Form **990**

Department of the Treasury

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.
Co to your its gov/Excm000 for instructions and the latest information

Open to Public Inspection

OMB No. 1545-0047

Α	For the 2	2020 calendar year, or tax year beginning , 2020, and ending				, 20	
В	Check if ap	plicable: C	D	Employ	er ident	tification numbe	r
	Addres	ss change American Council on Germany, Inc.		13-1	1889	074	
	Name	change 14 E 60th St Ste 1000	E	Telepho	ne num	ber	
	Initial	New York, NY 10022-7132		(212	2) 8	26-3636	
	Final re	urn/terminated		,	, -		
		ded return	G	Gross re	eceipts	\$ 7 1 3	9,294.
			H(a) Is this a gr			<u> </u>	es X No
	, bbiio	Same As C Above	H(b) Are all sub	ordinates	include		es No
1	Tay-ever	npt status: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	If "No," att	ach a list.	See ins	structions	
<u>.</u>	Websi		H(c) Group exe	motion nu	mhor 🕨		
<u>к</u>				· ·			117
		organization: X Corporation Trust Association Other ► L Year of formation	on: 1952	IVI S	tate or	legal domicile:	Nĭ
Pa	art I	Summary efly describe the organization's mission or most significant activities: The Americ	Cours	~ 1 1			
Se	<u></u>	s an independent, nonpartisan nonprofit organization	LIIAL WA	<u>s 100</u>	inde	<u>a 111 195</u>	<u>z to </u>
nan	5	trengthen German-American relations.					
/eri	2 Ch	eck this box F if the organization discontinued its operations or disposed of mo	ro than 25%	ofite			
ő	3 Nu	mber of voting members of the governing body (Part VI, line 1a)			3	5015.	39
م	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)			4		38
ies	5 To	tal number of individuals employed in calendar year 2020 (Part V, line 2a)			5		6
Activities & Governance	6 To	tal number of volunteers (estimate if necessary)			6		38
Act		tal unrelated business revenue from Part VIII, column (C), line 12			7a		0.
	b Ne	t unrelated business taxable income from Form 990-T, Part I, line 11			7b		0.
				r Year		Current	t Year
ø	8 Co	ntributions and grants (Part VIII, line 1h)	1,5	556,3	02.	1,24	16,109.
Revenue		ogram service revenue (Part VIII, line 2g)	-	L24,3			L4,042.
eve		restment income (Part VIII, column (A), lines 3, 4, and 7d)		371,9	29.	-15	51,894.
œ		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
		tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	/)52,5)8,257.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)		68,2	95.		30,000.
		nefits paid to or for members (Part IX, column (A), line 4)					
s	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,0)42,7	80.	1,06	51,906.
nse	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)					
Expenses	b To	tal fundraising expenses (Part IX, column (D), line 25) > 99,099.					
ш	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		941,6	11.	40	97,789.
	18 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25))52,6			39,695.
		venue less expenses. Subtract line 18 from line 12			27.		31,438.
2 8		· · · · · · · · · · · · · · · · · · ·	Beginning o			End of	
ets i	20 To	tal assets (Part X, line 16)		347,0			97,246.
Ass Bal	21 To	tal liabilities (Part X, line 26)	/ •	248,3			98,282.
Net Assets or Fund Balances	22 Ne	t assets or fund balances. Subtract line 21 from line 20		598,7			98,964.
		Signature Block	12,	, 0, 1	55.	12, 5.	70, 704.
		5	he hest of my k	owledge	and bel	ief it is true cor	rect and
com	plete. Decla	of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to t ation of preparer (other than officer) is based on all information of which preparer has any knowledge.	ne best of my ki	lowicage			
Sig	n	Signature of officer	Date				
He	re	Steven E. Sokol	Presid	ent			
		Type or print name and title		-			
		Print/Type preparer's name Preparer's sign Date	Ch	eck	if	PTIN	
Ра	id	Michael Schall Michael Schall 10/7/2	2021 sel	f-employe	ed	P0202418	34
	eparer	Firm's name SCHALL & ASHENFARB CPAS		, ,			
Üs	e Only	Firm's address * 307 5th Ave, 15th Floor	Fir	m's EIN 🖡	• 1२	-4036703	ł
	,	NEW YORK, NY 10016		one no.	(21)		
Ma	v the IRS	discuss this return with the preparer shown above? See instructions		one nu.	(21)	Z) Z00-Z	No
			A0101L 01/19/2	1			990 (2020)
						1 01111	

