	conservation easements.			
Pa	t III Organizations Maintaining Collections of		Similar <i>I</i>	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		oublic ser	vice, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of public services of the service of the ser	vice, prov	ide 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 treat the following employee conviced to be repeated upday CEAS to		provide	
_	the following amounts required to be reported under SFAS 11 Revenue included on Form 900, Rath VIII, line 1		•	
	Revenue included on Form 990, Part VIII, line 1		► \$ ► \$	
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions			adula D (Earm 000) 0040
LINA	For aperwork neuron Activotice, see the instructions	5 101 1 01111 330.	Sch	edule D (Form 990) 2016

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form	990
63205	1 08-29-16	

		MARSHALL FUND	OF THE					-
	edule D (Form 990) 2016 UNITED STA					954751		Page 2
Pa	rt III Organizations Maintaining C							
3	Using the organization's acquisition, access	on, and other recor	ds, check any of th	e following that a	re a significant use of	f its collection	on iten	ns
	(check all that apply):							
а	Public exhibition		d 📃 Loan or ex	change program	S			
b	Scholarly research		e 🗌 Other					
с	Preservation for future generations							
4	Provide a description of the organization's c	ollections and expla	in how they further	the organization	's exempt purpose in	Part XIII.		
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be m					Yes		No
Pa	rt IV Escrow and Custodial Arran						or	
	reported an amount on Form 990, Pa		isto il tilo organizat					
1a	Is the organization an agent, trustee, custod	an or other interme	diary for contributio	ons or other asse	ts not included			
14	on Form 990, Part X?					Yes		No
h	If "Yes," explain the arrangement in Part XIII					L res		
D	in res, explain the analigement in Part All	and complete the id	bilowing table:			A		
						Amour	11	
С	0 0							53
d	0,							
е	0, , , , , , , , , , , , , , , , , , ,							
f	Ending balance							
	Did the organization include an amount on Fe					L Yes		No
	If "Yes," explain the arrangement in Part XIII.							
Pa	rt V Endowment Funds. Complete in	the organization ar	nswered "Yes" on F	orm 990, Part IV	, line 10.			
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
Ū	and programs							
f	Administrative expenses							
g	End of year balance	ant upper and holour		(a)) hald an				<u></u>
2	Provide the estimated percentage of the curr		e (iine ig, column	(a)) neid as:				
a	Board designated or quasi endowment							
b	Permanent endowment							
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, and 2c show							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administered	for the organization	Î		
	by:						Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Schedule R'	?		3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipm	ent.						
3	Complete if the organization answered	I "Yes" on Form 990), Part IV, line 11a.	See Form 990, P	art X, line 10.			
	Description of property	(a) Cost or o			(c) Accumulated	(d) Boo	k valu	
		basis (investr		(other)	depreciation	(u) 200		-
19	Land					4	,237,	440
				1,237,440.	6 60E 110			
	Buildings		2	4,778,843.	6,625,110.	18	,153,	
	Leasehold improvements			68,916.	23,466.		45,	450.
	Equipment						1000	
	Other			3 402 913.	3,147,916.	- 100-1	254	the second second
Total	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part	X, column (B), line	10c.)		19	691	620.

Schedule D (Form 990) 2016

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
(3) Other			
(A) ALTERNATIVE INVESTMENTS - EQUITY			
(B) FUNDS	13,647,208.	END-OF-YEAR MARKET VALU	354
(C) ALTERNATIVE INVESTMENTS - HEDGE FUNDS	24,456,182.	END-OF-YEAR MARKET VALU	JE
(D) ALTERNATIVE INVESTMENTS - PRIVATE			
(E) EQUITY	24,833,169,	END-OF-YEAR MARKET VALU	JE
(F) ALTERNATIVE INVESTMENTS - PUBLIC			
(G) NATURAL RESOURCES	17,559,034.	END-OF-YEAR MARKET VALU	JE
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	88,438,970.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	Description		(b) Book value
(1)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	? 15. <u>)</u>		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	▶
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line (11e or 11f. See Form 990, Part X, I	ine 25.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I b) Book value	nents that reports the

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	THE GERMAN MARSHALL FUND OF THE				
Sche	dule D (Form 990) 2016 UNITED STATES			52-0954751	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	34,551,727.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	8 4			
а	Net unrealized gains (losses) on investments	2a	15,455,790.		
b	Donated services and use of facilities	2b	325,848.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		-516 307.		
е	Add lines 2a through 2d			2e	15,265,331.
3	Subtract line 2e from line 1			3	19,286,396.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	2. 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	180,093.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	180,093.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	19,466,489.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	n Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	27,009,560.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. a			
а	Donated services and use of facilities	2a	325,848.		
b	Prior year adjustments	2b			
с	Other losses	10100000			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	325,848.
3	Subtract line 2e from line 1			3	26,683,712.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	14 W			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	180,093.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	180,093.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	26,863,805.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

GMF IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS CURRENTLY

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION WITHIN THE

MEANING OF SECTION 509(A) OF THE CODE. HOWEVER, GMF IS SUBJECT TO INCOME

TAXES ON UNRELATED BUSINESS INCOME AS DEFINED BY THE INTERNAL REVENUE

SERVICE.

DURING THE YEAR ENDED MAY 31, 2017, GMF INCURRED NO TAX EXPENSE RELATED TO

UNRELATED BUSINESS INCOME ACTIVITIES.

1700 18TH STREET LLC (LLC) IS A SINGLE MEMBER LIMITED LIABILITY COMPANY

	THE GERMAN MARSHALL FUND OF THE		
Schedule D (Form 990) 2016	UNITED STATES	52-0954751	Page 5
Part XIII Supplemental	Information (continued)		
FOR FEDERAL INCOME TAX F	PURPOSES, ALL TAX ATTRIBUTES FLOW THROUGH TO GMF		
UNDER THIS ENTITY FORM,	ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS		
BEEN MADE.			
THE TRANSATLANTIC FOINDA	TION (TTE) IS A FOREIGN NONPROFIT ENTITY		

INCORPORATED UNDER THE LAWS OF BRUSSELS, BELGIUM. THERE WAS IMMATERIAL

ACTIVITY UNDER TTF DURING THE YEAR ENDED MAY 31, 2017.

ACCORDING TO THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES, FOR

THE PERIOD FROM GMF'S INCEPTION TO MAY 31, 2017, NO UNRECOGNIZED TAX

PROVISION OR BENEFIT EXISTED. DEFERRED INCOME TAXES ARE PROVIDED USING THE

LIABILITY METHOD, WHEREBY, DEFERRED TAX ASSETS ARE RECOGNIZED FOR

DEDUCTIBLE TEMPORARY DIFFERENCES AND OPERATING LOSS AND TAX CREDIT

CARRYFORWARDS AND DEFERRED TAX LIABILITIES ARE RECOGNIZED FOR TAXABLE

TEMPORARY DIFFERENCES.

