# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A F	or the	2013 ca	lendar year, or tax year beginning	01-01-2013 , 2013, and ending 12	-31-2013					
B Ch	eck if	applicable	C Name of organization American Council on Germany Inc			D Employ	er iden	tification number		
┌ Ad	dress c	change	·			13-18	39074			
Г Na	me ch	ange	Doing Business As							
┌ Ini	tial ret	urn	Number and street (or P.O. hox if ma	ail is not delivered to street address) Room/	suite	E Talanha				
Гте	rmınatı	ed	14 East 60th Street Suite 1000	an is not delivered to street dudress, Room,	Saice	E Telephor	ne numb	er		
— An	nended	l return	City or town, state or province, count	try, and ZIP or foreign postal code		(212) 8	326-36	536		
_		n pending	New York, NY 10022	ary, and Ext. of foliage postar dode						
, Ap	plicatio	on pending			1	<b>G</b> Gross re		<u> </u>		
			F Name and address of prine William M Drozdiak	cipal officer	I	s this a group i subordinates?	return f	for □ Yes 🔽 No		
			14 East 60th Street Ste 100	0		aboramates.		1 163,4 110		
			New York, NY 10022			re all subordin	ates	┌ Yes 🗸 No		
		mnt status	 		$\neg$	ncluded?	- 1 /			
1 1	ix-exei	iiipt status	201(c)(3)   201(c)( ) = (I	nsert no )   4947(a)(1) or   527	-	r No, attach	alist (	see instructions)		
J W	ebsit	: <b>e: ►</b> wv	ww acgusa org		H(c)	Group exempti	on num	ber ►		
K For	m of o	rganizatio	n Corporation Trust Association	Other ►	<b>L</b> Year	of formation 195	2 <b>M</b> 9	State of legal domicile NY		
	rt I	_	nmary		•					
	1	Briefly	describe the organization's mission	n or most significant activities						
	-			ication between the United States a	nd German	у				
æ										
Ě										
Ĕ										
ş	2	Check t	this box 🖊 if the organization dis	continued its operations or disposed	l of more th	an 25% of its	net ass	sets		
Activities & Governance	_	NI		and he he (Death VIII has dea)		ı	- I	24		
<b>න්</b> රෙ				ng body (Part VI, line 1a)			3	31		
ĕ				f the governing body (Part VI, line 1	-		4	30		
₹				alendar year 2013 (Part V, line 2a)			5	8		
् ब				ecessary)			6			
	7a	Total u	nrelated business revenue from Pa	rt VIII, column (C), line 12			7a	0		
	b	Net unr	elated business taxable income fr	om Form 990-T, line 34			7b			
						Prior Year		Current Year		
_	8	Conti	ributions and grants (Part VIII, lin	e1h)		1,408,6	5 5	1,172,719		
Rayenue	9	Progr	am service revenue (Part VIII, lir				54,171			
9.0	10	Inves	stment income (Part VIII, column	(A), lines 3, 4, and 7d)		853,0	5 5	5 1,491,419		
立	11	Othe	r revenue (Part VIII, column (A), l	ines 5, 6d, 8c, 9c, 10c, and 11e)				0		
	12			(must equal Part VIII, column (A), lı	ne	2 261 7		2.710.200		
						2,261,7	10	2,718,309		
	13			IX, column (A), lines 1-3)				195,650		
	14			(, column (A), line 4)				0		
92	15	Salar 5-10		e benefits (Part IX, column (A), lines		913,0	08	922,105		
Expenses	16a		, ssional fundraising fees (Part IX, o	column (A.) line 11e)		,-		0		
Φ ⊕	Ь				·			<u>_</u>		
Δ			undraising expenses (Part IX, column (D)	· -		1 200 2	7.5	064.011		
	17			nes 11a-11d, 11f-24e)		1,309,2	_	964,011		
	18			t equal Part IX, column (A), line 25)		2,222,2		2,081,766		
. 92	19	Reve	nue less expenses Subtract line 1	8 from line 12		39,4	_	636,543		
Net Assets or Fund Balances					Begii	nning of Curren Year	١	End of Year		
100 G	20	Total	assets (Part X, line 16)			10,969,5	00	12,669,892		
A B	21		liabilities (Part X, line 26)			165,1		276,652		
훒뜶	22			ine 21 from line 20	. •	10,804,3	_	12,393,240		
Pa	rt II		nature Block							
Unde my k	er pen nowle	nalties of edge and	perjury, I declare that I have exa	mined this return, including accompa plete Declaration of preparer (other						
		L				T				
		***	*** nature of officer			2014-11-11 Date				
Sign		'				Date				
Her	e		am R Harman Esq Treasurer e or print name and title							
		<u> </u>	·	Droporade cianatura	Data	· - '	DTTN			
			Print/Type preparer's name David C Ashenfarb	Preparer's signature	Date	I CHECK I II I	PTIN P005354	136		
Pai			Firm's name FSCHALL & ASHENFARB (	CPAS		Firm's EIN ►				
	pare									
He	On	ntv	Firm's address > 307 5th Ave 15th Floor			Phone no (212)	268-280	00		

