

RSM US LLP
1861 INTERNATIONAL DRIVE, SUITE 400
MCLEAN, VA 22102

THE GERMAN MARSHALL FUND OF THE
UNITED STATES
1744 R. STREET, NW
WASHINGTON, DC 20009



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

THE GERMAN MARSHALL FUND OF THE
UNITED STATES
1744 R. STREET, NW
WASHINGTON, DC 20009

THE GERMAN MARSHALL FUND OF THE UNITED STATES:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

FORM 990-T RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

FORM 990-T HAS A BALANCE DUE OF \$6,187.

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE AT WWW.EFTPS.GOV OR BY CALLING EFTPS CUSTOMER SERVICE AT 1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON TIME, THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE DEPOSIT IS DUE. IF YOU ARE USING ACH CREDIT OR SAME-DAY FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF FUNDS.

THE 990-T RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX FROM FORM 2220 OF \$86, LATE PAYMENT INTEREST OF \$148 AND LATE PAYMENT PENALTY OF \$173.

PLEASE BE ADVISED THAT THE ORGANIZATION IS REQUIRED TO MAKE AVAILABLE FOR PUBLIC INSPECTION A COPY OF ITS EXEMPTION APPLICATION, SUPPORTING DOCUMENTS, AND THE IRS APPROVED EXEMPTION LETTER. THE ORGANIZATION IS FURTHER REQUIRED TO MAKE A COPY OF FORM 990 AVAILABLE FOR PUBLIC INSPECTION FOR THREE YEARS FROM THE DATE OF FILING THE RETURN.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE FTB, AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM 109 RETURN:

THE CALIFORNIA FORM 109 SHOULD BE MAILED ON OR BEFORE NOVEMBER 15, 2022 TO:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0500

THE RETURN SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

NO PAYMENT IS REQUIRED.

YOUR OVERPAYMENT IN THE AMOUNT OF \$2,517 HAS BEEN APPLIED TO YOUR CALIFORNIA ESTIMATED TAX.

DISTRICT OF COLUMBIA FORM D-20 RETURN:

THE DISTRICT OF COLUMBIA FORM D-20 SHOULD BE MAILED ON OR BEFORE NOVEMBER 15, 2022 TO:

OFFICE OF TAX AND REVENUE
PO BOX 96166
WASHINGTON, DC 20090-6166

THE RETURN SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

ENCLOSE A CHECK OR MONEY ORDER FOR \$250, PAYABLE TO D.C. TREASURER.

INCLUDE DISTRICT OF COLUMBIA D-20P SUB PAYMENT VOUCHER WITH YOUR RETURN.

DISTRICT OF COLUMBIA ESTIMATED TAX INSTALLMENTS:

THE ESTIMATED INCOME TAX DUE DATES AND REQUIRED PAYMENTS ARE AS FOLLOWS:

INSTALLMENT NO. 1 BY 04/18/22..... \$70

INSTALLMENT NO. 2 BY 06/15/22..... \$70

INSTALLMENT NO. 3 BY 09/15/22..... \$70

INSTALLMENT NO. 4 BY 12/15/22..... \$70

SEPARATELY MAIL INSTALLMENTS 1, 2 AND 3 OF THE DECLARATION OF ESTIMATED TAX AS SOON AS POSSIBLE. ENCLOSE A CHECK IN THE AMOUNT OF \$210, PAYABLE TO D.C. TREASURER.

MAIL THE DISTRICT OF COLUMBIA ESTIMATED TAX VOUCHERS TO:

D.C. OFFICE OF TAX AND REVENUE
CORPORATION ESTIMATED FRANCHISE TAX
P.O. BOX 96019
WASHINGTON, D.C. 20090-6019

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

WE PREPARED RETURNS FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

REGARDS,

RSM US LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2021

PREPARED FOR:

THE GERMAN MARSHALL FUND OF THE
UNITED STATES
1744 R. STREET, NW
WASHINGTON, DC 20009

PREPARED BY:

RSM US LLP
1861 INTERNATIONAL DRIVE, SUITE 400
MCLEAN, VA 22102

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
DECEMBER 31, 2021

PREPARED FOR:

THE GERMAN MARSHALL FUND OF THE
UNITED STATES
1744 R. STREET, NW
WASHINGTON, DC 20009

PREPARED BY:

RSM US LLP
1861 INTERNATIONAL DRIVE, SUITE 400
MCLEAN, VA 22102

AMOUNT DUE OR REFUND:

BALANCE DUE OF \$6,187

MAKE CHECK PAYABLE TO:

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT
SYSTEM (EFTPS).

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS
BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION
IS REQUIRED.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUN 1, 2021, and ending DEC 31, 2021

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **THE GERMAN MARSHALL FUND OF THE UNITED STATES**

EIN or SSN
52-0954751

Name and title of officer or person subject to tax **TIM CHILDRESS
CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>26,233,944.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize RSM US LLP to enter my PIN 22011
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54664553721

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature RSM US LLP

Date 10/21/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2021)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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 print	Name of exempt organization or other filer, see instructions. THE GERMAN MARSHALL FUND OF THE UNITED STATES	Taxpayer identification number (TIN) 52-0954751
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1744 R. STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

TIM CHILDRESS

• The books are in the care of ▶ **1744 R. STREET, NW - WASHINGTON, DC 20009**

Telephone No. ▶ **202-683-2650** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUN 1, 2021**, and ending **DEC 31, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUN 1, 2021** and ending **DEC 31, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE GERMAN MARSHALL FUND OF THE UNITED STATES Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1744 R. STREET, NW City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20009 F Name and address of principal officer: HEATHER A. CONLEY SAME AS C ABOVE	D Employer identification number 52-0954751 E Telephone number (202) 683-2650 G Gross receipts \$ 41,034,669. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://WWW.GMFUS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1972
		M State of legal domicile: DC

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	104
	6 Total number of volunteers (estimate if necessary)	6	16
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	197,157.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	29,621.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 21,695,669.	Current Year 15,967,381.
	9 Program service revenue (Part VIII, line 2g)	485,303.	838,216.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,522,159.	9,428,257.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,418.	90.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,725,549.	26,233,944.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,748,037.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		16,113,221.	8,608,932.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 497,666.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,945,778.	5,465,654.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,807,036.	22,704,757.	
19 Revenue less expenses. Subtract line 18 from line 12	-6,081,487.	3,529,187.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 210,871,420.	End of Year 208,998,480.
	21 Total liabilities (Part X, line 26)	23,546,712.	21,699,767.
	22 Net assets or fund balances. Subtract line 21 from line 20	187,324,708.	187,298,713.

Part II Signature Block

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

Sign Here	Signature of officer TIM CHILDRESS, CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature Date 10/21/22
	Firm's name ▶ RSM US LLP Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102	Check if self-employed <input type="checkbox"/> PTIN P01249785 Firm's EIN ▶ 42-0714325 Phone no. 703-336-6400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? Yes No

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

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

4a (Code:) (Expenses \$ 10,032,112. including grants of \$ 8,290,081.) (Revenue \$) CIVIL SOCIETY - GMF SUPPORTS CIVIL SOCIETY BY FOSTERING DEMOCRATIC INITIATIVES, RULE OF LAW AND REGIONAL COOPERATION.

4b (Code:) (Expenses \$ 7,531,708. including grants of \$ 293,773.) (Revenue \$ 838,216.) POLICY - GMF PROVIDES EFFECTIVE WAYS FORWARD TO SOLVING TODAY'S TRANSATLANTIC POLICY ISSUES.

4c (Code:) (Expenses \$ 943,121. including grants of \$ 46,317.) (Revenue \$) LEADERSHIP - GMF OFFERS RISING AND ESTABLISHED LEADERS DYNAMIC OPPORTUNITIES TO BUILD TRANSATLANTIC BRIDGES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 18,506,941.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
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		104
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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:		
a	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.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		
	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, CA, DC, FL, GA, IL, MD, MI, NC, NY, OH, OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **TIM CHILDRESS - 202-683-2650**
1744 R. STREET, NW, WASHINGTON, DC 20009