TEMPORARY DIFFERENCES ARE THE DIFFERENCES BETWEEN THE REPORTED AMOUNTS OF

ASSETS AND LIABILITIES AND THEIR TAX BASES, DEFERRED TAX ASSETS ARE

REDUCED BY A VALUATION ALLOWANCE WHEN, IN THE OPINION OF MANAGEMENT, IT IS

MORE LIKELY THAN NOT THAT SOME PORTION OR ALL OF THE DEFERRED TAX ASSETS

WILL NOT BE REALIZED, DEFERRED TAX ASSETS AND LIABILITIES ARE ADJUSTED FOR

THE EFFECTS OF THE CHANGES IN TAX LAWS AND RATES OF THE DATE OF ENACTMENT.

WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN

WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE

OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN

OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE

BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE

411

THE GERMAN MARSHALL FUND OF THE	52.0054751	Page 5
Schedule D (Form 990) 2016 UNITED STATES Part XIII Supplemental Information (continued)	52-0954751	r age o
PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES		
IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON		
EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES,		
IF ANY, TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER		
POSITIONS. TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION		
THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE		
THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE		
THAN SUG LIKELI OF BEING REALIZED OFON SETTLEMENT WITH THE AFFLICABLE		
TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX		
POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE WOULD		
BE REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE		
ACCOMPANYING BALANCE SHEET, ALONG WITH ANY ASSOCIATED INTEREST AND		
PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON		
EXAMINATION, MANAGEMENT BELIEVES THERE ARE NO POSITIONS THAT WOULD RESULT		
IN ADDITIONAL TAX LIABILITY.		
INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX BENEFITS ARE		
INTEREST AND PENALITES ASSOCIATED WITH UNRECOGNIZED TAX DEMERTIS ARE		
CLASSIFIED AS ADDITIONAL INCOME TAXES IN THE STATEMENT OF ACTIVITIES.		
GMF FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. AS OF MAY		
31, 2017, AND FOR THE YEAR THEN ENDED, THERE WERE NO MATERIAL		
UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST.		
GENERALLY, GMF IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX		
DENVIREMENTAL DE MAR AUMUORIMITED FOR VERE DEPORT FIGAR VERE ENDER MAY 21		
EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE FISCAL YEAR ENDED MAY 31		
2014.		
PART XI, LINE 2D OTHER ADJUSTMENTS:		
RETURNED GRANTS TO THIRD PARTIES -313,227.		
GRANTS RETURNED TO GMF FROM GRANTEE 42,190,	Schedule D (Forn	n 990) 2016

Schedule D (Form 990) 2016

	THE GERMAN MARSHALL			
Schedule D (Form 990) 2016	UNITED STATES		52-0954751	Page 5
Part XIII Supplemental Inform	mation (continued)			
LOSS FROM FOREIGN CURRENCY EX	CHANGES	-245,270.		
9				
TOTAL TO SCHEDULE D, PART XI,	LINE 2D	-516 307		
TOTAL TO SCHEDOLE D, PART AT,	DING 2D	510 507.		
		 -		
-				
			and the second second	

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THE GERMAN MARSHALL FUND OF THE

UNITED STATES

52-0954751

Page 5

Part VII Investments - Other Securities. See Form 990, Part X, lin	ne 12.	(
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
LTERNATIVE INVESTMENTS - PRIVATE DEBT	3,765,387.	FMV
LTERNATIVE INVESTMENTS - PRIVATE REAL ESTATE	4,177,990,	FMV

SCHEDULE F (Form 990)			ivities Outside the Ur on answered "Yes" on Form 990, Part			2016
Department of the Treasury Internal Revenue Service	Information ab	out Schedule F	 Attach to Form 990. (Form 990) and its instructions is at 	www.irs.gov/fc	orm990.	Open to Public Inspection
Name of the organization						tification number
THE GERMAN MARSHALL FU	ND OF THE					
UNITED STATES					52-0954751	
Part I General Info Form 990, Part IN		ctivities Ou	tside the United States. Compl	ete if the organ	ization answered	"Yes" on
		maintain recor	ds to substantiate the amount of its gr	ants and other	assistance.	
-	-		the selection criteria used to award the		e	Yes No
United States.			procedures for monitoring the use of it		ther assistance or	utside the
			an be duplicated if additional space is		vity listed in (d)	(f) Total
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service, specific type (s) in the region	expenditures for and investments in the region
CENTRAL AMERICA AND						20 040 000
THE CARIBBEAN			INVESTMENTS			32,747,728.
EUROPE (INCLUDING						
ICELAND & GREENLAND)			INVESTMENTS			3,896,905,
EUROPE (INCLUDING						
ICELAND & GREENLAND)	2		GRANTS TO RECIPIENTS			1,772,340.
RUSSIA AND						
NEIGHBORING STATES			GRANTS TO RECIPIENTS			2,267,504.
EAST ASIA AND THE						
PACIFIC			PROGRAM SERVICE	CONVENING		991,513.
FURARE (INGLIDING		1				
EUROPE (INCLUDING ICELAND & GREENLAND)	5	42	PROGRAM SERVICE	CONVENING		6,216,954.
TOBBARD & GREBHERAD /		10	Incontail Discords	OULT DILLEG		
EUROPE (INCLUDING		2	FUNDRATCING			185,710.
ICELAND & GREENLAND)		2	FUNDRAISING			105,710.
MIDDLE EAST AND						
NORTH AFRICA			PROGRAM SERVICE	CONVENING		1,255,670.
3 a Sub-total	7	44				49,3:4,324.
b Total from continuation						
sheets to Part I	0	0				167,568.
c Totals (add lines 3a and 3b)	7	44				49,501,892.
	1	11				and the second s

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

Schedule F (Form 990) 2016

THE GERMAN MARSHALL TOND OF THE		THE	ĠĒRMAN	MARSHALL	FUND	OF	THE
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DIGUUCI (LOIN DOG) DIVITED DIA	chedule F	(Form 990)	UNITED	STAT
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i

	(b) Number of	(c) Number of	1. (Schedule F (Form 990), Part I, line 3 (d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) if activity instead in (d) is a program service, describe specific type of service(s) in region	expenditure for region
TH ASIA			PROGRAM SERVICE	CONVENING	167,56
1					
j.					