NEW YORK, NY 100166517

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

4e Total program service expenses ►

(Expenses \$

1,820,420

including grants of \$

) (Revenue \$

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V^{\bullet}$	10		No
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $x^{*}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
L <b>7</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

to Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	No
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  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  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)  2b  1f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  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)?  b If "Yes," enter the name of the foreign country Implication have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country OC  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction?  5b C If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  5c C To 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?		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
gaming (gambling) winnings to prize winners?		
Tax Statements, filed for the calendar year ending with or within the year covered by this return		No
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
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)?		No
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b  c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	Yes	
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b  c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		N.
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		No
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?		No
organization solicit any contributions that were not tax deductible as charitable contributions?		
		No
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).	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<ul> <li>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?</li> <li>Lif "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>Tb</li> </ul>	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
file Form 8282?		No
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		N o
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<u> </u>		No
9 Sponsoring organizations maintaining donor advised funds.		١.,
a Did the organization make any taxable distributions under section 4966?		No
b Did the organization make a distribution to a donor, donor advisor, or related person?		No
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		
.1 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		N O
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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?		N.
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		
200	! 	   <sub>  N</sub> 1
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		N

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

Check if Schedule O contains a response or note to any line in this Part VI							<u>.</u> ア

	ection 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	31			
	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 in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation other officer, director, trustee, or key employee?	nship with any	2		Νo
3			3		No
4		· ·	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		No.
6	Did the organization have members or stockholders?		6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?	• •	7a	Yes	
h	Are any governance decisions of the organization reserved to (or subject to approval by) member	· · · · ⊢	7b	163	 No
	or persons other than the governing body?		<b>,,</b>		
	Did the organization contemporaneously document the meetings held or written actions undertake year by the following	en during the			
а	The governing body?	_ · · · · -	8a	Yes	
b	,,,,,,	_	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		9		No
Se	ection B. Policies (This Section B requests information about policies not required by	the Internal Re	venu	ie Code	e.)
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[	10a	Yes Yes	NO
	Did the organization have local chapters, branches, or affiliates?	h chapters,	10a 10b		NO
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	h chapters, purposes?		Yes	NO _
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt provided a complete copy of this Form 990 to all members of its governing by	h chapters, purposes? pody before filing	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt provided a complete copy of this Form 990 to all members of its governing the form?	h chapters, purposes? pody before filing	10b	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt put the organization provided a complete copy of this Form 990 to all members of its governing by the form?	ch chapters, purposes?  cody before filing	10b 11a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt possible the organization provided a complete copy of this Form 990 to all members of its governing by the form?	h chapters, purposes? cody before filing the filing that could give that could give the fires, "describe	10b 11a 12a 12b	Yes	No No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt of the organization provided a complete copy of this Form 990 to all members of its governing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests the rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done.	h chapters, purposes?  body before filing hat could give fires," describe	10b 11a 12a 12b	Yes	No No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt put the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	ch chapters, purposes?  cody before filing   hat could give   f "Yes," describe	10b 11a 12a 12b 12c 13	Yes	No No No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt put the form?  Has the organization provided a complete copy of this Form 990 to all members of its governing by the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests the rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and appropriate to the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining th	h chapters, purposes? cody before filing that could give that	10b 11a 12a 12b	Yes	No No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt of the form?  Has the organization provided a complete copy of this Form 990 to all members of its governing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests the rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approindependent persons, comparability data, and contemporaneous substantiation of the deliberation	th chapters, purposes?  body before filing the could give the coul	10b  11a  12a  12b  12c  13  14	Yes Yes	No No No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt of the form?  Has the organization provided a complete copy of this Form 990 to all members of its governing by the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests the rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approint independent persons, comparability data, and contemporaneous substantiation of the deliberation.	th chapters, purposes?  body before filing the filing t	10b  11a  12a  12b  12c  13  14	Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt of the form?  Has the organization provided a complete copy of this Form 990 to all members of its governing by the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests the rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approindependent persons, comparability data, and contemporaneous substantiation of the deliberation.  The organization's CEO, Executive Director, or top management official	th chapters, purposes?  body before filing the filing t	10b  11a  12a  12b  12c  13  14	Yes Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt provided a complete copy of this Form 990 to all members of its governing by the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	th chapters, purposes?  body before filing the filing that could give the f	10b  11a  12a  12b  12c  13  14	Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt that the organization provided a complete copy of this Form 990 to all members of its governing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests thrise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approindependent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrataxable entity during the year?	th chapters, purposes?  body before filing	10b  11a  12a  12b  12c  13  14	Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt procedures are provided a complete copy of this Form 990 to all members of its governing by the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	th chapters, purposes?  body before filing the second seco	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	No No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt purple that the organization provided a complete copy of this Form 990 to all members of its governing be the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests the rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done	th chapters, purposes?  body before filing the second seco	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	No No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt procedures, and branches to ensure their operations are consistent with the organization's exempt procedure form?  Has the organization provided a complete copy of this Form 990 to all members of its governing by the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests the rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approint on the process for determining compensation of the following persons include a review and approint on organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arraticable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to eva participation in joint venture arrangements under applicable federal tax law, and take steps to saf organization's exempt status with respect to such arrangements?	th chapters, purposes?  body before filing the second seco	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	No No No No