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNIE MAXWELL TRUSTEE	1.00	X						0.	0.	0.
(2) CHRISTOPHER SCHROEDER TRUSTEE	1.00	X						0.	0.	0.
(3) DAVID IGNATIUS TRUSTEE	1.00	X						0.	0.	0.
(4) FRANK FRIEDMAN TRUSTEE	1.00	X						0.	0.	0.
(5) HEIDI HEITKAMP TRUSTEE	1.00	X						0.	0.	0.
(6) J. ROBINSON WEST TRUSTEE	1.00	X						0.	0.	0.
(7) JANET LAMKIN TRUSTEE	1.00	X						0.	0.	0.
(8) JOHN EMERSON TRUSTEE	1.00	X						0.	0.	0.
(9) JOYCE CHANG TRUSTEE	1.00	X						0.	0.	0.
(10) KATHRYN RUEMLER TRUSTEE	1.00	X						0.	0.	0.
(11) MARC GROSSMAN TRUSTEE	1.00	X						0.	0.	0.
(12) MARC LELAND TRUSTEE	1.00	X						0.	0.	0.
(13) SHYAM REDDY TRUSTEE	1.00	X						0.	0.	0.
(14) SUSANNAH GRAY TRUSTEE	1.00	X						0.	0.	0.
(15) THOMAS KELLY TRUSTEE	1.00	X						0.	0.	0.
(16) WILLIAM HURD TRUSTEE	1.00	X						0.	0.	0.
(17) KAREN DONFRIED (ENDING 09/21) PRESIDENT	40.00			X				423,159.	0.	44,687.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIM CHILDRESS VP/CFO	40.00			X				251,752.	0.	34,419.
(19) IAN LESSER VP, BRUSSELS	40.00					X		245,324.	0.	24,728.
(20) KATHERINE SMYTH HASKINS CDO/VP, EXTERNAL AFFAIRS	40.00					X		222,590.	0.	7,750.
(21) KAREN KORNBLOH SENIOR FELLOW AND DIRECTOR	40.00					X		182,928.	0.	50,968.
(22) STEVEN BOSACKER DIRECTOR, GMF CITIES	40.00					X		182,431.	0.	23,380.
(23) KATE MCCARRY HR DIRECTOR	40.00					X		163,375.	0.	17,083.
1b Subtotal								1,671,559.	0.	203,015.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,671,559.	0.	203,015.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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
TAOTI ENTERPRISES, INC 530 8TH STREET, WASHINGTON, DC 20003	WEBSITE DEVELOPER	392,872.
ORACLE AMERICA INC., 15612 COLLECTIONS CENTER DR., CHICAGO, IL 60693	CONSULTING SERVICES	254,593.
AMNET TECHNOLOGY SOLUTIONS 26 FAHEY STREET, STAMFORD, CT 06907	IT CONSULTANT	243,482.
ATLAS PUBLIC POLICY LLC, 515 Q STREET NW, UNIT 2, WASHINGTON, DC 20001	WEBSITE DEVELOPER	224,343.
HEIDRICK & STRUGGLES INC. 1133 PAYSHERE CIRCLE, CHICAGO, IL 60674	HR CONSULTANT	184,885.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,632,940.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,334,441.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			15,967,381.			
Program Service Revenue	2 a CONTRACT	Business Code					
		900009	838,216.	838,216.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			838,216.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,515,430.		197,157.	1,318,273.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	22,713,552.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	14,800,725.				
	c Gain or (loss)	7c	7,912,827.				
d Net gain or (loss)			7,912,827.		7,912,827.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900009	90.			90.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			90.				
12 Total revenue. See instructions			26,233,944.	838,216.	197,157.	9,231,190.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	182,734.	182,734.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,919.	9,919.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,437,518.	8,437,518.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,279,042.	573,688.	564,639.	140,715.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,907,526.	4,849,591.	844,086.	213,849.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	211,930.	155,037.	54,034.	2,859.
9 Other employee benefits	970,502.	803,930.	125,605.	40,967.
10 Payroll taxes	239,932.	186,344.	46,258.	7,330.
11 Fees for services (nonemployees):				
a Management				
b Legal	25,557.	19,172.	6,385.	
c Accounting	200,666.	56,738.	143,928.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	156,993.		156,993.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,664,338.	1,167,113.	458,822.	38,403.
12 Advertising and promotion				
13 Office expenses	1,025,262.	354,466.	656,411.	14,385.
14 Information technology				
15 Royalties				
16 Occupancy	942,503.	845,311.	78,381.	18,811.
17 Travel	495,350.	473,690.	8,961.	12,699.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	171,633.	164,577.	6,045.	1,011.
20 Interest	6,014.		6,014.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	434,269.	15,628.	418,641.	
23 Insurance	107,287.	9,996.	97,291.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a INTEREST EXP & BOND ISS	155,980.	121,687.	27,656.	6,637.
b SUBSCRIPTIONS/PUBLICATI	79,802.	79,802.		
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	22,704,757.	18,506,941.	3,700,150.	497,666.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	499.	1	812.
	2 Savings and temporary cash investments	7,342,709.	2	14,631,976.
	3 Pledges and grants receivable, net	9,257,559.	3	5,559,334.
	4 Accounts receivable, net	57,795.	4	62,228.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	363,354.	9	187,723.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 27,264,684.		
	b Less: accumulated depreciation	10b 10,405,022.		
	11 Investments - publicly traded securities	17,209,008.	10c	16,859,662.
	12 Investments - other securities. See Part IV, line 11	76,656,248.	11	82,910,862.
	13 Investments - program-related. See Part IV, line 11	95,946,422.	12	83,773,760.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	4,037,826.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	210,871,420.	15	5,012,123.	
		16	208,998,480.	
Liabilities	17 Accounts payable and accrued expenses	1,585,531.	17	1,572,221.
	18 Grants payable	77,272.	18	101,989.
	19 Deferred revenue	11,152,377.	19	10,365,321.
	20 Tax-exempt bond liabilities	9,178,943.	20	9,193,636.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,050,000.	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	502,589.	25	466,600.
	26 Total liabilities. Add lines 17 through 25	23,546,712.	26	21,699,767.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	179,590,372.	27	179,936,593.
	28 Net assets with donor restrictions	7,734,336.	28	7,362,120.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	187,324,708.	32	187,298,713.
33 Total liabilities and net assets/fund balances	210,871,420.	33	208,998,480.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,233,944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,704,757.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,529,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	187,324,708.
5	Net unrealized gains (losses) on investments	5	-3,198,468.
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 on Schedule O)	9	-356,714.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	187,298,713.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,663,102.	21,017,755.	24,448,962.	21,695,669.	15,967,381.	104,792,869.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21,663,102.	21,017,755.	24,448,962.	21,695,669.	15,967,381.	104,792,869.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						843,276.
6 Public support. Subtract line 5 from line 4.						103,949,593.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	21,663,102.	21,017,755.	24,448,962.	21,695,669.	15,967,381.	104,792,869.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,392,896.	1,608,639.	1,639,112.	1,476,809.	1,318,273.	7,435,729.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					29,621.	29,621.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	36,675.	27,095.	127,362.	22,418.	90.	213,640.
11 Total support. Add lines 7 through 10						112,471,859.
12 Gross receipts from related activities, etc. (see instructions)					12	2,656,273.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	92.42 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	91.90 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME FROM EXEMPT ACTIVITIES

2017 AMOUNT: \$ 36,675.

2018 AMOUNT: \$ 27,095.

2019 AMOUNT: \$ 127,362.

2020 AMOUNT: \$ 22,418.

2021 AMOUNT: \$ 90.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization THE GERMAN MARSHALL FUND OF THE UNITED STATES	Employer identification number 52-0954751
--	--

Organization type (check one):

Filers of:

Section:

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization THE GERMAN MARSHALL FUND OF THE UNITED STATES	Employer identification number 52-0954751
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT 1300 PENNSYLVANIA AVE., NW WASHINGTON, DC 20523	\$ 6,673,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY VALLHALLAVAGEN 199 105 25 STOCKHOLM, SWEDEN	\$ 2,071,817.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NORWAY MINISTRY OF FOREIGN AFFAIRS 7 JUNIPLANSSEN 1 N-0251 OSLO, NORWAY	\$ 1,747,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE KLARMAN FAMILY FOUNDATION P.O. BOX 171627 BOSTON, MA 02117	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE DIRECTORATE GENERAL FOR NEIGHBOURHOOD AND ENLARGEMENT NEGOTIATIONS RUE DE LA LOI 15 / WETSTRAAT 15 BRUSSELS, BELGIUM	\$ 797,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SANDLER FOUNDATION 121 STEUART ST SAN FRANCISCO, CA 94105	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE GERMAN MARSHALL FUND OF THE UNITED STATES	Employer identification number 52-0954751
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EUROPEAN COMMISSION BOULEVARD DE L'EMPEREUR 4 BRUSSELS, BELGIUM 1000	\$ 342,713.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE 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.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization THE GERMAN MARSHALL FUND OF THE UNITED STATES	Employer identification number 52-0954751
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE GERMAN MARSHALL FUND OF THE UNITED STATES

Employer identification number 52-0954751

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about modified easements, monitoring policy, staff hours, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, including revenue and asset amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,237,440.		1,237,440.
b Buildings		24,865,467.	9,477,822.	15,387,645.
c Leasehold improvements		43,538.	43,538.	0.
d Equipment				
e Other		1,118,239.	883,662.	234,577.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,859,662.

Part VII Investments - Other Securities.

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

(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	16,379,881.	END-OF-YEAR MARKET VALUE
(C) ALTERNATIVE INVESTMENTS - HEDGE FUNDS	15,765,897.	END-OF-YEAR MARKET VALUE
(D) ALTERNATIVE INVESTMENTS - PRIVATE		
(E) EQUITY	25,837,988.	END-OF-YEAR MARKET VALUE
(F) ALTERNATIVE INVESTMENTS - NATURAL		
(G) RESOURCES	15,354,559.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	83,773,760.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP AGREEMENT	466,600.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	466,600.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	22,485,780.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,198,468.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-392,703.	
e	Add lines 2a through 2d		2e	-3,591,171.
3	Subtract line 2e from line 1		3	26,076,951.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	156,993.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	156,993.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	26,233,944.

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

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

1	Total expenses and losses per audited financial statements		1	22,547,764.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	22,547,764.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	156,993.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	156,993.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	22,704,757.

Part XIII Supplemental Information.

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

PART X, 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, 2022, GMF INCURRED NO TAX EXPENSE RELATED TO

UNRELATED BUSINESS INCOME ACTIVITIES.

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

Part XIII Supplemental Information *(continued)*

FOR FEDERAL INCOME TAX PURPOSES. ALL TAX ATTRIBUTES FLOW THROUGH TO GMF

UNDER THIS ENTITY FORM. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS

BEEN MADE.

THE TRANSATLANTIC FOUNDATION (TTF) IS A FOREIGN NONPROFIT ENTITY

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

ACTIVITY UNDER TTF DURING THE YEAR ENDED MAY 31, 2022.

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

THE PERIOD FROM GMF'S INCEPTION TO MAY 31, 2022, 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

Part XIII Supplemental Information (continued)

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

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

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, 2022, 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

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE FISCAL YEAR ENDED MAY 31,

2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RETURNED GRANTS TO THIRD PARTIES

GAIN FROM FOREIGN CURRENCY EXCHANGES

-392,703.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization THE GERMAN MARSHALL FUND OF THE UNITED STATES	Employer identification number 52-0954751
--	--

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		1,913,431.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		4,134,255.
EUROPE (INCLUDING ICELAND & GREENLAND)	3		GRANTS TO RECIPIENTS		5,110,569.
RUSSIA AND NEIGHBORING STATES			GRANTS TO RECIPIENTS		3,326,973.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	CONVENING	923,157.
EUROPE (INCLUDING ICELAND & GREENLAND)	5		PROGRAM SERVICE	CONVENING	789,161.
EUROPE (INCLUDING ICELAND & GREENLAND)	2		FUNDRAISING		231,224.
SOUTH ASIA			PROGRAM SERVICE	CONVENING	220,105.
3 a Subtotal	10	0			16,648,875.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	10	0			16,648,875.