52-0954751

Page 2

Schedule F (Form 990) 2016 UNITED STATES Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		EUROPE (INCLUDING	DEMOCRACY					
			BUILDING/SUPPORT FOR		ELECTRONIC			
			CIVIL SOCIETY	12 100	FUND TRANSFER	0.		
		GREENDAND /	CIVID BOCIEII	12,100.	TOND TRANSFER			
		EUROPE (INCLUDING	DEMOCRACY					
			BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	24,935.	FUND TRANSFER	0.		
		EUROPE (INCLUDING	DEMOCRACY					
			BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	22,000.	FUND TRANSFER	0.		
	1							
		EUROPE (INCLUDING	DEMOCRACY					
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	24,960.	FUND TRANSFER	0.		
		EUROPE (INCLUDING	DEMOCRACY					
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	19,825	FUND TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	21,660	FUND TRANSFER	0.		
		PUDODE (INCLUSTIC	DEMOCRACY					
		EUROPE (INCLUDING	-		ELECTRONIC			
		ICELAND &	BUILDING/SUPPORT FOR CIVIL SOCIETY	20.000	FUND TRANSFER	0.		
		GREENLAND)	CIVIL SUCLETY	20,000	FOND TRANSFER	0.		
		EUROPE (INCLUDING	DEMOCRACY					
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	13,000	FUND TRANSFER	0		
2 Enter total number of	f		recognized as charities by the					

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

Schedule F (Form 990)	UNITED S	STATES		52-0954	751		sh valuation (book, FMV,		
	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of	(h) Description of non-cash assistance	valuation (book, FMV	
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,350.	ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,290.	ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	40,250,	ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	22,295	ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	21,422	ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)			ELECTRONIC	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	25,000	ELECTRONIC .FUND TRANSFER	C .			
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,000	ELECTRONIC FUND TRANSFER	с.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,825	ELECTRONIC	Q.,			

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Schedule F (Form 990)	UNITED S	STATES			52-0954	751		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1))	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING ICELAND &	DEMOCRACY BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	25,000.	FUND TRANSFER	٥.		
		EUROPE (INCLUDING ICELAND &	DEMOCRACY BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	19,690.	FUND TRANSFER	0.		
			DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,594	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,994	ELECTRONIC FUND TRANSFER	0.		
			BUILDING/SUPPORT FOR	10,400	ELECTRONIC	0.		
		GREENLAND) EUROPE (INCLUDING ICELAND & GREENLAND)	CIVIL SOCIETY DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY		FUND TRANSFER ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,000	ELECTRONIC .FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,800	ELECTRONIC	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)		20,000	ELECTRONIC FUND TRANSFER	0.		

Schedule F (Form 990)	UNITED :	TAN MARSHALL FUND C			52-0954	51	Page			
			tions or Entities Outside the	United States.		COLORING COLORING COLORING				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,955.	ELECTRONIC FUND TRANSFER	0.				
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,340.	ELECTRONIC FUND TRANSFER	0.				
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	25,000.	ELECTRONIC FUND TRANSFER	0.				
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,000.	ELECTRONIC FUND TRANSFER	0.				
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,000.	ELECTRONIC FUND TRANSFER	0.				
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	17,698	ELECTRONIC FUND TRANSFER	0.				
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	22,850	ELECTRONIC FUND TRANSFER	0.				
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,017	ELECTRONIC FUND TRANSFER	0.				
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,897	ELECTRONIC FUND TRANSFER	0,				

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Schedule F (Form 990)	UNITED	STATES	5		52-0954	751		Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Begion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY		ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,651.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	23,657.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	90,000.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,000	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,000	ELECTRONIC FUND TRANSFER	0.		
5		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,000	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	40,000	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,933	ELECTRONIC FUND TRANSFER	0.		

Schedule F (Form 990)	UNITED S	STATES			52-0954	751		Page 2
			tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		NUDADE (INGLIDING	DEMOCRACY					
		EUROPE (INCLUDING	BUILDING/SUPPORT FOR		ELECTRONIC			
		ICELAND & GREENLAND)	CIVIL SOCIETY	5 500	FUND TRANSFER	0.		
		GREENLAND /	CIVIL SOCIEII	5,500.	FORD TRARSPER			
		EUROPE (INCLUDING	DEMOCRACY					
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	60,000.	FUND TRANSFER	0.		
		EUROPE (INCLUDING	DEMOCRACY					
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	45,330.	FUND TRANSFER	Q.		
		EUROPE (INCLUDING	DEMOCRACY					
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	37,000,	FUND TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	24,999	FUND TRANSFER	٥.		
		EUROPE (INCLUDING	DEMOCRACY					
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	21,211	FUND TRANSFER	0.		
		EUROPE (INCLUDING	DEMOCRACY					
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND >	CIVIL SOCIETY	16,603	FUND TRANSFER	٥.		
		EUROPE (INCLUDING	DEMOCRACY					
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	24,870	FUND TRANSFER	Q.		
		EUROPE (INCLUDING						
		ICELAND &	BUILDING/SUPPORT FOR		ELECTRONIC			
		GREENLAND)	CIVIL SOCIETY	39,945	FUND TRANSFER	0.		

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Schedule F (Form 990)	UNITED	STATES	** *****		52-0954	751		Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ICELAND &	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY		ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,880.	ELECTRONIC FUND TRANSFER	٥,		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	48,750.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,999,	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	40,000	ELECTRONIC FUND TRANSFER	٥.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,595.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	40,000	ELECTRONIC FUND TRANSFER	٥.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,250	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	38,750	ELECTRONIC FUND TRANSFER	0,		

Schedule F (Form 990)	UNITED S	STATES			52-0954	751		sh valuation (book, FMV	
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	valuation (book, FMV,	
			DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY		ELECTRONIC FUND TRANSFER	0.			
3		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,152.	ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	43,202.	ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	32,115.	ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24 929	ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)			ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,059	ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRANSATLANTIC DIALOGUE	25,000	ELECTRONIC FUND TRANSFER	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRANSATLANTIC DIALOGUE	10_113	ELECTRONIC	0.			

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Schedule F (Form 990)	UNITED :	STATES			52-0954	751		Page 2			
			ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Begion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		EUROPE (INCLUDING									
		ICELAND & GREENLAND >	TRANSATLANTIC DIALOGUE	10 113	ELECTRONIC FUND TRANSFER	0.					
		SREENDAND /	DIALOGUE	10,113.	FOND TRANSPER						
		EUROPE (INCLUDING	TRANSATLANTIC		ELECTRONIC						
		GREENLAND)	DIALOGUE	20,226.	FUND TRANSFER	0.					
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRANSATLANTIC DIALOGUE	55-168	ELECTRONIC FUND TRANSFER	0.					
		GREENLAND ;	DIRLOGUE	55,100.	FOND TRANSTER						
		RUSSIA AND NEIGHBORING	DEMOCRACY BUILDING/SUPPORT FOR		ELECTRONIC						
		STATES	CIVIL SOCIETY	19,640.	FUND TRANSFER	0.					
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR	5 100	ELECTRONIC FUND TRANSFER	0.					
		STATES	CIVIL SOCIETY	5,100	FUND TRANSFER	0.					
-		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,367	ELECTRONIC FUND TRANSFER	0.					
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,000	ELECTRONIC FUND TRANSFER	0.					
		RUSSIA AND NEIGHBORING	DEMOCRACY BUILDING/SUPPORT FOR		ELECTRONIC						
		STATES	CIVIL SOCIETY	12,000	FUND TRANSFER	0.					
		RUSSIA AND NEIGHBORING	DEMOCRACY BUILDING/SUPPORT FOR		ELECTRONIC						
-		STATES	CIVIL SOCIETY	5_330	FUND TRANSFER	0.					