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization ►William Drozdiak 14 East 60th Street Suite 1000
  New York, NY 100221006 (212)826-3636

Form 990	(2013	
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	tion ( han d n is	ne l both	box, an d	heck unless officer stee)	<b>,</b>	( <b>D</b> Repor compen from organizat	table sation the tion (W-	(E) Reportable compensation from related organizations (W	-   (	( <b>F)</b> Estima mount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	-MISC)	2/1099-MISC)		rganizati relate organiza	ed b
												+		
												+		
1b	Sub-Total		oction		•			•						
c d	Total (add lines 1b and 1c)			<b>`</b>	٠.	٠.		•		485,000				78,681
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete S</i>					key	emplo	yee	, or highest	t compen -	sated employee			
4	For any individual listed on line	e 1a, is the sum	of repo	rtabl	e co							3		No_
	organization and related organ individual	izations greater	tnan \$		.00	· 1f	Yes,"	comp •	viete Schedi	iie J for si	uch • • •	4	Yes	
5	Did any person listed on line 1 services rendered to the organ										or individual for	5		No
	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	ve highest comp												
	compensation from the organiz	(A)		ation	TOF	the c	arenda	агуе	ear ending v		(B)	onsi	(C	<del></del>
	, n	lame and business	auuress							Des	cription of services		Compen	isau0II
												$\perp$		

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  $\blacktriangleright 0$ 

		Check If Schedu	ıle O contaıns a respor	nse or note to any li	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function revenue	business revenue	excluded from tax under sections 512-514
(0	1a	Federated camp	paigns 1a					312-314
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>					
Er.	С	Fundraising eve	ents <b>1c</b>	390,247				
ifts, a⊤ A	d	Related organiz	ations 1d					
n ∃.Gi	e	Government grants						
ons Sir	f	All other contribution	ons, gifts, grants, and <b>1f</b>	 782,472				
iuti her	'	sımılar amounts no	t ıncluded above					
Ę ŏ	g	Noncash contribution 1a-1f \$	ons included in lines					
Cor	h	Total. Add lines	1a-1f	▶	1,172,719			
<u> </u>				Business Code				
жеп	2a	Discussion program	s, lunc		54,171	54,171		
28	Ь	-						
¥ Cé	C							
) J	d e							
Program Serwce Revenue	f	All other progra	m service revenue					
Š	g	Total Add lines	:2a-2f	<b>.</b>	54,171			
	3		ome (including dividen					167.022
	۱,		ar amounts) tment of tax-exempt bond		167,022			167,022
	4 5	Royalties		_	0			
		[	(ı) Real	(II) Personal				
		Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)		0			
	7a	Gross amount	(ı) Securities	(II) Other				
	′"	from sales of assets other	4,159,270					
	ь	than inventory Less cost or						
		other basis and sales expenses	2,834,873					
	С	Gain or (loss)	1,324,397					
	d		s)		1,324,397			1,324,397
<u>Φ</u>	8a	Gross income fr events (not incl						
Other Revenue		\$ 390,	. <u>247</u> reported on line 1c)					
ě		See Part IV, lin						
<u> </u>	١.		a	92,570				
育	b c		penses <b>b</b> loss) from fundraising (	92,570 events <b>.</b>	0			
		Gross income fr	rom gaming activities					
		See Part IV, lin	e 19 <b>a</b>					
	ь	Less direct exi	penses <b>b</b>					
	c		loss) from gamıng actı	vities	0			
	10a	Gross sales of I returns and allo	wances .					
	ь	Less cost of ac	a pods sold b					
	С		loss) from sales of inve	entory 🛌	0			
		Miscellaneous	Revenue	Business Code				
	11a							
	b c							
	d	All other revenu						
	e	Total. Add lines	!	🕨				
	12	Total revenue.	See Instructions	🕨	0			
	j			٦	2,718,309	54,171		1,491,419 Form <b>990</b> (2013)