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

Schedule F (Form 990) 2021

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, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	164,321.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	108,092.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	81,484.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	80,118.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	72,749.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	71,254.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	71,211.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	70,594.	ELECTRONIC FUND TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 332

3 Enter total number of other organizations or entities ► 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	68,553.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	66,947.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	63,761.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	63,450.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	63,424.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	60,209.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	58,778.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	58,375.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	56,597.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	54,781.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	54,536.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	54,297.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	53,127.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	49,700.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	47,592.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	47,412.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	47,001.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	46,552.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	44,980.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	44,151.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	43,947.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	43,559.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	43,266.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	42,939.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	42,000.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	41,702.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	41,379.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	40,909.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	39,250.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	39,133.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	37,420.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	36,562.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	36,326.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	35,170.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	35,012.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	33,583.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	33,136.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	32,643.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	32,505.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	30,791.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	30,590.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	30,552.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	30,508.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	30,112.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	29,326.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	29,138.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	29,130.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	29,079.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	29,002.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	28,779.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	27,213.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	26,908.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	26,884.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	26,873.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	26,413.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	25,626.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	25,352.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	25,018.	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	24,999.	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	24,999.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,980.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,960.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,801.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,524.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,173.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,075.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	23,888.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	22,476.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	22,320.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	22,310.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	22,241.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	21,722.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,860.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,769.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,729.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,622.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,014.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,800.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,444.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,382.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,351.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,327.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,215.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,961.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,935.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,750.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,667.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,362.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,085.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	17,670.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	17,500.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	17,500.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	17,430.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	17,320.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	17,073.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	17,000.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,667.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,653.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,641.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,607.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,380.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,280.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,049.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,896.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,750.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,606.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,480.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,453.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,435.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,182.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,026.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,991.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,967.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,952.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,678.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,583.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,583.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,583.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,583.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,580.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,578.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,572.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,560.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,554.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,531.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,482.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,465.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,430.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,318.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,292.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,280.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,149.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,025.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,016.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	13,752.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	13,563.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	13,462.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	13,462.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	13,441.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	13,100.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,920.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,500.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,500.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,500.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,493.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,480.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,450.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,450.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,410.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,178.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	11,988.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	11,886.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	11,538.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	11,533.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	11,349.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	11,292.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	11,246.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	11,018.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,973.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,605.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,313.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,014.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,000.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,744.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,600.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,376.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,228.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,086.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,912.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,905.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,760.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,300.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,278.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,814.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,490.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,143.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,143.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,948.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,250.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,238.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,195.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,175.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,049.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,032.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,946.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,638.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,637.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,556.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,421.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,373.	ELECTRONIC FUND TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,218.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	465,863.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	353,402.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	238,435.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	61,177.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	60,000.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	58,264.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	56,000.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	47,681.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	40,126.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	37,477.	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	30,000.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	29,167.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	28,480.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	28,267.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	28,229.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	27,538.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	27,404.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	26,598.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	25,556.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	25,452.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	25,387.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,999.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	24,972.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,467.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	24,000.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	23,903.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	23,902.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	23,795.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	23,761.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	23,007.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	22,058.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	21,805.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	21,299.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,483.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,450.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	20,156.	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	19,857.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,725.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,580.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	19,542.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,426.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,200.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	19,117.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,999.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,853.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,713.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,617.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	18,047.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	18,000.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	17,500.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	17,500.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,718.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,653.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,423.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,215.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	16,199.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,402.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	15,400.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,333.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,169.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	15,056.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,935.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,629.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,583.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,583.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,581.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	14,551.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,551.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,391.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,285.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	14,285.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	13,771.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	13,536.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	13,290.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	13,125.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	12,649.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,562.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,500.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,500.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,471.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,400.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,183.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	12,148.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	11,910.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	11,342.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	11,318.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	11,153.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,781.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,310.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,250.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,243.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,196.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,176.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	10,133.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	10,086.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,758.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,520.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,434.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,093.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	9,054.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,880.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,571.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	8,563.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,333.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,327.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,320.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,300.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,082.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	8,000.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,976.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,942.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	7,773.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,555.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,550.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	7,532.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,750.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,500.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,441.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,250.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,247.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	6,209.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,192.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,192.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	6,000.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,988.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,908.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,868.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,438.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,415.	ELECTRONIC FUND TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	5,414.	ELECTRONIC FUND TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	DEMOCRACY BUILDING/SUPPORT FOR CIVIL SOCIETY	5,202.	ELECTRONIC FUND TRANSFER	0.		

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

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)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE GERMAN MARSHALL FUND OF THE
UNITED STATES**

Employer identification number
52-0954751

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN COUNCIL ON GERMANY 14 EAST 60TH STREET NEW YORK, NY 10022	13-1889074	501 (C) (3)	19,872.	0.			TRANSATLANTIC DIALOGUE
AMERICAN INSTITUTE FOR CONTEMPORARY GERMAN STUDIES - 1776 MASSACHUSETTES AVENUE NW, SUITE 600 - WASHINGTON, DC 20036	52-1309525	501 (C) (3)	19,872.	0.			TRANSATLANTIC DIALOGUE
THE ASSOCIATION OF FORMER MEMBERS OF CONGRESS - 1401 K STREET NW - WASHINGTON, DC 20005	54-0883744	501 (C) (3)	39,744.	0.			TRANSATLANTIC DIALOGUE
CENTER FOR NEW AMERICAN SECURITY 1152 15TH ST NW SUITE 950 WASHINGTON, DC 20005	20-8084828	501 (C) (3)	103,246.	0.			TRANSATLANTIC DIALOGUE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **4.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2021

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
ASSISTANCE	6	9,919.	0.		

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

PART I, LINE 2:

GMF'S APPLICATION PROCESS OF POTENTIAL GRANTEEES IS AN IMPORTANT PART OF THE
MONITORING OF GRANT FUNDS. ONCE APPROVED, THE RESPONSIBLE STAFF PERSON
REVIEWES 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
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization THE GERMAN MARSHALL FUND OF THE UNITED STATES

Employer identification number 52-0954751

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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 related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KAREN DONFRIED (ENDING 09/21) PRESIDENT	(i)	346,880.	75,000.	1,279.	27,050.	17,637.	467,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIM CHILDRESS VP/CFO	(i)	250,144.	0.	1,608.	24,635.	9,784.	286,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) IAN LESSER VP, BRUSSELS	(i)	221,041.	6,328.	17,955.	24,059.	669.	270,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHERINE SMYTH HASKINS CDO/VP, EXTERNAL AFFAIRS	(i)	222,383.	0.	207.	6,947.	803.	230,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KAREN KORNBLOH SENIOR FELLOW AND DIRECTOR	(i)	182,169.	0.	759.	19,714.	31,254.	233,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEVEN BOSACKER DIRECTOR, GMF CITIES	(i)	181,386.	0.	1,045.	15,743.	7,637.	205,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATE MCCARRY HR DIRECTOR	(i)	162,484.	0.	891.	16,449.	634.	180,458.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE FOLLOWING EMPLOYEE RECEIVED TAX INDEMNIFICATION, WHICH IS TAXABLE TO

THE EMPLOYEE:

IAN LESSER: 16,430.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization THE GERMAN MARSHALL FUND OF THE UNITED STATES

Employer identification number
52-0954751

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	000000000	04/01/16	9,400,000.	CURRENT REFUNDING OF PRIOR ISSUE		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	9,400,000.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	186,891.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2021

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private 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 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		%		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
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		%		%		%		%
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 Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 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							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	THE GERMAN MARSHALL FUND OF THE UNITED STATES	Employer identification number	52-0954751
--------------------------	--	--------------------------------	------------

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

GERMANY, FRANCE, BELGIUM, ROMANIA,
TURKEY, POLAND, SERBIA

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 CONDUCTED BY THE OFFICERS OF THE ORGANIZATION (PRESIDENT,
EXECUTIVE VICE PRESIDENT, AND CHIEF FINANCIAL OFFICER), AND BOARD OF
TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

GERMAN MARSHALL FUND HAS A WRITTEN CONFLICT OF INTEREST POLICY AND ALL
TRUSTEES, OFFICERS, AND EMPLOYEES ARE REQUIRED TO READ AND SIGN THE POLICY.
THIS POLICY IS INTENDED TO HELP IDENTIFY SITUATIONS THAT PRESENT POTENTIAL
CONFLICT OF INTERESTS AND TO PROVIDE PROCEDURES TO ADDRESS ANY POTENTIAL
CONFLICTS. ADDITIONALLY, 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 POLICY.

Name of the organization THE GERMAN MARSHALL FUND OF THE UNITED STATES	Employer identification number 52-0954751
--	--

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

GERMAN MARSHALL FUND USES BOTH A COMPENSATION SYSTEM AND COMPARABILITY DATA

TO DETERMINE COMPENSATION FOR OFFICERS AND EMPLOYEES. THIS SYSTEM

EVALUATES RELATIVE MARKETPLACE JOB WORTH OF THE POSITION COMPARABLE TO

SIMILAR POSITIONS OF OTHER LOCAL ORGANIZATIONS. THE SYSTEM ALSO EVALUATES

THE RELATIVE WORTH OF EACH POSITION WHEN COMPARING THE REQUIRED LEVEL OF

JOB COMPETENCIES AND FORMAL TRAINING AND EXPERIENCE. SENIOR MANAGEMENT AND

HUMAN RESOURCES PERFORMS AN ANNUAL REVIEW OF ALL COMPENSATION.