Schedule F (Form 990)	UNITED	MAN MARSHALL FUND	OF THE		52-09547	51		Page 2
			zations or Entities Outside the	United States.		6-1-11 III		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,450.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	13,310	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,000	ELECTRONIC FUND TRANSFER	0.		×
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,300	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	60,000	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	60,000	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	41,550	ELECTRONIC .FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,000	ELECTRONIC .FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,000	ELECTRONIC FUND TRANSFER	٥.		

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		MAN MARSHALL FUND	OF THE		52-0954	251		Page 2
Schedule F (Form 990) Part II Continuation	UNITED :		ations or Entities Outside the	United States				r age z
(a) Name of organization	(b) IBS code section	(c) Begion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,040.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,250	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,300	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	22,050	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,540	ELECTRONIC FUND TRANSFER	0.		
0		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12_050	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,000	ELECTRONIC .FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	3 445	ELECTRONIC .FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,000	ELECTRONIC FUND TRANSFER	0.		

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chedule F (Form 990)	UNITED				52-09547			Page				
Part II Continuation	of Grants and Other	Assistance to Organia	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)				
		RUSSIA AND	DEMOCRACY									
		NEIGHBORING	BUILDING/SUPPORT FOR	10 550	ELECTRONIC							
		STATES	CIVIL SOCIETY	18,570.	FUND TRANSFER	0.						
		RUSSIA AND	DEMOCRACY									
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC							
		STATES	CIVIL SOCIETY	7,470.	FUND TRANSFER	ο.						
		RUSSIA AND	DEMOCRACY									
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC							
		STATES	CIVIL SOCIETY	17,480.	FUND TRANSFER	0.						
		RUSSIA AND	DEMOCRACY									
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC							
		STATES	CIVIL SOCIETY	16,850.	FUND TRANSFER	0.						
		RUSSIA AND	DEMOCRACY									
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC							
		STATES	CIVIL SOCIETY	20,000	FUND TRANSFER	0.						
		RUSSIA AND	DEMOCRACY									
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC							
		STATES	CIVIL SOCIETY	15 000	FUND TRANSFER	0.						
			CALLER COLLER		I OND THERE I DI							
		RUSSIA AND	DEMOCRACY									
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC							
		STATES	CIVIL SOCIETY	10,500	FUND TRANSFER	0.						
		RUSSIA AND	DEMOCRACY	, ×.								
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC							
		STATES	CIVIL SOCIETY	7,000	FUND TRANSFER	0.						
		RUSSIA AND	DEMOCRACY									
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC							
		STATES	CIVIL SOCIETY	20,000	FUND TRANSFER	0.						

Schedule F (Form 990)	UNITED	STATES			52-0954	751		Page 2		
Part II Continuation of	f Grants and Other	Assistance to Organia	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)		
		RUSSIA AND	DEMOCRACY							
		NEIGHBORING	BUILDING/SUPPORT FOR	10.000	ELECTRONIC					
		STATES	CIVIL SOCIETY	10,620.	FUND TRANSFER	0.				
		RUSSIA AND	DEMOCRACY							
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC					
		STATES	CIVIL SOCIETY	10,000	FUND TRANSFER	0.				
		RUSSIA AND	DEMOCRACY							
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC					
		STATES	CIVIL SOCIETY	25,000	FUND TRANSFER	0.				
		RUSSIA AND	DEMOCRACY							
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC					
		STATES	CIVIL SOCIETY	22,000	FUND TRANSFER	0.				
		RUSSIA AND	DEMOCRACY							
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC					
		STATES	CIVIL SOCIETY	3,000	FUND TRANSFER	0.				
		RUSSIA AND	DEMOCRACY							
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC					
		STATES	CIVIL SOCIETY	15 000	FUND TRANSFER	0.				
			STATE SCOTET							
		RUSSIA AND	DEMOCRACY							
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC					
		STATES	CIVIL SOCIETY	15,000	FUND TRANSFER	0.				
		RUSSIA AND	DEMOCRACY							
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC					
		STATES	CIVIL SOCIETY	35,000	.FUND TRANSFER	0.				
		RUSSIA AND	DEMOCRACY							
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC					
		STATES	CIVIL SOCIETY	15,000	FUND TRANSFER	٥.				

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Schedule F (Form 990)	UNITED :	MAN MARSHALL FUND	OF INE		52-0954	751		Page 2
			ations or Entities Outside the	United States.				MA C
1 (a) Name of organization	(b) IBS code section	(c) Begion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY		ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	17,000.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,500,	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,500	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	35,000	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,000	ELECTRONIC FUND TRANSFER	0,		
,		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,000	ELECTRONIC .FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,000	ELECTRONIC .FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,000	ELECTRONIC FUND TRANSFER	0.		

Schedule F (Form 990)	UNITED	MAN MARSHALL FUND	or mil		52-0954	751		Page 2
			zations or Entities Outside the	United States.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Begion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM∖ appraisal, other)
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	7,900.	FUND TRANSFER	0.		
		DUGGEN AND	DEMOCRACY					
		RUSSIA AND			EL ECEDONIC			
		NEIGHBORING	BUILDING/SUPPORT FOR	7 000	ELECTRONIC	0		
		STATES	CIVIL SOCIETY	7,000.	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	6 700	FUND TRANSFER	0.		
		DIAIES	CIVID SOCIETI	0,700	TOND TRANSPER			
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	7,300	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	7,500	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	6,800	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	6,500	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	8,000	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	6,500	FUND TRANSFER	0.		

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Schedule F (Form 990)	UNITED	STATES			52-0954	751		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,999.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,113.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,937.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	22,860	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10 148	ELECTRONIC FUND TRANSFER	Q .		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY		ELECTRONIC FUND TRANSFER	Q.		
·		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,990	ELECTRONIC .FUND TRANSFER	Q.,		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,400	ELECTRONIC .FUND TRANSFER	Q.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	32,453	ELECTRONIC	<u>a</u> .		