EXTENSION ATTACHED

Form **8868** (Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

01

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

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

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

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

 Name of exempt organization or other filer, see instructions.
 Taxpayer identification number (TIN)

Type or print	American Council on Germany, Inc.	13-1889074
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	
due date for filing your	14 E 60th St Ste 1000	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	New York, NY 10022-7132	

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

Application Is For		Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

•	The books are in the care of ►	Steven E.	Sokol	 	

Telephone No. 🕨	(212)	826-3636

Fax No. ►

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

1	I request an automatic 6-month extension of time until	11/15	, 20 <u>21</u> ,	to file the exempt organization return
	for the organization named above. The extension is	for the organi	zation's return t	for:

 X calendar year 20 2 () or
--	------

	► tax year beginning	, 20	, and ending	, 20		
2	If the tax year entered in line 1 is fo Change in accounting period	r less than 12 mc	onths, check reason:	Initial return	Final return	

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

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

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

Form 8868 (Rev. 1-2020)

		l on Germany, Inc.	13-1	.889074 Page 2
Par				X
1	Briefly describe the organization's mis	a response or note to any line in this Pa	rt III	X
•	See Schedule 0			
2	Did the organization undertake any signif	icant program services during the year whi	ch were not listed on the prior	
_				Yes X No
	If "Yes," describe these new services on			
3		, or make significant changes in how it	conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Sche	edule O. ervice accomplishments for each of its t	broo largost program sonvicos as	massured by expenses
-	Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	izations are required to report the amou	nt of grants and allocations to othe	ers, the total expenses,
4 a	(Code:) (Expenses \$	1,249,544. including grants of	30,000.) (Revenue	\$ 14,042.)
	See_Schedule_0			
4 b	(Code:) (Expenses \$	including grants of) (Revenue	\$)
4 c	(Code:) (Expenses \$	including grants of) (Revenue	\$)
				·
4 d	Other program services (Describe on S	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4 e	Total program service expenses 🕨	1,249,544.		Form 990 (2020)

Form 990 (2020) American Council on Germany, Inc.

 Part IV
 Checklist of Required Schedules

r ai			V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complet Schedule A		Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	on 4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes</i> ,' <i>complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		х
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11	a X	
ł	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11	b	Х
	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	11	с	Х
(d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i> .	11	d	Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11	е	Х
	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	<i>X</i> 11	f X	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12	a X	
ł	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	12	b	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14	a	Х
ł	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	14	b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	any 15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	a 📃	Х
b	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	b	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х

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Form 990 (2020) American Council on Germany, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	NO
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	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27		27		x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
l	b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X X
31		31		
32	Schedule N, Part II	32		Х
33	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
l	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 6			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
BAA				(2020)

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Form 990 (2020) American Council on Germany, Inc. 13-188907	1	F	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Yes	No
2 - Enter the number of employees reported on Ferm $W/2$. Transmittel of W are and Tey State			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3b		
	55		
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)?	4a	Х	
b If 'Yes,' enter the name of the foreign country► Germany			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50 5c		- 23
-	50		
6 a 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?	~		Х
	6 a		Λ
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<u>с</u> ь		
	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_		V
services provided to the payor?	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	70		Λ
	7.		Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	7 y		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	,		
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:	55		
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
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?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12 a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the propriation licensed to issue qualified health place in more than one state?	12.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 			
c Enter the amount of reserves on hand			-
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
excess parachute payment(s) during the year?	15		Х
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
If 'Yes,' complete Form 4720, Schedule O.			
	_		