ADDITIONALLY, THE GOVERNANCE COMMITTEE REVIEWS AND APPROVES COMPENSATION

FOR THE PRESIDENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, CA, DC, FL, GA, IL, MD, MI, NC, NY, OH, OR, SC, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 19:

GERMAN MARSHALL FUNDS MAKES AVAILABLE ITS GOVERNING DOCUMENTS, AUDITED

FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE

GENERAL PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH

IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SWAP VALUE	35,989.
LOSS FROM FOREIGN CURRENCY EXCHANGES	-392,703.
TOTAL TO FORM 990, PART XI, LINE 9	-356,714.

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

Name of the organization THE GERMAN MARSHALL FUND OF THE UNITED STATES	Employer identification number 52-0954751
--	---

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)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **THE GERMAN MARSHALL FUND OF THE UNITED STATES** Employer identification number **52-0954751**

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		9,530,428.	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	12,243.	545,301.	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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
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)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p 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	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(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)			

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
3	BUILDING 1744 R STREET	VARIOUS	SL	39.00		MM16	5,963,974.				5,963,974.2	847,892.		86,975.2	2,934,867.
4	BUILDING 1700 18TH STREET	VARIOUS	SL	39.00		MM16	5,041,535.				5,041,535.2	142,652.		73,522.2	2,216,174.
5	BUILDING IMPROV, 1744 R STREET	VARIOUS	SL	39.00		MM16	6,316,529.				6,316,529.2	458,864.		92,116.2	2,550,980.
	* 990 PAGE 10 TOTAL BUILDINGS						17,322,038.				17,322,038.7	1,449,408.		252,613.7	7,702,021.
	FURNITURE & FIXTURES														
1	FURNITURE AND EQUIPMENT	VARIOUS	SL	5.00		16	1,118,239.				1,118,239.	814,620.		69,042.	883,662.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						1,118,239.				1,118,239.	814,620.		69,042.	883,662.
	LAND														
6	LAND 1744 R STREET	VARIOUS	L				300,000.				300,000.			0.	
7	LAND 1700 18TH STREET	VARIOUS	L				937,440.				937,440.			0.	
	* 990 PAGE 10 TOTAL LAND						1,237,440.				1,237,440.	0.		0.	0.
	MANAGEMENT AND GENERAL														
8	BUILDING 1700 RENOVATION	VARIOUS	SL	39.00		MM16	7,543,429.				7,543,429.1	663,187.		112,614.1	1,775,801.
9	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00		16	43,538.				43,538.	43,538.		0.	43,538.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						7,586,967.				7,586,967.1	706,725.		112,614.1	1,819,339.
	* GRAND TOTAL 990 PAGE 10 DEPR						27,264,684.				27,264,684.9	1,970,753.		434,269.1	10,405,022.

Type and Entity: PRE-2018 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 05/31/18	Amount Used for 05/31/19	Amount Used for 05/31/20	Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2011	257.	257.	257.								
B	2012	98,039.	98,039.	98,039.								
C	2013	462,421.	462,421.	193,063.	26,243.	243,115.						
D	2014	763,734.	763,734.			763,734.						
E	2015	110,898.	110,898.			110,898.						
F	2016	202,232.	202,232.			53,204.	149,028.					
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Type and Entity: CONTRIBUTION - 50% CASH FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 05/31/20	Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2017	66,134.	66,134.	66,134.								
B	2018	97,084.	67,215.	63,924.	3,291.							
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Type and Entity: NOL CA		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 05/31/18	Amount Used for 05/31/19	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2013	4,318.	4,318.	4,318.								
B	2014	10,660.	10,660.	10,660.								
C	2015	18,124.	17,668.	2,988.	14,680.							
D	2016	18,141.										
E	2019	777.										
F	2020	1,063.										
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUN 1, 2021, and ending DEC 31, 2021

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **THE GERMAN MARSHALL FUND OF THE UNITED STATES**

EIN or SSN
52-0954751

Name and title of officer or person subject to tax **TIM CHILDRESS
CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>6,220.</u>
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize RSM US LLP to enter my PIN 22011
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ******* THIS IS NOT A FILEABLE COPY ******* Date **▶**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54664553721

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **▶** RSM US LLP Date **▶** 10/21/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2021)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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 print	Name of exempt organization or other filer, see instructions. THE GERMAN MARSHALL FUND OF THE UNITED STATES	Taxpayer identification number (TIN) 52-0954751
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1744 R. STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

TIM CHILDRESS

- The books are in the care of ▶ **1744 R. STREET, NW - WASHINGTON, DC 20009**

Telephone No. ▶ **202-683-2650**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUN 1, 2021**, and ending **DEC 31, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	440.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2021

For calendar year 2021 or other tax year beginning JUN 1, 2021, and ending DEC 31, 2021

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE GERMAN MARSHALL FUND OF THE UNITED STATES</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1744 R. STREET, NW</p> <p>City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20009</p>	<p>D Employer identification number 52-0954751</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 208,998,480.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ TIM CHILDRESS Telephone number ▶ 202-683-2650

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	182,940.
2 Reserved	2	
3 Add lines 1 and 2	3	182,940.
4 Charitable contributions (see instructions for limitation rules) STMT 3	4	3,291.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	179,649.
6 Deduction for net operating loss. See instructions STATEMENT 4	6	149,028.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	30,621.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	29,621.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	6,220.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	6,220.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		6,220.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		6,220.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a	440.	
b	2021 estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
	<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other			
7	Total payments. Add lines 6a through 6g	7		440.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	<input checked="" type="checkbox"/>	86.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	STATEMENT 7	5,866.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax	11	Refunded	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
	SEE STATEMENT 6	X	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here		
	149,028. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	900003	\$	7,966.
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CHIEF FINANCIAL OFFICER	
			Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	YONG ZHANG, CPA		10/21/22	P01249785
	Firm's name	Firm's EIN		
	RSM US LLP	42-0714325		
	Firm's address			Phone no.
	1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102			703-336-6400

FORM 990-T

LATE PAYMENT INTEREST

STATEMENT 1

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/16/22	5,780.	5,780.	.0400	45	29.
INTEREST RATE CHANGE	06/30/22	0.	5,809.	.0500	92	74.
INTEREST RATE CHANGE	09/30/22	0.	5,883.	.0600	46	45.
DATE FILED	11/15/22		5,928.			
TOTAL LATE PAYMENT INTEREST						148.

FORM 990-T

LATE PAYMENT PENALTY

STATEMENT 2

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	05/16/22	5,780.	5,780.	6	173.
DATE FILED	11/15/22		5,780.		
TOTAL LATE PAYMENT PENALTY					173.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2016
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018 33,160
 FOR TAX YEAR 2019
 FOR TAX YEAR 2020

TOTAL CARRYOVER 33,160
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE 33,160
 TAXABLE INCOME LIMITATION AS ADJUSTED 3,291

EXCESS CONTRIBUTIONS 29,869
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 29,869

ALLOWABLE CONTRIBUTIONS DEDUCTION 3,291

TOTAL CONTRIBUTION DEDUCTION 3,291

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 4

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 149,028.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 149,028.

SCHEDULE A PORTION OF PRE-2018 NOL
 SCHEDULE A ENTITY SCHEDULE A SHARE

1

0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.
 NET OPERATING DEDUCTION 149,028.
 BALANCE AFTER PRE-2018 NOL DEDUCTION 30,621.
 EXPIRING NET OPERATING LOSSES 0.
 CARRY FORWARD OF NET OPERATING LOSS 0.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 5

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/12	257.	257.	0.	0.
05/31/13	98,039.	98,039.	0.	0.
05/31/14	462,421.	462,421.	0.	0.
05/31/15	763,734.	763,734.	0.	0.
05/31/16	110,898.	110,898.	0.	0.
05/31/17	202,232.	53,204.	149,028.	149,028.
NOL CARRYOVER AVAILABLE THIS YEAR			149,028.	149,028.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 6

NAME OF COUNTRY

- GERMANY
- FRANCE
- BELGIUM
- ROMANIA
- TURKEY
- POLAND
- SERBIA

FORM 990-T

INTEREST AND PENALTIES

STATEMENT 7

TAX FROM FORM 990-T, PART IV	5,780.
UNDERPAYMENT PENALTY	86.
LATE PAYMENT INTEREST	148.
LATE PAYMENT PENALTY	173.
TOTAL AMOUNT DUE	6,187.

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization THE GERMAN MARSHALL FUND OF THE UNITED STATES	B Employer identification number 52-0954751
C Unrelated business activity code (see instructions) ▶ 900003	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a 76,108.		76,108.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 8	5 121,048.		121,048.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 197,156.		197,156.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		250.
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 9	14		6,000.
15 Total deductions. Add lines 1 through 14	15		6,250.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		190,906.
17 Deduction for net operating loss. See instructions STATEMENT 10	17		7,966.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		182,940.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				0.
11 Total dividends-received deductions included in line 10 ▶				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 8

DESCRIPTION	NET INCOME OR (LOSS)
ENERGY & MINERALS GROUP FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	103,844.
ENERGY & MINERALS GROUP FUND II, LP - OTHER INCOME (LOSS)	-54,841.
IRON POINT REAL ESTATE PARTNERS II-TE, LP - ORDINARY BUSINESS INCOME (LOSS)	79,449.
IRON POINT REAL ESTATE PARTNERS II-TE, LP - NET RENTAL REAL ESTATE INCOME	-34,198.
IRON POINT REAL ESTATE PARTNERS II-TE, LP - INTEREST INCOME	23,143.
IRON POINT REAL ESTATE PARTNERS II-TE, LP - DIVIDEND INCOME	27.
IRON POINT REAL ESTATE PARTNERS II-TE, LP - OTHER PORTFOLIO INCOME (LOSS)	125.
IRON POINT REAL ESTATE PARTNERS II-TE, LP - OTHER INCOME (LOSS)	-2,107.
MARANON SR CREDIT FUND V - ORDINARY BUSINESS INCOME (LOSS)	1,928.
HARVEST MLP INCOME FUND II LLC - ORDINARY BUSINESS INCOME (LOSS)	-159.
MSOUTH EQUITY PARTNERS IV, LP - OTHER INCOME (LOSS)	-41.
AMBERBROOK VIII LP - ORDINARY BUSINESS INCOME (LOSS)	3,112.
AMBERBROOK VIII LP - NET RENTAL REAL ESTATE INCOME	-21.
AMBERBROOK VIII LP - OTHER NET RENTAL INCOME (LOSS)	6.
AMBERBROOK VIII LP - INTEREST INCOME	56.
AMBERBROOK VIII LP - DIVIDEND INCOME	120.
AMBERBROOK VIII LP - ROYALTIES	2.
AMBERBROOK VIII LP - OTHER PORTFOLIO INCOME (LOSS)	77.
AMBERBROOK VIII LP - OTHER INCOME (LOSS)	551.
MONROE CAPITAL PRIVATE CREDIT FUND III - ORDINARY BUSINESS INCOME (LOSS)	-25.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	121,048.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 9

DESCRIPTION	AMOUNT
990T PREPARATION FEES	6,000.
TOTAL TO SCHEDULE A, PART II, LINE 14	6,000.