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Schedule F (Form 990)	UNITED S	MAN MARSHALL FUND	01 1111		52-0954	/51		Page 2
			zations or Entities Outside the	United States.)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		RUSSIA AND	DEMOCRACY		T TOTTO			
		NEIGHBORING	BUILDING/SUPPORT FOR	24.000	ELECTRONIC	0.		
		STATES	CIVIL SOCIETY	24,999.	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	24,900.	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	62,280.	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	24,900.	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY		RI ROWDOWIG			
		NEIGHBORING	BUILDING/SUPPORT FOR	24.030	ELECTRONIC FUND TRANSFER	0.		
		STATES	CIVIL SOCIETY	24,930	FUND TRANSFER	· · ·		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	24,999	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	24,950	FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	39,990	.FUND TRANSFER	0.		
		RUSSIA AND	DEMOCRACY					
		NEIGHBORING	BUILDING/SUPPORT FOR		ELECTRONIC			
		STATES	CIVIL SOCIETY	24,995	FUND TRANSFER	0.		

Schedule F (Form 990)	UNITED	STATES			52-0954	751		Page 2		
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	1		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY		ELECTRONIC FUND TRANSFER	0.				
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,999,	ELECTRONIC FUND TRANSFER	۵.				
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	22,670.	ELECTRONIC FUND TRANSFER	0.				
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	23,700.	ELECTRONIC FUND TRANSFER	0.				
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	23,772	ELECTRONIC FUND TRANSFER	0.				
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,266	ELECTRONIC FUND TRANSFER	0.				
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,157	ELECTRONIC .FUND TRANSFER	0.				
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	35,858	ELECTRONIC .FUND TRANSFER	0.				
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	39,957	ELECTRONIC	0.				

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chedule F (Form 990)	UNITED				52-09547			Page
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		RUSSIA AND NEIGHBORING	DEMOCRACY BUILDING/SUPPORT FOR	22.464	ELECTRONIC	0.		
		STATES	CIVIL SOCIETY	23,464.	FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	50,734,	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	42,797	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	52,298	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	56,681	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	25,904	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	70,474	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	26,395	ELECTRONIC .FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	48 867	ELECTRONIC FUND TRANSFER	0.		

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		MAN MARSHALL FUND	OF THE		52 0054			Page 2
Schedule F (Form 990) Part II Continuation	UNITED :		ations or Entities Outside the	United States	Schedule E (Form 9			Fage 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	30,373.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	43,664.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	29,305,	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	44,054,	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	35,283.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	48,268	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	25,381	ELECTRONIC FUND TRANSFER	0.		
	r.	RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	25,822	ELECTRONIC FUND TRANSFER	0.		

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UNITED STATES

Part III Grants and Other Assistance	e to Individuals Outsid	e the United Sta	ates. Complete i	f the organization answered "Yes" o	n Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(b) Region	d. (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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			2				
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Schedule F (Form 990) 2016

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Page 3

Schedule F (Form 990) 2016

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	THE GERMAN MARSHALL FUND OF THE		
	ule F (Form 990) 2016 UNITED STATES	52-0954751	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	x Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	x No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	x Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	X Yes	No No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
0	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	x Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; do not file with Form 990)	Yes	x No

Schedule F (Form 990) 2016

THE GERMAN MARSHALL FUND OF THE Schedule F (Form 990) 2016 UNITED STATES 52-0954751 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: PRESCREENING OF POTENTIAL GRANTEES IS AN IMPORTANT PART OF THE MONITORING OF GRANT FUNDS. THE RESPONSIBLE STAFF PERSON IS IN TOUCH WITH THE GRANTEE AND CONDUCTS ON-SITE MONITORING AND/OR RECEIVES INTERIM WRITTEN OR ORAL REPORTS, ADDITIONALLY, ADVISORY BOARD MEMBERS HELP AND CONDUCT MONITORING UPON REQUEST OF GMF STAFF. THE GRANTEE IS UNDER OBLIGATION TO FOLLOW THE GRANT BUDGET LINES ALLOCATED FOR SPECIFIC SPENDING AND STAFF ROUTINELY MONITOR SPENDING. MANY OF GMF'S GRANTS ARE INDEPENDENTLY REVIEWED BY EXTERNAL EVALUATORS AS ANOTHER LEVEL OF OVERSIGHT. AT THE CLOSE OF THE GRANT PERIOD, THE GRANTEE IS REQUIRED TO PROVIDE A DETAILED NARRATIVE AND FINANCIAL REPORT TO GMF. PART I. LINE 3: THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

SCHEDULE I Form 990)	0	arants and Oth vernments, an	er Assistan	ce to Organ s in the Uni	izations, ted States		OMB No. 1545-0047
		lete if the organization					2010
Department of the Treasury	00.mp		Attach to Forr				Open to Public
nternal Revenue Service	Informat	ion about Schedule I	(Form 990) and its	instructions is a	www.irs.gov/form99	00.	Inspection
lame of the organization THE GERMAN MAR	SHALL FUND OF	7 THE					Employer identification numb
UNITED STATES							52-0954751
Part I General Information on Grants and							
1 Does the organization maintain records to	o substantiate th	e amount of the grants	s or assistance, the	grantees' eligibility	for the grants or as	sistance, and the selec	
criteria used to award the grants or assis	tance?						X Yes
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$					(f) Method of		
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN COUNCIL ON GERMANY							
L4 EAST 60TH STREET							
NEW YORK, NY 10022	13-1889074	501 (C) (3)	25,000.	0.			TRANSATLANTIC DIALOGUE
AMERICAN INSTITUTE FOR							
CONTEMPORARY GERMAN STUDIES - 1755							
MASSACHUSETTS AVE, NW -							
WASHINGTON, DC 20036	52-1309525	501 (C)(3)	25,000.	0.			TRANSATLANTIC DIALOGUE
THE ASSOCIATION OF FORMER MEMBERS							
OF CONGRESS = 1401 K STREET NW -							
WASHINGTON, DC 20005	54-0883744	501 (C)(3)	50,000.	0.			TRANSATLANTIC DIALOGUE
HARVARD UNIVERSITY							
30 DUNSTER STREET							MARSHALL PLAN 70TH
CAMBRIDGE MA 02138	04-2103580	501 (C)(3)	50,000.	0.			ANNIVERSARY
2 Enter total number of section 501(c)(3) a	and government of	I proanizations listed in th	he line 1 table				
3 Enter total number of other organization			110 III 0 1 12010				

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UNITED STATES

Schedule I (Form 990) (2016)

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Page 2

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 non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	n required in Part I, lir	e 2; Part III, colum	in (b); and any other a	dditional information.	
PART I, LINE 2:					
GMF'S APPLICATION PROCESS OF POTENTIAL GRANTEES	IS AN IMPORTANT	PART OF THE			
			5		
MONITORING OF GRANT FUNDS. ONCE APPROVED, THE F	RESPONSIBLE STAF	F PERSON			

REVIEWS THE INTERIM WRITTEN REPORTS RECEIVED FROM THE GRANTEE. THE GRANTEE

IS REQUIRED TO FOLLOW THE GRANT BUDGET AS APPROVED. STAFF ROUTINELY

MONITORS SPENDING. AT THE CLOSE OF THE GRANT PERIOD, THE GRANTEE IS

REQUIRED TO PROVIDE A DETAILED NARRATIVE AND FINANCIAL REPORT TO GMF.