## Part IX Statement of Functional Expenses

Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	other organızat	ions must comp	lete column (A )	
	Check if Schedule O contains a response or note to any line in this	Part IX	<u> </u>		<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	80,400	80,400		_
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	115,250	115,250		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	563,680	494,328	28,877	40,475
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	222,114	200,547	17,342	4,225
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,019	18,587	1,236	1,196
9	Other employee benefits	68,661	60,716	4,039	3,906
10	Payroll taxes	46,631	41,235	2,743	2,653
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	52,903	8,485	44,418	
12	Advertising and promotion	0			
13	Office expenses	30,338	22,847	6,370	1,121
14	Information technology	44,922	31,351	11,316	2,255
15	Royalties	0			
16	Occupancy	157,941	139,666	9,290	8,985
17	Travel	286,619	277,063	9,505	51
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,184	1,920	141	123
23	Insurance	7,959	7,038	468	453
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Discussion programs & meetings	279,719	272,069	7,279	371
b	Public policy program	34,026	34,026		
c	Indirect fundraising expenses	28,727			28,727
d	Miscellaneous	18,943	3,223	15,707	13
e	All other expenses	19,730	11,669	6,178	1,883
25	Total functional expenses. Add lines 1 through 24e	2,081,766	1,820,420	164,909	96,437
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

Fai	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	136,579	1	336,619
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net	46,472	3	61,332
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
so.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	19,626	5	0
क्				6	0
Assets	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	6,295	9	20,650
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  65,144			
	ь	Less accumulated depreciation 10b 17,111	4,464	10c	48,033
	11	Investments—publicly traded securities	10,720,160	11	12,167,354
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	35,904	15	35,904
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,969,500	16	12,669,892
	17	Accounts payable and accrued expenses	132,477	17	174,911
	18	Grants payable		18	85,650
	19	Deferred revenue	32,700	19	
	20	Tax-exempt bond liabilities		20	
ω.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	_
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D		25	16,091
	26	Total liabilities. Add lines 17 through 25	165,177	26	276,652
S & S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
G G	27	Unrestricted net assets	10,804,323	27	12,359,153
<u>ස</u>	28	Temporarily restricted net assets		28	34,087
돧	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
٠ د ٥	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ş	33	Total net assets or fund balances	10,804,323	33	12,393,240
Z	34	Total liabilities and net assets/fund balances	10,969,500	34	12,669,892

Par	Reconcilliation 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		2,7	18,309
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1		, ,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			36,543
•	Net assets of faile safahees at segmining of year (mast equal 1 are X, mile 33, column (A7))	4		10,8	304,323
5	Net unrealized gains (losses) on investments	5		8	372,279
6	Donated services and use of facilities	6			<u> </u>
7	Investment expenses				
	-	7			
8	Prior period adjustments	8			80,095
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		12	393,240
Par	t XII Financial Statements and Reporting				777,210
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
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?	e	3a		No
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 in Schedule O and describe any steps taken to undergo such audits		3b		