FORM 990-T (A)

POST 2017 NOL SCHEDULE

STATEMENT 10

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
7,966.	7,966.	0.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 11

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/21	7,966.	0.	7,966.	7,966.
NOL CARRYOVER AVAILABLE THIS YEAR			7,966.	7,966.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name THE GERMAN MARSHALL FUND OF THE UNITED STATES	Employer identification number 52-0954751
--	--

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				94.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	94.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				17,386.
11 Enter gain from Form 4797, line 7 or 9			11	58,628.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	76,014.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	94.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	76,014.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	76,108.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return THE GERMAN MARSHALL FUND OF THE UNITED STATES	Identifying number 52-0954751
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	IRON POINT REAL ESTATE PARTNERS II-TE, L						57,013.
	AMBERBROOK VIII LP						1,615.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 58,628.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 58,628.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
18a	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						
18b	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	▶	Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name THE GERMAN MARSHALL FUND OF THE UNITED STATES	Employer identification number 52-0954751
--	--

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				94.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	94.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				17,386.
11 Enter gain from Form 4797, line 7 or 9			11	58,628.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	76,014.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	94.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	76,014.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	76,108.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1
THE GERMAN MARSHALL FUND OF THE
UNITED STATES

Social security number or taxpayer identification no.
52-0954751

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include IRON POINT REAL ESTATE, PARTNERS II-TE, L, and AMBERBROOK VIII LP.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)
17,386.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name **THE GERMAN MARSHALL FUND OF THE UNITED STATES**

Employer identification number
52-0954751

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)		1	6,220.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1			
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method			
2c	Credit for federal tax paid on fuels (see instructions)			
2d	Total. Add lines 2a through 2c			
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	6,220.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	6,220.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	09/15/21	11/15/21	02/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	2,073.	2,073.	2,074.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	440.		
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12			
13 Add lines 11 and 12	13			
14 Add amounts on lines 16 and 17 of the preceding column	14		1,633.	3,706.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	440.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		1,633.	3,706.
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	1,633.	2,073.	2,074.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			86.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return THE GERMAN MARSHALL FUND OF THE UNITED STATES	Identifying number 52-0954751
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	IRON POINT REAL ESTATE PARTNERS II-TE, L						57,013.
	AMBERBROOK VIII LP						1,615.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 58,628.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 58,628.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	▶	Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning JUN 1, 2021, and ending MAY 31, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return
 THE GERMAN MARSHALL FUND OF THE UNITED STATES

Filer's identifying number
 52-0954751

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
 1744 R. STREET, NW

City or town, state, and ZIP code
 WASHINGTON, DC 20009

Filer's tax year beginning JUN 1, 2021, and ending DEC 31, 2021

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB
 THE TRANSATLANTIC FOUNDATION
 RUE DE LA LOI 155 WETSTRAAT
 BRUSSELS
 BELGIUM 1040

b(1) U.S. identifying number, if any
 98-1154381

b(2) Reference ID number (see instructions)

c For FDE, country(ies) under whose laws organized and entity type under local tax law
 BELGIUM PRIVATE FOUNDATION

d Date(s) of organization
 03 03 11

e Effective date as FDE
 06/01/12

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number
 N/A

g Country in which principal business activity is conducted
 BELGIUM

h Principal business activity
 CHARITABLE

i Functional currency
 EUR

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States
 THE GERMAN MARSHALL FUND OF THE US
 1744 R STREET, NW
 WASHINGTON, DC 20009
 52-0954751

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
 TIM CHILDRESS
 1744 R STREET, NW
 WASHINGTON, DC 20009

3 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 12

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	
11 Total deductions (exclude income tax expense)	11	
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	119,340.	
2	Other assets	0.	
3	Total assets	119,340.	
Liabilities and Owner's Equity			
4	Liabilities	0.	
5	Owner's equity	119,340.	
6	Total liabilities and owner's equity	119,340.	

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 13a, 13b.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with 8 rows and 2 columns. Rows include: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

2021

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return THE GERMAN MARSHALL FUND OF THE UNITED STATES	Filer's identification number 52-0954751
---	--

Filer's address (if you aren't filing this form with your tax return)	A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
B Filer's tax year beginning JUN 1 , 2021, and ending DEC 31 , 2021	

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership EPIRIS FUND II (B) LP 11-15 SEATON PLACE ST. HELIER, JERSEY JE4 0QH	2(a) EIN (if any) 98-1364374 2(b) Reference ID number EPIRISFUNDII 3 Country under whose laws organized JERSEY
---	---

4 Date of organization 04/07/2017	5 Principal place of business JERSEY	6 Principal business activity code number 523900	7 Principal business activity INVESTMENT MGMT	8a Functional currency GBP	8b Exchange rate (see instructions) 1.375602
--	---	---	--	---	---

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: _____
--	--

3 Name and address of foreign partnership's agent in country of organization, if any AZTEC FINANCIAL SERVICES (JERSEY) LTD 11-15 SEATON PLACE ST. HELIER, JERSEY JE4 0QH	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different EPIRIS GP LIMITED 11-15 SEATON PLACE ST. HELIER, JERSEY JE4 0QH
---	---

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions Yes No
 If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes No

7 Were any special allocations made by the foreign partnership? Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? LTD PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Yes No

11 Does this partnership meet **both** of the following requirements? Yes No

1. The partnership's total receipts for the tax year were less than \$250,000.

2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.

If "Yes," **don't** complete Schedules L, M-1, and M-2.

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Yes No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member _____ Date _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest b Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

Name of transferor **THE GERMAN MARSHALL FUND OF THE UNITED STATES** Filer's identifying number **52-0954751**

Name of foreign partnership **EPIRIS FUND II (B) LP** EIN (if any) **98-1364374** Reference ID number (see instr) **EPIRISFUNDII**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/21		209,890.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			209,890.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.3616** % (b) After the transfer **.3604** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

FORM 8858

ORGANIZATIONAL CHART

STATEMENT 12

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
--------------------------------------	----------------------	----------------	-------------------

TAX CLASSIFICATION

THE GERMAN MARSHALL FUND OF US FOREIGN SINGLE OWNER ELECTING TO BE DISREGARDED AS SEPARATE ENTITY	100.0000%	DIRECT WHOLLY-OWNED SUBSIDIARY	BE
--	-----------	-----------------------------------	----

ATTACHMENT FOR FORM 8858, LINE 5

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor THE GERMAN MARSHALL FUND OF THE UNITED STATES	Identifying number (see instructions) 52-0954751
--	---

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS L.P.	13-3597020

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) DKIP (CAYMAN) II L.P.	5a Identifying number, if any
--	--------------------------------------

6 Address (including country) 190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN KY 1-9005 CAYMAN ISLANDS	5b Reference ID number DKIPIILP
--	---

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		2,649,601.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .100 % (b) After .100 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SEC 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING
DECEMBER 31, 2021

PREPARED FOR:

THE GERMAN MARSHALL FUND OF THE
UNITED STATES
1744 R. STREET, NW
WASHINGTON, DC 20009

PREPARED BY:

RSM US LLP
1861 INTERNATIONAL DRIVE, SUITE 400
MCLEAN, VA 22102

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE FTB AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING
DECEMBER 31, 2021

PREPARED FOR:

THE GERMAN MARSHALL FUND OF THE
UNITED STATES
1744 R. STREET, NW
WASHINGTON, DC 20009

PREPARED BY:

RSM US LLP
1861 INTERNATIONAL DRIVE, SUITE 400
MCLEAN, VA 22102

TO BE SIGNED AND DATED BY:

THE AUTHORIZED INDIVIDUAL(S).

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	2,517
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	2,517

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	2,517
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0500

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2022

SPECIAL INSTRUCTIONS:

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 06/01/2021, and ending (mm/dd/yyyy) 12/31/2021

Corporation/Organization name
THE GERMAN MARSHALL FUND OF THE UNITED STATES

California corporation number
9597920

Additional information. See instructions.
FEIN
52-0954751

Street address (suite or room)
1744 R. STREET, NW

PMB no.