SCHEDULE J	Compe	nsation Information	C	OMB No.	1545-00)47				
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				16)				
Department of the Treasury Internal Revenue Service						Open to Public Inspection				
Name of the organization			Employer iden	tificati	on nu	mbe				
	UNITED STATES		52-095475	51						
Part I Questions	Regarding Compensation									
					Yes	No				
1a Check the appropria	ate box(es) if the organization provided a	any of the following to or for a person listed on Form	990,							
Part VII, Section A, I	ine 1a, Complete Part III to provide any	relevant information regarding these items.								
First-class or cl	narter travel	x Housing allowance or residence for perso	nal use			-				
Travel for comp	panions	Payments for business use of personal re	sidence							
Tax indemnifica	ation and gross-up payments	Health or social club dues or initiation fee	s							
Discretionary s	pending account	Personal services (such as, maid, chauffe	ur, chef)	8						
		ion follow a written policy regarding payment or								
		above? If "No," complete Part III to explain		1b	X					
		ing or allowing expenses incurred by all directors,								
trustees, and officer	s, including the CEO/Executive Director,	, regarding the items checked on line 1a?		2	X					
3 Indicate which, if an	v of the following the filing organization	used to establish the compensation of the organiza	ation's							
		any boxes for methods used by a related organization								
	tion of the CEO/Executive Director, but e	, , ,	Unto							
		Written employment contract								
	ompensation consultant	x Compensation survey or study								
The Form 990 of ot		\mathbf{x} Approval by the board or compensation c	ommittoo							
	lei organizations		ommittee							
4 During the year, did	any person listed on Form 990, Part VII,	Section A, line 1a, with respect to the filing			-					
organization or a rela	ated organization:					1				
a Receive a severance	e payment or change-of-control payment	?		4a	х					
b Participate in, or rec	eive payment from, a supplemental none	qualified retirement plan?		4b		х				
		npensation arrangement?		4c		х				
If "Yes" to any of line	es 4a·c, list the persons and provide the	applicable amounts for each item in Part III.		1		-				
0.1	(0) 504(-)(4) - 1504(-)(00)									
	(3), 501(c)(4), and 501(c)(29) organizati									
		did the organization pay or accrue any compensation	"							
contingent on the re				50	-	v				
				5a		X				
	5b, describe in Part III.			5b		х				
		did the organization pay or accrue any compensatic	20							
6 For persons listed or contingent on the ne		and the organization pay of accide any compensation	41							
0	0			60		v				
				6a 6b		X				
	6b, describe in Part III.			6b		X				
		did the organization provide any nonfixed payments								
		did the organization provide any nonlixed payments		7		v				
		ccrued pursuant to a contract that was subject to th				X				
		3.4958-4(a)(3)? If "Yes," describe in Part III		8		X				
	and a statement of the ball to be the second	ble presumption procedure described in		9						
Domilationa anotica										

UNITED STATES

52-0954751

Page 2

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	N-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(6)(()-(0)	reported as deferred on prior Form 990
(1) KAREN DONFRIED	(i)	389,437.	25,000,	953.	26,667.	15,636.	457,693.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(2) DEBORAH IWIG	(i)	219,230.	٥.	1,369,	19,381.	5,036,	245,016.	0.
VICE PRESIDENT/CFO	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(3) DEREK CHOLLET	(i)	195,822.	0.	276.	19,169.	15,010,	230,277.	0.
EXEC VICE PRESIDENT	(ii)	0.	0.	0.	0.	Q.,	. 0.	0.
(4) IVAN VEJVODA	(i)	266,847.	0.	1,307.	27,146.	13,773,	. 309,073.	0,
VICE PRESIDENT	(ii)	Ο.	0.	0.	0.	Q.,	. 0.	0
(5) IAN LESSER	(i)	211,549.	٥.	75,450,	20,705.	8,363,	. 316,067.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	. 0.	0
(6) STEPHEN SZABO	(i)	215,935,	0.	2,504,	20,978.	17,332.	256,749.	0
EXC DIR TA	(ii)	٥.	0.	0.	0.	0.	. 0.	0
(7) DANIELA SCHWARZER	(i)	188,595.	0.	0.	Q.	10,368.	198,963.	0
DIRECTOR, BERLIN	(ii)	0.	0.	0.	0.	0.	0.	0
(8) SUSAN COURTNEY BICKERT	(i)	169,246.	0.	218.	4,800.	4,684.	178,948.	0
VICE PRESIDENT PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0
(9) KEVIN COTTRELL	(i)	159,013.	0.	207,	16,103,	12,276	. 187,599,	0
DIRECTOR, TLI	(ii)	0.	0.	0.	. 0.	0	. 0.	0
(10) DAN TWINING	(i)	154,332,	0.	129,	15,745.	13,576	183,782,	0
COUNSELOR/DIRECTOR OF THE ASIA F	ROGR (ii)	0.	0.	0.	. 0.	0	. 0.	. 0
(11) HEIKE MACKERRON	(i)	0.	0.	199,667,	0.	0	199,667,	. 0
FORMER DIRECTOR, BERLIN	(ii)	0.	0.	0.	Q.	0	. 0.	. 0
	(i)							
7	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2016

	THE GERMAN MARSHALL FUND OF THE			
Schedule J (Form 990) 2016	UNITED STATES		52-0954751	Page 3
Part III Supplemental Information	on			
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3,	, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also co	omplete this part for any additional informa	tion.
PART I, LINE 1A:				
THE FOLLOWING EMPLOYEE RECE	EIVED HOUSING ALLOWANCE OR RESIDENCE F	OR PERSONAL		
USE, WHICH IS TAXABLE TO TH	HE EMPLOYEE:			
· · · · · · · · · · · · · · · · · · ·				
IAN LESSER: \$29,000				
PART I, LINE 4A:				
ONE EMPLOYEE RECEIVED A SET	VERANCE PAYMENT FROM THE ORGANIZATION.	IT IS		
INCLUDED IN COMPENSATION A	S REPORTED IN PART VII AND SCHEDULE J	PART II.		
THE TERMS AND CONDITIONS O	F THE AGREEMENTS ARE CONFIDENTIAL AND	CAN BE MADE		
	REQUEST, ALL AMOUNTS PAID DURING THE			
COVERED BY THIS RETURN ARE	APPROPRIATELY INCLUDED IN FORM 990, P	PART VII,		
AND IN SCHEDULE J. PART II	AS A PART OF REPORTABLE COMPENSATION	REPORTED ON		
HIS RESPECTIVE FORMS,				