**Software ID:** 13000170 **Software Version:** 2013v3.1

**EIN:** 13-1889074

Name: American Council on Germany Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (d nan o n is b	ne b oth ctor,	ox, ι an of /trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2,1033 MISC)	2/1033-11136/	related organizations	
Paul Stewart Atkıns Esq	1 00	х						0	0	0	
Director Anne E Cohen Esq	0 00										
Director	0 00	Х						0	0	0	
Alex M Azar II	1 00	х						0	0	0	
Director	0 00							Ů	•		
Lee Cullum	1 00	х						0	0	0	
Director Dr Martin Bussmann	0 00	-									
Director	0 00	Х						0	0	0	
David W Detjen Esq	1 00	-									
Director	0 00	X						0	0	0	
John J Calaman	1 00	х						0	0	0	
Director	0 00							Ů			
William M Drozdiak	40 00	х		х				235,000	0	46,906	
President James W Cicconi Esq	0 00										
Director		Х						0	0	0	
Richard W Fisher	0 00										
Director	0 00	X						0	0	0	
Dr Guido Goldman	1 00	×						0	0	0	
Director	0 00							Ů			
Robert M Kımmıtt	1 00	Х		х				0	0	О	
Chairman Andrew Gundlach	0 00										
Director	0 00	Х						0	0	О	
Henry A Kissinger	1 00	<u></u>						_	_	_	
Director	0 00	Х						0	0	0	
William R Harman Esq	1 00	х		×				0	0	0	
Treasurer	0 00							Ů	•		
Brian K Klein	1 00	х						0	0	0	
Director Dr Richard M Hunt	0 00										
Vice Chairman	0 00	Х		Х				0	0	0	
Dr Klaus Kleinfeld	1 00	<u> </u>									
Director	0 00	Х						0	0	0	
Dr Karl Kaiser	1 00	x						0	0	0	
Director	0 00								Ţ.		
Marne Levine	1 00	х						0	0	0	
Director Francis J Kelly	0 00										
Director	0 00	Х						0	0	0	
Alan S MacDonald	1 00							_	-	_	
Director	0 00	Х					L	0	0	0	
John J McCloy II	1 00	х						0	0	0	
Director Correck Littory	0 00						<u> </u>				
Garrick Utley	1 00	х						0	0	О	
Director Joseph McLaughlin Esq	0 00						$\vdash$				
Director	0 00	х						0	0	0	
				-				•	•		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	<b>(F)</b> Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Marie M Warburg MD	1 00	х						0	0	0
Director	0 00									
Dale L Ponikvar Esq	1 00	×		X				0	0	0
Counsel	0 00	_ ^						0	0	
Stanford S Warshawsky	1 00	x						0	0	0
Director	0 00									
Ulrike K Schlafly	1 00	х								0
Director	0 00								_	
Christopher M Schroeder	1 00	х						0	0	0
Director	0 00									
Lt Gen Brent Scowcroft	1 00	х						0	0	0
Director	0 00									
Karen Furey	40 00			х				125,000	0	18,505
Corp Sec/ExecVP	0 00									
Helena Kane Fınn	40 00			х				125,000	0	13,270
VP/Dır Prgms	0 00							,		

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DLN: 93493315007324

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

Name	of	the	orga	nizatio	n
America	an C	Counc	ıl on	Germany	/ Inc

**Employer identification number** 

(i) Na suppo organi		(II) LIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	organizati col (i) lisi your gove docume	on in ted in rning	the organiz	zation of your	(vi) Is organizat col (i) org in the U	ion in janized	mon	nount of etary port
h	_	(ii) EIN	(:::) T f	(iv) Is t	he	(v) Did you					
	Provide	the followin	ng information about	tne supporte	ea organizat	ion(s)					
_			lled entity of a perso						11g	(iii)	
			er of a person descri						11g		
			governing body of th			_	persons des	scribed III (II	) <b>11</b> g		140
g	Since A followin	August 17, 2 ng persons?	2006, has the organi	•					)	Yes	No
f		rganization this box	received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ıng organı	zation,
еГ	other th		ox, I certify that the on managers and otl								
11	one or i	more public that descri	ganized and operated y supported organiz bes the type of supp <b>b</b> Type II <b>c</b>	ations descr or <u>ti</u> ng organ	ibed in sect ization and (	ion 509(a)(1 complete line	) or section s 11e th <u>ro</u> u	509(a)(2) S gh 11h	ee <b>section 5</b>	509(a)(3).	. Check
10 _			ganized and operated								
			oss investment inco janization after June						tax) from bu	ısınesses	
	receipt	s from actıv	ities related to its ex	cempt function	ons—subjec	t to certain e	xceptions, a	ınd (2) no m	ore than 331	/3% of	
9			at normally receives					outions, mem	bership fees	s, and gros	ss
7 F 8 F	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II) A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II)										
6 _	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>										
	sect ion	170(b)(1)(	<b>A)(iv).</b> (Complete P	art II )							
5	An orga	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by a	a governmen	tal unit desc	ribed in	
4			n organization operat ty, and state	ed in conjun	ction with a	hospital des	cribed in <b>sec</b>	tion 1/0(b)	(1)(A)(III). E	nter the	
3	· · ·		perative hospital se	=					(4)(4)(!!)		
2			I in section 170(b)(1				4=4(1)(4)				
1		-	on of churches, or as				ection 170(l	o)(1)(A)(i).			
he organ			e foundation becaus	-		= :	-	-			
			blic Charity Sta						nstructions		
Part I					-		1	. \ -			

instructions

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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,301,474 1,505,098 1,692,563 1,408,655 1,172,719 7,080,509 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,301,474 1,505,098 1,692,563 1,408,655 1,172,719 7,080,509 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 303.112 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 6,777,397 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 (f) Total **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 beginning in) 🟲 1,301,474 1,505,098 1,692,563 1,408,655 1,172,719 7,080,509 Amounts from line 4 Gross income from interest, dividends, payments received on 242,161 214,076 228,158 167,022 securities loans, rents, royalties 262,483 1,113,900 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 0 capital assets (Explain in Part IV) 11 Total support (Add lines 7 8,194,409 through 10) Gross receipts from related activities, etc (see instructions) 12 12 54,171 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 82 710 % Public support percentage for 2012 Schedule A, Part II, line 14 15 15 84 850 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported  $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f))  ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
Retu	ırn Reference	Explanation							
		Schodulo A / Form 000 o	000 E7) 201						