City
WASHINGTON

State
DC

ZIP code
20009

Foreign country name

Foreign province/state/county

Foreign postal code

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	25,067,288	00	
	2	Gross dues and assessments from members and affiliates	2		00	
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	15,967,381	00	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	41,034,669	00	
	5	Cost of goods sold	5		00	
	6	Cost or other basis, and sales expenses of assets sold	6	14,800,725	00	
	7	Total costs. Add line 5 and line 6	7	14,800,725	00	
	8	Total gross income. Subtract line 7 from line 4	8	26,233,944	00	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	22,704,757	00	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,529,187	00	
Filing Fee	11	Total payments	11		00	
	12	Use tax. See General Information K	12		00	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00	
	15	Penalties and interest. See General Information J	15		00	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00	
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer	Title CHIEF FINANCIAL OFF	Date	• Telephone		
Paid Preparer's Use Only	Preparer's signature	Date 10/21/22	Check if self-employed <input type="checkbox"/>	• PTIN P01249785		
	Firm's name (or yours, if self-employed) and address RSM US LLP 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102				• Firm's FEIN 42-0714325	
				• Telephone 703-336-6400		
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1		00	
	2	Interest	●	2		00	
	3	Dividends	●	3	1,515,430	00	
	4	Gross rents	●	4		00	
	5	Gross royalties	●	5		00	
	6	Gross amount received from sale of assets (See instructions)	●	6	STATEMENT 2	22,713,552	00
	7	Other income	●	7	SEE STATEMENT 3	838,306	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8		25,067,288	00
	9	Contributions, gifts, grants, and similar amounts paid	●	9		8,630,171	00
Expenses and Disbursements	10	Disbursements to or for members	●	10		00	
	11	Compensation of officers, directors, and trustees	●	11		754,018	00
	12	Other salaries and wages	●	12		6,432,550	00
	13	Interest	●	13		6,014	00
	14	Taxes	●	14		239,932	00
	15	Rents	●	15		942,503	00
	16	Depreciation and depletion (See instructions)	●	16		434,269	00
	17	Other expenses and disbursements	●	17	SEE STATEMENT 4	5,265,300	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18		22,704,757	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		7,343,208	●	14,632,788
2 Net accounts receivable		57,795	●	62,228
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments STMT 5		172,602,670	●	166,684,622
10 a Depreciable assets	25,942,322		26,027,244	
b Less accumulated depreciation	(9,970,754)	15,971,568	(10,405,022)	15,622,222
11 Land		1,237,440	●	1,237,440
12 Other assets STMT 6		13,658,739	●	10,759,180
13 Total assets		210,871,420		208,998,480
Liabilities and net worth				
14 Accounts payable		1,585,531	●	1,572,221
15 Contributions, gifts, or grants payable		77,272	●	101,989
16 Bonds and notes payable STMT 7		9,178,943	●	9,193,636
17 Mortgages payable			●	
18 Other liabilities STMT 8		12,704,966		10,831,921
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		187,324,708	●	187,298,713
22 Total liabilities and net worth		210,871,420		208,998,480

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1 Net income per books	●	-25,995	7 Income recorded on books this year not included in this return. Attach schedule *	●	-3,555,182
2 Federal income tax	●		8 Deductions in this return not charged against book income this year. Attach schedule	●	
3 Excess of capital losses over capital gains	●		9 Total. Add line 7 and line 8		-3,555,182
4 Income not recorded on books this year. Attach schedule	●		10 Net income per return. Subtract line 9 from line 6		3,529,187
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●				
6 Total. Add line 1 through line 5		-25,995			

* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT	1300 PENNSYLVANIA AVE., NW WASHINGTON, DC 20523		6,673,797.
SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY	VALLHALLAVAGEN 199 105 25 STOCKHOLM SWEDEN		2,071,817.
NORWAY MINISTRY OF FOREIGN AFFAIRS	7 JUNIPLANSSEN 1 N-0251 OSLO NORWAY		1,747,084.
THE KLARMAN FAMILY FOUNDATION	P.O. BOX 171627 BOSTON, MA 02117		800,000.
THE DIRECTORATE GENERAL FOR NEIGHBOURHOOD AND ENLARGEMENT NEGOTIATIONS	RUE DE LA LOI 15 / WETSTRAAT 15 BRUSSELS BELGIUM		797,530.
SANDLER FOUNDATION	121 STEUART ST SAN FRANCISCO, CA 94105		500,000.
EUROPEAN COMMISSION	BOULEVARD DE L'EMPEREUR 4 BRUSSELS BELGIUM 1000		342,713.
TOTAL INCLUDED ON LINE 3			12,932,941.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE	DATE	METHOD	
	ACQUIRED	SOLD	ACQUIRED	
			PURCHASED	
	COST OR	DEPREC.	EXPENSE	GROSS
	OTHER BASIS		OF SALE	SALES PRICE
	14,800,725.	0.	0.	22,713,552.
TOTAL TO FORM 199, PAGE 2, LN 6	14,800,725.	0.	0.	22,713,552.

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER INCOME	90.
CONTRACT	838,216.
TOTAL TO FORM 199, PART II, LINE 7	838,306.

CA 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
INTEREST EXP & BOND ISS	155,980.
SUBSCRIPTIONS/PUBLICATI	79,802.
PENSION PLAN CONTRIBUTIONS	211,930.
OTHER EMPLOYEE BENEFITS	970,502.
LEGAL FEES	25,557.
ACCOUNTING FEES	200,666.
INVESTMENT MANAGEMENT FEES	156,993.
OTHER PROFESSIONAL FEES	1,664,338.
OFFICE EXPENSES	1,025,262.
TRAVEL	495,350.
CONFERENCES AND CONVENTIONS	171,633.
INSURANCE	107,287.
TOTAL TO FORM 199, PART II, LINE 17	5,265,300.

CA 199	OTHER INVESTMENTS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ALTERNATIVE INVESTMENTS - EQUITY FUNDS	19,732,602.	16,379,881.
ALTERNATIVE INVESTMENTS - HEDGE FUNDS	15,890,263.	15,765,897.
ALTERNATIVE INVESTMENTS - PRIVATE EQUITY	32,737,207.	25,837,988.
ALTERNATIVE INVESTMENTS - NATURAL RESOURCES	17,770,180.	15,354,559.
ALTERNATIVE INVESTMENTS - PRIVATE DEBT	7,003,571.	7,654,745.
ALTERNATIVE INVESTMENTS - PRIVATE REAL ESTATE	2,812,599.	2,780,690.
OTHER PUBLICLY TRADED SECURITIES	76,656,248.	82,910,862.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	172,602,670.	166,684,622.

CA 199	OTHER ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	9,257,559.	5,559,334.
PREPAID EXPENSES AND DEFERRED CHARGES	363,354.	187,723.
SECURITY DEPOSIT	130,578.	130,578.
ADVANCE TO SUB-GRANTEES	3,907,248.	4,881,545.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	13,658,739.	10,759,180.

CA 199	BONDS AND NOTES PAYABLE	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
TAX-EXEMPT BONDS LIABILITIES	9,178,943.	9,193,636.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	9,178,943.	9,193,636.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INTEREST RATE SWAP AGREEMENT	502,589.	466,600.
DEFERRED REVENUE	11,152,377.	10,365,321.
UNSECURED NOTES AND LOANS PAYABLE	1,050,000.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	12,704,966.	10,831,921.

CA 199

INCOME RECORDED ON BOOKS THIS YEAR
NOT INCLUDED IN THIS RETURN

STATEMENT 9

DESCRIPTION

AMOUNT

NET UNREALIZED LOSS

-3,198,468.

FOREIGN CURRENCY EXCHANGE LOSSES

-392,703.

CHANGE IN SWAP VALUE

35,989.

TOTAL TO FORM 199, SCHEDULE M-1, LINE 7

-3,555,182.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.	Form 199	FEIN	52-0954751
Corporation name THE GERMAN MARSHALL FUND OF THE UNITED STATES		California corporation number 9597920	

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT 10		27,264,684.	9,970,753.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	434,269

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	434,269
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	434,269
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22

CA 3885

DEPRECIATION

STATEMENT 10

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 FURNITURE AND EQUIPMENT VARIOUS		1,118,239.	814,620.	SL	5.00	69,042.	
3 BUILDING 1744 R STREET VARIOUS		5,963,974.	2,847,892.	SL	39.00	86,975.	
4 BUILDING 1700 18TH STREET VARIOUS		5,041,535.	2,142,652.	SL	39.00	73,522.	
5 BUILDING IMPROV, 1744 R STREET VARIOUS		6,316,529.	2,458,864.	SL	39.00	92,116.	
6 LAND 1744 R STREET VARIOUS		300,000.		L		0.	
7 LAND 1700 18TH STREET VARIOUS		937,440.		L		0.	
8 BUILDING 1700 RENOVATION VARIOUS		7,543,429.	1,663,187.	SL	39.00	112,614.	
9 LEASEHOLD IMPROVEMENTS VARIOUS		43,538.	43,538.	SL	15.00	0.	
TOTAL TO FORM 3885		27,264,684.	9,970,753.			434,269.	

TAXABLE YEAR

2021

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name THE GERMAN MARSHALL FUND OF THE UNITED STATES	Identifying number 52-0954751
--	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	41,034,669
2 Total gross income (Form 199, line 8)	2	26,233,944
3 Total expenses and disbursements (Form 199, line 9)	3	22,704,757

Part II Settle Your Account Electronically for Taxable Year 2021

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here



Signature of officer

Date



CHIEF FINANCIAL OFFICER
Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO ERO's signature	RSM US LLP	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01249785
Must Sign Firm's name (or yours if self-employed) and address	RSM US LLP 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA				Firm's FEIN 42-0714325 ZIP code 22102

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Paid preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign Firm's name (or yours if self-employed) and address				Firm's FEIN ZIP code

California Exempt Organization Business Income Tax Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 06/01/2021, and ending (mm/dd/yyyy) 12/31/2021

Corporation/Organization name THE GERMAN MARSHALL FUND OF THE UNITED STATES California corporation number 9597920

Additional information. See instructions. FEIN 52-0954751

Street address (suite/room no.) 1744 R. STREET, NW PMB no.

City (If the corporation has a foreign address, see instructions.) WASHINGTON State DC ZIP code 20009

Foreign country name Foreign province/state/country Foreign postal code

- A First return filed? B Is this an education IRA... C Is the organization under audit... D Final return? E Amended return? F Accounting method used... G Nature of trade or business PARTNERSHIP INVESTMENTS H Is the organization a non-exempt charitable trust... I Is this organization claiming any former... J Is this organization a qualified pension... K Unrelated Business Activity (UBA) code L Is this a hospital?

Table with 25 rows for tax calculation. Columns include line number, description, and amount. Rows include Taxable Corporation (lines 1-3), Taxable Trust (line 4), Tax Computation (lines 5-11), Total Tax (lines 12-14), Payments (lines 15-19), and Use Tax/Tax Due/Overpayment (lines 20-25).