Schedule J (Form 990) 2016

(Form 990)	Complete if the orga	anization answere explanations, and	any additional info	0, Part IV, rmation in	line 24a. I Part VI	Provide descrip				Op	20	1545-00 016 Public on	
Name of the organization THE GERMAN MA	RSHALL FUND OF THE	3						Emp	loyer id	dentif	icatio	n num	ber
UNITED STATES					_			5	2-0954	4751			
Part I Bond Issues		,											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	e price	(f) Description	on of purpose	(g) De	feased				
										of is:	suer	finan	cing
								Yes	No	Yes	No	Yes	No
					¢	CURRENT REFU	NDING OF						
A DISTRICT OF COLUMBIA	53-6001131	000000000	04/01/16	9,4	00,000.	PRIOR ISSUE		_	X		X		X
В								_					
C								_					
_D													
Part II Proceeds									- 11		_		
			A			В	С		_		D		
1 Amount of bonds retired				74,133.					_	_		_	
2 Amount of bonds legally defeased									_				
3 Total proceeds of issue				400,000.	_				_				
4 Gross proceeds in reserve funds				_				_	_		_		
5 Capitalized interest from proceeds									_				
6 Proceeds in refunding escrows					-				_				
				186,891.					_				
8 Credit enhancement from proceeds									_			_	
9 Working capital expenditures from proce									-				
10 Capital expenditures from proceeds									_	_			
11 Other spent proceeds								_	-	_			
12 Other unspent proceeds													
13 Year of substantial completion	an												
8 500			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a curre													
15 Were the bonds issued as part of an adv				X									_
16 Has the final allocation of proceeds been									-				-
17 Does the organization maintain adequate books and re	ecords to support the final alloca	tion of proceeds?	X					-	-	_	_	_	
Part III Private Business Use						_			-			_	
			A			B	C				D		
1 Was the organization a partner in a partr			Yes	No	Yes	No	Yes	No		Yes		No	
which owned property financed by tax-e				X									
2 Are there any lease arrangements that m													
bond-financed property?			000	X					-		-		

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.65

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chedule K (Form 990) 2016 UNITED STATES Part III Private Business Use (Continued)								
	4		F	3	(C)
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		x						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside	1							
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		9
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		9
6 Total of lines 4 and 5		%		%		%		9
7 Does the bond issue meet the private security or payment test?		x		1				
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		9
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141.12 and 1.145.2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under						1 1		
Regulations sections 1.141-12 and 1.145-2?	X							
Part IV Arbitrage								
		4		B		ç		P
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		x						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		x						
b Exception to rebate?	X							
c No rebate due?		x						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?	X							
	SUNTRUST							
c Term of hedge		15.0000000						
		X						
d Was the hedge superintegrated?		A.						

THE GERMAN MARSHALL F	UND (ΟF	THE
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Schedule K (Form 990) 2016 UNITED STATES			52-09	54751				Page 3
Part IV Arbitrage (Continued)								
		Ą		3	C)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X						
Part V Procedures To Undertake Corrective Action								
		Ą		B		ç		>
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X							
				_				
			_					

2

9 % 			
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ	2016
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f	orm990.	Open to Public Inspection
Name of the organization	THE GERMAN MARSHALL FUND OF THE	Employe	r identification number
	UNITED STATES	52-09	54751
FORM 990, PART I, I	JNE 1, DESCRIPTION OF ORGANIZATION MISSION:		
THE GERMAN MARSHALL	, FUND OF THE UNITED STATES (GMF) IS AN AMERICAN		
INSTITUTION THAT ST	RENGTHENS TRANSATLANTIC COOPERATION ON REGIONAL,		
NATIONAL AND GLOBAL	CHALLENGES AND OPPORTUNITIES IN THE SPIRIT OF THE		
MARSHALL PLAN.			
FORM 990, PART V, I	INE 4B, LIST OF FOREIGN COUNTRIES:		
GERMANY, FRANCE, BE	LGIUM, ROMANIA,		
TURKEY, POLAND, SER	BIA		
3			
FORM 990, PART VI,	SECTION B, LINE 11B:		
PRIOR TO FILING THE	990 WITH THE IRS, THE GERMAN MARSHALL FUND'S REVIEW OF		
THE 990 IS CONDUCTE	D BY THE OFFICERS OF THE ORGANIZATION (PRESIDENT,		
EXECUTIVE VICE PRES	IDENT, AND CHIEF FINANCIAL OFFICER), AND BOARD OF		
TRUSTEES.			
FORM 990, PART VI,	SECTION B, LINE 12C:		
GERMAN MARSHALL FUN	D HAS A WRITTEN CONFLICT OF INTEREST POLICY AND ALL		
TRUSTEES, OFFICERS,	AND EMPLOYEES ARE REQUIRED TO READ AND SIGN THE POLICY.		
THIS POLICY IS INTE	NDED TO HELP IDENTIFY SITUATIONS THAT PRESENT POTENTIAL		
CONFLICT OF INTERES	TS AND TO PROVIDE PROCEDURES TO ADDRESS ANY POTENTIAL		
CONFLICTS. ADDITIO	NALLY, EACH TRUSTEE, OFFICER, AND EMPLOYEE IS REQUIRED		
TO ANNUALLY SIGN A	STATEMENT AFFIRMING THE (1) RECEIPT OF THE CONFLICT OF		
INTEREST POLICY; (2) HAS READ AND UNDERSTANDS THE POLICY; AND (3) AGREES TO		
COMPLY WITH THE POL	ICY.		

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization THE GERMAN MARSHALL FUND OF THE	Page 2 Employer identification number
UNITED STATES	52-0954751
FORM 990, PART VI, SECTION B, LINE 15:	
GERMAN MARSHALL FUND USES BOTH A COMPENSATION SYSTEM AND COMPARABI	ILITY DATA
TO DETERMINE COMPENSATION FOR OFFICERS AND EMPLOYEES. THIS SYSTEM	М
EVALUATES RELATIVE MARKETPLACE JOB WORTH OF THE POSITION COMPARABL	LE TO
SIMILAR POSITIONS OF OTHER LOCAL ORGANIZATIONS. THE SYSTEM ALSO E	EVALUATES
THE RELATIVE WORTH OF EACH POSITION WHEN COMPARING THE REQUIRED LE	EVEL OF
JOB COMPETENCIES AND FORMAL TRAINING AND EXPERIENCE, SENIOR MANAG	GEMENT AND
HUMAN RESOURCES PERFORMS AN ANNUAL REVIEW OF ALL COMPENSATION,	
ADDITIONALLY, THE GOVERNANCE COMMITTEE REVIEWS AND APPROVES COMPEN	NSATION
FOR THE PRESIDENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
GERMAN MARSHALL FUNDS MAKES AVAILABLE ITS GOVERNING DOCUMENTS, AUD	DITED
FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE TO	O THE
GENERAL PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS S	SET FORTH
IN SECTION 6104(D).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES 2	2,607,764.
MANAGEMENT AND GENERAL EXPENSES	160,942.
FUNDRAISING EXPENSES	39,183.
TOTAL EXPENSES 2	2,807,889.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2	2,807,889.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN CURRENCY EXCHANGE LOSS	-245,270.
RETURNED GRANTS TO THIRD PARTIES	-313,227.