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493315007324

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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nai Revenue Service	ructions is at www.irs.gov/roinipso.	Inspect	поп
ame of the organization nerican Council on Germany Inc		Employer identification number	er
organizations Maintaining Donor organization answered "Yes" to Form		Funds or Accounts. Comple	te if the
organization and notice to to to the	(a) Donor advised funds	(b) Funds and other accou	ınts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor actions are the organization's property, subject to the		onor advised <b>Yes</b>	┌ No
Did the organization inform all grantees, donors, ai used only for charitable purposes and not for the b conferring impermissible private benefit?			┌ No
rt II Conservation Easements. Complet	e if the organization answered "Yes"	to Form 990, Part IV, line 7.	
Purpose(s) of conservation easements held by the	organization (check all that apply)		
Preservation of land for public use (e g , recrea	tion or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	an historically important land area	
Protection of natural habitat	Preservation of	a certified historic structure	
Preservation of open space			
Complete lines 2a through 2d if the organization he easement on the last day of the tax year	eld a qualified conservation contribution ii	n the form of a conservation	
The state of the s		Held at the End of the	Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easemen	ts	2b	
Number of conservation easements on a certified h	nistoric structure included in (a)	2c	
Number of conservation easements included in (c) historic structure listed in the National Register	acquired after 8/17/06, and not on a	2d	
Number of conservation easements modified, trans	sferred, released, extinguished, or termina	ated by the organization during	
the tax year 🕨			
Number of states where property subject to conse	rvation easement is located ►		
Does the organization have a written policy regard enforcement of the conservation easements it hold	ing the periodic monitoring, inspection, ha	andling of violations, and	┌ No
Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation eas	ements during the year	
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easeme	nts during the year	
<b>▶</b> \$		daring the year	
Does each conservation easement reported on line and section 170(h)(4)(B)(II)?	e 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)	┌ No
In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financ		
<b>TEXT</b> Complete if the organization answered		s, or Other Similar Assets.	
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide, in Part XIII, the text of the footnotes.	AS 116 (ASC 958), not to report in its revisesets held for public exhibition, education	n, or research in furtherance of publ	
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide the following amounts relating to t	AS 116 (ASC 958), to report in its revenuissets held for public exhibition, education	e statement and balance sheet	lic
(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$	
(ii) Assets included in Form 990, Part X		<b>►</b> \$	
If the organization received or held works of art, hi following amounts required to be reported under SF		for financial gain, provide the	
Revenues included in Form 990, Part VIII, line 1		<b>-</b> \$	
Assets included in Form 990, Part X		<b>b.</b> ¢	
Assets included in Form 550, Part A		F P	

للنع	Organizations Maintaining Co	lections of Art	., піз	tori	<u>cai i</u>	reasur	es, or o	tnei	Sillillai AS	sets (co	ontinuea)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other recor	ds, cl	heck —	•		-		significant use	of its	
а	Public exhibition		d	Г	Loan	orexch	ange progr	ams			
b	Scholarly research		е	Γ	Othe	er					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and expla	ain hov	w the	y furth	er the or	rganızatıon	's ex	empt purpose ıı	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part	of the	organ	iization's	collection	?	Γ	_ Yes	┌ No
Par	<b>t IV</b> Escrow and Custodial Arrange Part IV, line 9, or reported an am						answere	d "Ye	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	an or other intermo	edıary	ford	ontrib	utions oi	r other ass	ets n	not 「	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the	follov	wing	able		_				
									Am	ount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, lın	e 21?	,					Г	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expl	anatı	on has	been pr	ovided in F	art >	KIII		Γ
Pa	rt V Endowment Funds. Complete	f the organizatio	n ans	wer	ed "Ye	es" to F	orm 990,	Par	t IV, line 10.		
		(a)Current year	(b	<b>)</b> Prior	year	<b>b (c)</b> Tw	o years back	(d)⊺	hree years back	<b>(e)</b> Four y	ears back
1a	Beginning of year balance										
b	Contributions					<u> </u>		├			
С	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 curr	ent year end balan	ce (lır	ne 1g	, colun	nn (a)) h	eld as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
За	Are there endowment funds not in the posses	sion of the organiz	ation	that	are he	ld and ad	dministered	for	the		
	organization by								T	Yes	No
	(i) unrelated organizations							•	3a(i		
b	(ii) related organizations								3a(i	<del></del>	<del>                                     </del>
4	Describe in Part XIII the intended uses of th	· · · · · · · · · · · · · · · · · · ·						•			<u> </u>
	t VI Land, Buildings, and Equipme					n answ	ered 'Yes	' to	Form 990. Pa	rt IV. lı	ne
	11a. See Form 990, Part X, line 1										
	Description of property					or other estment)	(b)Cost or basis (oth		(c) Accumulated depreciation	I ( <b>d)</b> B	ook value
1a	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment						65	5,144	17,1	11	48,033
										_	
	Other										· · ·