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M	27	00
28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00	

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c	00
2 Cost of goods sold and/or operations (Schedule A, line 7)			2	00
3 Gross profit. Subtract line 2 from line 1c			3	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	00
b Net gain (loss) from Part II, Schedule D-1			4b	00
c Capital loss deduction for trusts			4c	00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5	00
6 Rental income (Schedule C)			6	00
7 Unrelated debt-financed income (Schedule D)			7	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	00
10 Exploited exempt activity income (Schedule G)			10	00
11 Advertising income (Schedule H, Part III, Column A)			11	00
12 Other income. Attach schedule SEE STATEMENT 11			12	1,083 00
13 Total unrelated trade or business income. Add line 3 through line 12			13	1,083 00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14	00
15 Salaries and wages	15	00
16 Repairs	16	00
17 Bad debts	17	00
18 Interest	18	00
19 Taxes	19	00
20 Contributions	20	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00
b Less: depreciation claimed on Schedule A	21b	00
22 Depletion	22	00
23 a Contributions to deferred compensation plans	23a	00
b Employee benefit programs	23b	00
24 Other deductions SEE STATEMENT 12	24	1,000 00
25 Total deductions. Add line 14 through line 24	25	1,000 00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	83 00
27 Excess advertising costs (Schedule H, Part III, Column B)	27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	83 00
29 Specific deduction	29	1,000 00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	00

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title CHIEF FINANCIAL OFFICER	Date	Telephone
	Preparer's signature	Date 10/21/22	Check if self-employed <input type="checkbox"/>	PTIN P01249785
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	Firm's FEIN	Telephone	
	RSM US LLP 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102	42-0714325	703-336-6400	
May the FTB discuss this return with the preparer shown above? See instructions				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1	00
2	Purchases	2	00
3	Cost of labor	3	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	00
b	Other costs. Attach schedule	4b	00
5	Total. Add line 1 through line 4b	5	00
6	Inventory at end of year	6	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits.

1	Enter credit name	code	1	00	
2	Enter credit name	code	2	00	
3	Enter credit name	code	3	00	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11			4	00

Schedule K Add-On Taxes or Recapture of Tax.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales	•	•	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			•

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:	•	•	•
2 Payroll factor: Wages and other compensation of employees	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances	•	•	•
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property		3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation	(b) Other deductions
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-
Totals						

Part II Income from Periodicals Reported on a Separate Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part I, line 11		Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (mm/dd/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

CA 109

OTHER INCOME

STATEMENT 11

DESCRIPTION

AMOUNT

AMBERBROOK VIII LP

1,208.

THE ENERGY & MINERALS GROUP FUND II, LP

-125.

TOTAL TO FORM 109, PAGE 2, LINE 12

1,083.

CA 109

OTHER DEDUCTIONS

STATEMENT 12

DESCRIPTION

AMOUNT

CA 109 PREPARATION FEES

1,000.

TOTAL TO FORM 109, PAGE 2, LINE 24

1,000.

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name: UNITED STATES THE GERMAN MARSHALL FUND OF THE; California corporation number: 9597920

During the taxable year the corporation incurred the NOL, the corporation was a(n): [X] Exempt organization; FEIN: 52-0954751

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

Table with 6 rows for NOL calculation. Line 1: Net loss from Form 100... 00. Line 2: 2021 disaster loss... 00. Line 3: Subtract line 2 from line 1... 00. Line 4a: New business loss... 00. Line 4b: Eligible small business loss... 00. Line 4c: Add line 4a and line 4b... 00. Line 5: General NOL... 00. Line 6: Current year NOL... 00.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

Table with 1 row for NOL carryover. Line 1: Net income - Enter the amount from Form 100... (g) Available balance

Prior Year NOLs

Table with 8 columns: (a) Year of loss, (b) Code, (c) Type of NOL, (d) Initial loss, (e) Carryover from 2020, (f) Amount used in 2021, (g) Available balance, (h) Carryover to 2022. Rows for 2015, 2016, 2019, and 2020.

Current Year NOLs

Table with 8 columns: (a) Year of loss, (b) Code, (c) Type of NOL, (d) Initial loss, (e) Carryover from 2020, (f) Amount used in 2021, (g) Available balance, (h) Carryover to 2022. Row for 2021 with code DIS.

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2021 NOL deduction

Table with 3 rows for NOL deduction. Line 1: Total the amounts in Part II... 00. Line 2: Enter the total amount from line 1 that represents disaster loss carryover... 00. Line 3: Subtract line 2 from line 1... 00.

TAX RETURN FILING INSTRUCTIONS

DISTRICT OF COLUMBIA FORM D-20

FOR THE YEAR ENDING
DECEMBER 31, 2021

PREPARED FOR:

THE GERMAN MARSHALL FUND OF THE
UNITED STATES
1744 R. STREET, NW
WASHINGTON, DC 20009

PREPARED BY:

RSM US LLP
1861 INTERNATIONAL DRIVE, SUITE 400
MCLEAN, VA 22102

TO BE SIGNED AND DATED BY:

THE AUTHORIZED INDIVIDUAL(S).

AMOUNT OF TAX:

TOTAL TAX	\$	250
LESS: PAYMENTS AND CREDITS	\$	250
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	0

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

D.C. TREASURER

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

OFFICE OF TAX AND REVENUE
PO BOX 96166
WASHINGTON, DC 20090-6166

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2022

SPECIAL INSTRUCTIONS:

INCLUDE D-20P SUB PAYMENT VOUCHER WITH YOUR RETURN.

D-20 SUB Corporation Franchise Tax Return



210203S11019

Taxpayer Identification Number (TIN) **520954751**
 Number of business locations
 In DC: **1** Outside DC: **0**

Name of corporation
THE GERMAN MARSHALL FUND OF THE UNI

Tax period ending (MMDDYYYY)
12312021

Business mailing address #1
1744 R. STREET, NW

Business mailing address #2

City **WASHINGTON** State **DC** ZIP code+4 **20009**

Designated Agent Name

Designated Agent TIN

SOFTWARE DEVELOPER USE ONLY
 VENDOR ID # **1019**
 Mark if: QHTC located in DC Ballpark TIF area
 Mark if: AMENDED RETURN
 Mark if: FINAL RETURN
 Mark if: CERTIFIED QHTC
 Mark if: COMBINED REPORT*
 *You must fill in the Designated Agent info below
 Mark if: WORLDWIDE**

**Worldwide form must be filed with this return

● READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank, if minus, enter amount and fill in space.

GROSS INCOME	1	Gross receipts, minus returns and allowances		1	0	.00
	2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)		2		.00
	3	Gross profit from sales and/or operations <i>Line 1 minus Line 2</i>	Mark if minus	3		.00
	4	Dividends from Form D-20, Schedule B		4		.00
	5	Interest (attach statement)		5		.00
	6	Gross rental income from D-20, Schedule I, Column 3, Line 6		6		.00
	7	Gross royalties (attach statement)		7		.00
	8	(a) Net capital gain (loss) (attach a copy of your federal Schedule D)	Mark if minus	8(a)		.00
		(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus	8(b)		.00
	9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund		9		.00
	10	Other income (loss) (attach statement) STATEMENT 1	Mark if minus	10	197157	.00
	11	Total gross income. Add Lines 3 - 10	Mark if minus	11	197157	.00
DEDUCTIONS	12	Compensation of officers from Form D-20, Schedule C		12		.00
	13	Salaries and wages		13		.00
	14	Repairs		14		.00
	15	Bad debts		15		.00
	16	Rent		16		.00
	17	Taxes From Form D-20, Schedule D		17		.00
	18	(a) Interest payments	.00			
		(b) Minus nondeductible payments to related entities	.00 =	18c		.00
	19	Contributions and/or gifts (attach statement)		19		.00
	20	Amortization (attach a copy of your federal Form 4562)		20		.00
	21	Depreciation (attach a copy of your federal Form 4562) Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)		21		.00
	22	Depletion (attach statement)		22		.00
	23	(a) Enter royalty payments made	.00			
	(b) Minus nondeductible payments to related entities	.00 =	23c		.00	

Taxpayer Name: THE GERMAN MARSHALL FUND



210203S21019

Taxpayer Identification Number (TIN) 520954751

Enter dollar amounts only

DEDUCTIONS	24	Pension, profit-sharing plans	24	.00	
	25	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund	25	.00	
	26	Other deductions (attach statement) STATEMENT 2	26	189803 .00	
	27	Total deductions. Add Lines 12-26	27	189803 .00	
	28	Net income Line 11 minus Line 27	28	7354 .00	
	29	(a) Non-business income/state adjustment (attach statement)	29a	.00	
		(b) Expense related to non-business income (attach statement)	29b	.00	
		(c) 29(a) minus 29(b)	29c	.00	
	30	Net income subject to apportionment Line 28 minus Line 29(c)	30	7354 .00	
	31	DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5 if Combined Report, from Combined Reporting Schedule 2A, Col. 3 Line 9	31	1.000000	
32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor	32	7354 .00		
33	Other income/deductions attributable to DC (attach statement - see instructions)	33	0 .00		
TAXABLE INCOME	34	Total taxable income <i>before</i> apportioned NOL deduction Line 32 plus or minus Line 33	34	7354 .00	
	35	Apportioned NOL deduction (Losses occurring in year 2000 and later) * <small>*Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)</small>	35	7354 .00	
	36	Total DC taxable income. Line 34 minus Line 35	36	.00	
	37	Tax 8.25% of Line 36	37	0 .00	
	38	Minus nonrefundable credits from Schedule UB, Line 9	38	.00	
	39	Total DC gross receipts from Line '4' MTLGR Worksheet STATEMENT 3		.00	
	40	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M	40	250 .00	
	TAX - PAYMENTS AND CREDITS	41	Payments and refundable credits:		
			(a) Tax paid, if any, with request for an extension of time to file	41a	250 .00
			(b) Tax paid, if any, with original return if this is an amended return	41b	.00
		(c) 2021 estimated franchise tax payments	41c	.00	
		(d) Refundable credits <i>from Schedule UB, Line 12</i>	41d	.00	
42		If this is an amended 2021 return, enter refund requested with original return.	42	.00	
43		Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.	43	250 .00	
44		Estimated tax interest (Mark if D-2220 attached)	44	.00	
45		Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due. <small>Will this payment come from an account outside of the U.S.? Yes No See instructions</small>	45	.00	
46		Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.	46	.00	
47	Amount you want to apply to your 2022 estimated franchise tax	47	.00		
48	Amount to be refunded. Line 46 minus Line 47.	48	.00		

Third party designee To authorize another person to discuss this return with OTR, mark here

X and enter the name and phone number of that person. See instructions.