(* 55

Name of the organization THE GERMAN MARSHALL FUND OF THE	Employer identification number
UNITED STATES	52-0954751
GRANTS RETURNED TO GMF FROM GRANTEE 42,190.	
CHANGE IN SWAP VALUE 337,863.	
TOTAL TO FORM 990, PART XI, LINE 9 -178,444.	
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	
FORM 990, PART IX, LINE 18	
PAYMENTS OF TRAVEL OR ENTERTAINMENT EXPENSES FOR ANY FEDERAL, STATE, OR	
LOCAL PUBLIC OFFICIALS - TO CARRY OUT ITS STATED MISSION, GMF CONVENES	
MULTIPLE EVENTS ANNUALLY TO ALLOW DIALOGUE AMONG GLOBAL POLICY MAKERS	
ON TRANSATLANTIC ISSUES. TRAVEL EXPENSES FOR US OFFICIALS MAY INCLUDE	
AIRFARE, HOTEL, MEALS AND GROUND TRANSPORTATION WHILE PARTICIPATING IN	
THESE EVENTS. GOVERNMENT OFFICIALS DO NOT RECEIVE AN HONORARIUM OR	
OTHER COMPENSATIONS FOR ATTENDANCE, REQUIRED FINANCIAL DISCLOSURES ARE	
MADE PROMPTLY IN ACCORDANCE WITH REGULATIONS.	

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.		OMB No: 1545-0047 2016 Open to Public
Department of the Treasury Internal Revenue Service	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Inspection	
Name of the organization	THE GERMAN MARSHALL FUND OF THE	Employer ide	entification numbe
	UNITED STATES	52-0954	751

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1700 18TH STREET, LLC - SINGLE MEMBER LLC - 52 0954751, 1744 R STREET, NW, WASHINGTON, DC 20009	REAL ESTATE	DISTRICT OF COLUMBIA	0.	3,759,606.	THE GERMAN MARSHALL FUND OF UNITED STATES
THE TRANSATLANTIC FOUNDATION - 98-1154381 RUE DE LA LOI 155 BRUSSELS, BELGIUM 1040	PROMOTE GREATER COOPERATION AND UNDERSTANDING BETWEEN THE U.S. AND EUROPE	BELGIUM	347,612.	1,116,756,	THE GERMAN MARSHALL FUND OF UNITED STATES
	_				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

Schedule R (Form 990) 2016

THE GERMAN MARSHALL FUND	OF.	THE
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Schedule R (Form 990) 2016 UNITED STATES

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a pa	thereinp during the ta	Joan									
(a)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year		ortionate tions?	Code V-UBI amount in box	Genera managi	or Percentage ownership
		foreign country)	,	(related, unrelated, excluded from tax under sections 512-514)		assets		No	amount in box 20 of Schedule K-1 (Form 1065)	Voc	
1		country)		3000013 012 0117			res	NO		Test	
-											
57											
										-	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	ng Type of entity Share of total Sh (C corp, S corp, income end-		(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	i) b)(13) rolled
		country)				133613			No
								-	-
X								-	
	·								
							0		

THE GERMAN MA	RSHALL I	FUND	OF	THE
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Schedule R (Form 990) 2016 UNITED STATES

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Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		-
f	Dividends from related organization(s)	1f		
	Sale of assets to related organization(s)	1g		
9 h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	11		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
L	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	1s		

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

Schedule R (Form 990) 2016 UNITED STATES

52-0954751

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c))	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501(c org	all is sec.	Share of			ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	(related, unrelated, excluded from tax under	501(c 0rg	c)(3) s.7	total	end-of-year	alloca	ropor- nate tions?	amount in box 20 of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes	No	income	assets		No	(Form 1065)	Yes No	
												1
	4											
					_							
									_			

Schedule R (Form 990) 2016

Page 4

	THE GERMAN MARSHALL FUND OF THE		
Schedule R (Form 990) 2016	UNITED STATES	52 0954751	Page 5
Part VII Supplemental Info	ormation.		
Provide additional infor	mation for responses to questions on Schedule R. See instructions.		
V			
3			
10			

Form 8868

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Enter filer's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN)				
print	THE GERMAN MARSHALL FUND OF THE	ctions.				
print	UNITED STATES				52-095475	•
File by the	Much a stand and a second here Ka D.O.h.	ee instruc	tions	Social a	ecurity number	
due date for fillng your		ee manuu	tiona.	SOCIAI S	econty number	(0014)
relurn, See instructions	City, town or post office, state, and ZIP code. For a for	projan oda				
manuchons		Jielyn auc				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicat		Return	Application			Return
Is For		Code	Is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Rock Contractor	20 (individual)	03	Form 4720 (other than individual)			09
Form 990				10		
A TOTAL OF A CONTRACT OF A CON	Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11
Allena Antonio Canalia	D-T (trust other than above)	06	Form 8870			
	DEBORAH R. IWIG					
The b	ooks are in the care of 🕨 <u>1744 R. STREET, NW - W</u>	ASHINGT	ON, DC 20009			
	none No. 🕨 202-683-2650		Fax No. 🕨			
• If the	organization does not have an office or place of business	s in the Ur				
	is for a Group Return, enter the organization's four digit (up, check this
	📃 . If it is for part of the group, check this box 🕨 📃					
1 Ire	quest an automatic 6-month extension of time until	APRIL	15, 2018 , to file	the exen	npt organization	n return
	the organization named above. The extension is for the o					(H)
	🔲 calendar year or					
	x tax year beginning _ אַטאָ 1, 2016	, an	d ending <u>MAY 31, 2017</u>		-G.	
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	heck rease	on: 🗌 Initial return 🛄 I	Final retur	m	
[Change in accounting period					
3a lfth	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
nor	nrefundable credits. See instructions.			3a	\$	0.
b If th	his application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and		=	
est	imated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.
c Ba	ance due. Subtract line 3b from line 3a. Include your pay	yment with	n this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System). S	See instruc	ctions.	3c	\$	0.
Caution:	If you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-E	O for payment
instructio	ns.					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)