Part VII Investments—Other Securities. Co	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
		+
		+
		+
		<del> </del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. (	Complete if the organization	on answered 'Yes' to 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
		Cost of cita of year market value
		+
Takel (Caluma (h) much agual Farra 000, Bart V, and (B) Inc. 12	<b>b</b>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organizati		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the org	ganization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.  (a) Description of liability	(b) Book value	I
<del></del>	(b) Book value	-
Federal income taxes		-
Deferred Rent	16,091	-
		-
		1
		-
		1
		1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>▶</b> 16,091	

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>eturn</b> Complete If
1	Total revenue, gains, and other support per audited financial statements	1	3,643,268
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	924,959
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,718,309
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	2,718,309
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Total expenses and losses per audited financial statements	1	2,134,446
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	52,680
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,081,766
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	2,081,766
Part	Supplemental Information		
Part	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b 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 nation		de any additional
	Return Reference Explanation		
Part X	FIN48 Footnote ACG does not believe its financial statements include any material, uncer filings for periods ending December 31, 2010 and later are subject to exataxing authorities		

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493315007324

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

## **Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

e of the organization rican Council on Germany Inc	Employer	identification number			
				13-18890	)74
			ne United States. C	omplete if the org	anızatıon answered
<b>For grantmakers.</b> Does the organization maintain records to substantiate the amount of its grants an other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?					
assistance outside the United	d States.				grants and other
Activites per Region (The follow	ing Part I, line 3	3 table can be d	uplicated if additional spa	ice is needed )	
(a) Region	( <b>b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program	program service, desc specific type of	for and investments in region
Europe	0	0	Grantmakıng	Fellowships	115,250
Total from continuation sheets to Part I					115,250
	For grantmakers. Does the or other assistance, the grantee to award the grants or assistance outside the United Activities per Region (The follow (a) Region	General Information on Activitie "Yes" to Form 990, Part IV, line 14b  For grantmakers. Does the organization monother assistance, the grantees' eligibility for to award the grants or assistance?  For grantmakers. Describe in Part V the organization of assistance outside the United States.  Activites per Region (The following Part I, line 3)  (a) Region  (b) Number of offices in the region  Europe  0  Sub-total Total from continuation sheets to Part I	TEL General Information on Activities Outside the "Yes" to Form 990, Part IV, line 14b.  For grantmakers. Does the organization maintain records other assistance, the grantees' eligibility for the grants of to award the grants of assistance?	General Information on Activities Outside the United States. Con "Yes" to Form 990, Part IV, line 14b.  For grantmakers. Does the organization maintain records to substantiate the author of the grants or assistance, and the stoler assistance, the grantees' eligibility for the grants or assistance, and the stoler award the grants or assistance?  For grantmakers. Describe in Part V the organization's procedures for monitorial assistance outside the United States.  Activities per Region (The following Part I, line 3 table can be duplicated if additional spatial form the region and independent contractors in region (by type) (e.g., fundarising, program services, investments, grants to recipients located in the region)  Europe  O Grantmaking  Sub-total Total from continuation sheets to Part I	TET General Information on Activities Outside the United States. Complete if the org "Yes" to Form 990, Part IV, line 14b.  For grantmakers. Does the organization maintain records to substantiate the amount of its gran other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria u to award the grants or assistance?  For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its quasistance outside the United States.  Activites 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 region (by type) (e.g., fundraising, program service, described in the region)  Europe  0 Grantmaking  Fellowships  Total from continuation sheets to Part I

26						<b>duplicated if addition</b>			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( :	1)								
( :	2)								
(:	3)								
( 4	4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can b	oe duplicated if addit	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Fellowships	Europe	24	115,250	Check			
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
( 13)							
( 14)							
( 15)							
( 16)							
( 17)							
( 18)							
	<u> </u>	<u> </u>				•	

## 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)	Γ	Yes	V	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Г	Yes	V	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)	Г	Yes	<u>ح</u> ا	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)	Г	Yes	V	. 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)	Г	Yes	দ	. 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	V	No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page 5