Designee's name PREPARER

Phone number 7033366400

PLEASE SIGN HERE

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

CFO

2026832650

Officer's signature

Title

Date

Telephone number of person to contact

PAID PREPARER ONLY

10/14/22

RSM US LLP

MCLEAN, VA 22102

Preparer's signature (if other than taxpayer)

Date

Firm name

Firm address

Preparer's PTIN P01249785

If you want to allow the preparer to discuss this return with the Office

of Tax and Revenue, mark here. X

Email Address

YONG.ZHANG2@RSMUS.COM



Taxpayer Name: **THE GERMAN MARSHALL FUND**
 Taxpayer Identification Number (TIN) **520954751**

210203S31019

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
1. Inventory at beginning of year		NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale			
3. Salaries and wages			
4. Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are not allowable.)			
5. Total			
6. Minus: Inventory at end of tax year			
7. Cost of goods sold (Enter here and on D-20, Line 2.)			

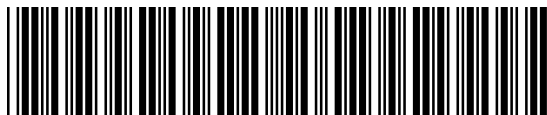
Method of inventory valuation:	Total Dividends
	Minus deduction for Subpart F Income.
	Minus deduction for dividends received from wholly-owned subsidiary
	TOTAL (Enter here and on D-20, Line 4.)

Schedule C - Compensation of officers (See specific instructions for Line 12. If more than 3 offices attach additional sheets as needed.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%		
		%	%	%		
		%	%	%		

TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 12.)

Schedule D - Taxes (See specific instructions for Line 17.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
		TOTAL (Enter here and on D-20, Line 17.)	

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	190657	7. Total DC taxable income reported (from D-20, Line 36).	
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 17).	0	8. Net income apportioned or allocated to outside DC.	0
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.	500	9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.	0	(a) NET OPERATING LOSS	
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).		(b) DEDUCTION AFTER 1999	7354
(a) _____			7354
(b) _____			7354
6. TOTAL of Lines 1-5.	191157	10. TOTAL of Lines 7, 8 and 9.	7354



Taxpayer Name: THE GERMAN MARSHALL FUND
 Taxpayer Identification Number (TIN) 520954751

210203S41019

Schedule F - DC apportionment factor (See instructions.)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar.

Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
1. SALES FACTOR: All gross receipts of the business other than gross receipts from non-business income.	. 00		. 00

For Financial Institutions:

2. SALES FACTOR: All gross income of the financial institution other than gross income from non-business income.	. 00		. 00
3. PAYROLL FACTOR: Total compensation paid or accrued by the financial institution.	. 00		. 00
4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3 of Column 3)			

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Col 3. Enter on D-20, Line 31
 For financial institutions divide Line 4, Column 3 by 2. If there are less than two factors, use Line 4, Column 3. Enter on D-20, Line 31.

Schedule G- Balance Sheets		Beginning of Taxable Year		End of Taxable Year	
		(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS	1. Cash				
	2. Trade notes and accounts receivable				
	(a) MINUS: Allowance for bad debts				
	3. Inventories				
	4. Gov't obligations: (a) U.S. and its instrumentalities				
	(b) States, subdivisions thereof, etc.				
	5. Other current assets (attach statement)				
	6. Loans to stockholders				
	7. Mortgage and real estate loans				
	8. Other investments (attach statement)				
	9. Buildings and other fixed depreciable assets				
	(a) MINUS: Accumulated depreciation				
	10. Depletable assets				
	(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)					
12. Intangible assets (amortizable only)					
(a) MINUS: Accumulated amortization					
13. Other assets (attach statement)					
14. TOTAL ASSETS					
LIABILITIES AND CAPITAL	15. Accounts payable				
	16. Mortgages, notes, bonds payable in less than 1 year				
	17. Other current liabilities (attach statement)				
	18. Loans from stockholders				
	19. Mortgages, notes, bonds payable in 1 year or more				
	20. Other liabilities (attach statement)				
	21. Capital stock: (a) Preferred stock				
	(b) Common stock				
	22. Paid-in or capital surplus (attach statement)				
	23. Retained earnings - Appropriated (attach statement)				
	24. Retained earnings - Unappropriated				
	25. MINUS: Cost of treasury stock				
26. TOTAL LIABILITIES AND CAPITAL					

Taxpayer Name: THE GERMAN MARSHALL FUND

Taxpayer Identification Number (TIN) 520954751



210203S51019

Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return

1. Net income per books		7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest _____
2. Federal income tax		
3. Excess of capital losses over capital gains		
4. Taxable income not recorded on books this year (itemize)		
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation ... _____ (b) Depletion _____		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation _____ (b) Depletion _____
6. TOTAL of Lines 1 through 5		9. TOTAL of Lines 7 and 8 10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.) ...

Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books

1. Balance at beginning of year		5. Distributions: (a) Cash (b) Stock (c) Property
2. Net income per books		
3. Other increases (itemize)		
4. TOTAL of Lines 1, 2 and 3		
		6. Other decreases (itemize). _____
		7. TOTAL of Lines 5 and 6
		8. Balance at end of year (Line 4 minus Line 7) ...

Schedule I - Income from Rent

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.					
2.					
3.					
4.					
5.					
6. TOTAL (Enter the total of Col. 3 on D-20, Line 6.)					

Enter total of Col 4, 5, and 6 on appropriate deduction lines.)

*excludes federal depreciation and additional IRC §179 expenses.

Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount

Taxpayer Name: THE GERMAN MARSHALL FUND
Taxpayer Identification Number (TIN) 520954751



Schedule K - Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for District franchise tax purposes, whose income is included in the income reported on this return, and which is doing business in the District). (See instructions.)

Table with 2 columns: Disregarded Entity Name, TIN. Multiple empty rows for data entry.

Supplemental Information

Supplemental Information form with fields for: 1. STATE OR COUNTRY OF INCORPORATION (DISTRICT OF COL), 2.(a) DATE OF INCORPORATION (03/15/1972), 2.(b) DATE BUSINESS BEGAN IN DC (03/15/1972), 3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN: (OGDEN, UT), 4. THE CORPORATION'S BOOKS ARE IN THE CARE OF - (THE GERMAN MARSHALL FUND OF THE UN), 5. LOCATED AT - (1744 R STREET, NW WASHINGTON, DC 20009), 6-13. Various tax-related questions with YES/NO options and explanatory fields.

*Schedule J has been deleted.

DC FORM D-20

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

INCOME FROM PASSTHROUGH ENTITIES

197,157.

TOTAL TO FORM D-20, PAGE 1, LINE 10

197,157.

DC FORM D-20

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

PARTNERSHIP UBI INCOME ALLOCATED OUTSIDE DC
TAX PREPARATION FEE

183,803.
6,000.

TOTAL TO FORM D-20, PAGE 2, LINE 26

189,803.

DC FORM D-20 MINIMUM TAX LIABILITY GROSS RECEIPTS (MTLGR) STATEMENT 3

<p>1. AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20. FINANCIAL INSTITUTIONS MUST USE AMOUNT ON SCHEDULE F, LINE 2, COLUMN 2 OF D-20.</p>	<p>0.</p>
<p>2. ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION) FOR WHICH GAINS REPORTED IN LINE 1</p>	<p>0.</p>
<p>3. ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED PER D-20, LINE 33</p>	<p>0.</p>
<p>4. TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3) TOTAL TO D-20, LINE 39</p>	<p>0.</p>

D-20 NOL Net Operating Loss Deduction for Tax Years 2000 to 2017

Complete a separate D-20 NOL for each business carrying forward a NOL.

Please attach this form to your D-20.

Name of corporation THE GERMAN MARSHALL FUND OF THE			Taxpayer Identification Number 520954751
Year	DC net income/loss	Losses claimed	Losses remaining
Oldest loss year 2011	\$	\$ 0.	\$ 0.
Subsequent year 1 2012		0.	0.
2 2013	196060.	7354.	188706.
3 2014	763484.	0.	763484.
4 2015	110648.	0.	110648.
5 2016	201982.	0.	201982.
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
* Available Unclaimed Loss		Total losses claimed. \$ 7354.	Total losses remaining (to be carried forward). \$ 1264820.
Summary:			

D-20 NOL Net Operating Loss Deduction for Tax Years 2018 and Later

Complete a separate D-20 NOL for each business carrying forward a NOL. Please attach this form to your D-20.

Name of corporation		Taxpayer Identification Number	
THE GERMAN MARSHALL FUND OF THE		520954751	
Year - 2018 and Later	DC net income/loss	Losses claimed*	Losses remaining
Oldest loss year 2019	\$ 1224.	\$ 0.	\$ 1224.
Subsequent year 1 2020	1576.	0.	1576.
2			
3			
4			
5			
6			
7			
8			
9			
10			
Year 2000 to 2017	DC net income/loss	Losses claimed	Losses remaining
From D-20 NOL Deduction for Tax Years 2000-2017			
	1272174.	7354.	1264820.

Summary:	Add losses claimed for tax years 2000 to 2017 to losses claimed for tax years 2018 and later.	Total losses claimed.	Total losses remaining (to be carried forward).
		\$ 7354.	\$ 1267620.

*Deductions for DC apportioned net operating losses occurring in tax years 2018 and later are limited to 80% of taxable income computed without regard to the deduction.

- Enter loss on D-20, Line 35.