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	The fellowship stipends are granted for travel to either the US or Germany Payment in the form of a per diem (\$200) is provided in advance of their travel to cover meals and lodging Additional payments may be made upon the Fellows return, for example if rental car is needed, or an additional rail ticket A portion is withheld until final report upon comple tion of fellowship is submitted

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DLN: 93493315007324

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ame of the organization		ne o (Tolli	990 01 990-1	EZ ) and its instructions is at w		ntification number
merican Council on Germany I	nc				13-1889074	
Part I Fundraising Act Form 990-EZ filer	tivities. Complete s are not required	ıf the or	rganızatı olete thıs	on answered "Yes" to part.	to Form 990, Part IV	, line 17.
Indicate whether the organ	nization raised funds t	hrough a	ny of the f	following activities Che	eck all that apply	
a Mail solicitations		_		Solicitation of non		
<b>b</b> $\Gamma$ Internet and email soli	ıcıtatıons		f	☐ Solicitation of gov		
<b>c</b> Phone solicitations			g	☐ Special fundraisin	g events	
<b>d</b> In-person solicitations	5					
<b>a</b> Did the organization have a or key employees listed in						Γ <sub>Yes</sub>
<b>b</b> If "Yes," list the ten higher to be compensated at leas			fundraise	rs) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai: cust cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
_						
6						
7						
8						
9						
.0						
otal			<u> </u>			
List all states in which the registration or licensing	organization is regist	ered or lı	censed to	 	 r has been notified it is	exempt from

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut			
		<u> </u>	(a) Event #1  Awards Dinner (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
<u>⊕</u>	١.		482,81		(total number)	482,817
Revenue	1 2	Gross receipts  Less Contributions				
<del>Д</del>	3	Gross income (line 1 minus line 2)	390,247 92,570			390,247 92,570
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct B	8	Entertainment				
Ē	9	Other direct expenses .	92,57	o l		92,570
	10	Direct expense summary Add lin	es 4 through 9 in columr	n(d)		(92,570)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue	1	Gross revenue	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses	2	Cash prizes				
8	3	Non-cash prizes				
	4	Rent/facility costs				
Drea	5	Other direct expenses				
	6	Volunteer labor	│ Yes	│ Yes %	│ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column (	(d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)		
9 a b	Ist If"	er the state(s) in which the organiza the organization licensed to operate No," explain	gaming activities in eac	h of these states?		
10a b						

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes [	– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility			<del></del>		%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name <b>▶</b>					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	<b>T</b> Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (	distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear <b>⊳</b> \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

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**General Information on Grants and Assistance** 

DLN: 93493315007324 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

American Council on Germany Inc

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** 

► Attach to Form 990 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

13-1889074

Form 990, Part IV, lii			rganizations in the more than \$5,000. Pa				es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grad or assistance

Information

1	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 99	O Dart IV	/ June 22
		u, Pait IV	, iiile 22.
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	<u>:</u>	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		
(1) Fellowships		19	80,400					
Part IV Supplemental Inf	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference E	Explanation							
Additional Supplemental T	The fellowship stipends are granted for travel to either the US or Germany Payment of funds does not get distributed until the fellow travels and							

provides documentation of expenses A portion is withheld until final report upon completion of fellowship is submitted

Schedule I (Form 990) 2013

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DLN: 93493315007324

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization American Council on Germany Inc **Employer identification number** 

13-1889074

Pa	Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing 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			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
ь	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured 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			<b>.</b> .
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No
				140

#### 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 in 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 are not 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 compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
	(i) (ii)	235,000			33,400	13,506	281,906	

Schedule J (Form 990) 2013

### 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

Return Reference Explanation

Schedule J (Form 990) 2013

DLN: 93493315007324

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Employer identification number** Name of the organization American Council on Germany Inc 13-1889074 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to (a) Name of (b) (c) (e)Original (f)Balance (g) In (h) (i)Written ınterested Relationship Purpose of or from the principal due default? Approved agreement? organization? amount by person with loan organization board or committee? Τо From Yes No Yes No Yes No 19 626 (1) William Pres Χ Νo Νo Nο Drozdiak ۰ Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance interested person and the person organization

Part IV Business Transactions Involving Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

## Part V Supplemental Information

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

Return Reference	Explanation			
, , , , , , , , , , , , , , , , , , , ,	As of December 31, 2013, there is no outstanding balance on the loan			
Information				

Schedule L (Form 990 or 990-EZ) 2013

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As Filed Data -

DLN: 93493315007324

OMB No 1545-0047

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# Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization American Council on Germany Inc

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

13-1889074

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation		
Form 990, Part VI, Line 11b Form 990 Review Process			
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	All Officer salaries are reviewed on an annual basis by the board		
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	All Officer salaries are reviewed on an annual basis by the board		
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Organizations governing documents are available upon request		