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Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be	low,	and	for
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	ges d	n	
	Check if Schedule O contains a response or note to any line in this Part VI.			. X
Sec	ction A. Governing Body and Management			
			Yes	No
1;	a Enter the number of voting members of the governing body at the end of the tax year 1 a 39 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1 a 39			
I	b Enter the number of voting members included on line 1a, above, who are independent 1b 38			
2		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents	-		<u> </u>
	since the prior Form 990 was filed?	4		Х
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6	Х	Х
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	Х	
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenu		<u>,</u>
10	a Did the organization have local chapters, branches, or affiliates?	10 a	Yes X	No
	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 	10 a	X	
11 :	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	-		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
I	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official. See Schedule. O	15a 15b	X X	
I	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	150	Λ	
16	 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
I	 b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 	10 a		Λ
	organization's exempt status with respect to such arrangements?	16 b		
Sec	ction C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	01(c)(3	3)s on	ly)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	Steven E. Sokol 14 East 60th Street, Suite 1000 New York NY 10022-1006 (212)	82	6-36	536

Form 990 (2020) American Council on Germany, Inc.	13-1889074	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
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 Compensate	ed Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w organization's tax year.	vith or within the	

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

			(C)							
(A) Name and title	(B) Average hours	Pos thar is	Position (do not check more than one box, unless person is both an officer and a director/trustee)		both an officer and a Rep director/trustee) compense		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Steven E. Sokol	40									
President	0	Х		Х				325,277.	0.	36,513.
(2) Karen Furey	40									
Corp Sec/ExecVP	0			Х				140,996.	0.	17,973.
(3) Robert L Fenstermacher	40									
Chief Content Off.	0					Х		134,960.	0.	17,413.
(4) Michele R Steinbuch	40									
Vice President	0					Х		105,621.	0.	16,585.
(5) John B. Emerson	1									_
Chairman	0	Х		Х				0.	0.	0.
_(6) William R. Harman, Esq	1									_
VC/Treasurer	0	Х		Х				0.	0.	0.
_(7)_Dale_LPonikvar, Esq								0	0	0
Counsel	0	Х		Х				0.	0.	0.
(8) Anthony J.R. Cook	1							0	0	0
Director	0	Х						0.	0.	0.
(9) Paul_Stewart_Atkins, Esq.	1									
Director	0	Х						0.	0.	0.
(10) Reginald J. Brown								0	0	0
Director	0	Х						0.	0.	0.
(11) Martin Bussmann		37						0	0	0
Director	0	Х						0.	0.	0.
(12) Anthony Casciano								0	0	0
Director	0	Х						0.	0.	0.
(13) Anne E. Cohen, Esq.		37						0	0	0
Director	0	Х						0.	0.	0.
(14) David W. Detjen	1	37						~	~	0
Director	0	Х						0.	0.	0.
BAA	TEEA0	107L	10/07/	20						Form 990 (2020)

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Part VII Section A. Officers, Directors, Tru				loy	ees, an	d Highest Con	13-188907	
(A) Name and title	(B) Average hours per week	box	F not che , unless	perso	n re than one n is both an tor/trustee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Former Highest compensated employee	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15_Frances A. Devlin	1						0	0
Director 16) Stanfrod S. Warshawsky	0	X				0.	0.	0
Director	0	Х		_		0.	0.	0
7 Ambassador Richard W. Fisher Director	$-\frac{1}{0}$	Х				0.	0.	0
18) Alan H. Fleischmann	1	Λ				0.	0.	0
Director	0	Х				0.	0.	0
19) Karim Antonio Lesina	1							
Director 20) Andrew Gundlach	0	Х		_		0.	0.	0
Director	<u>-</u>	Х				0.	0.	0
21) Karl-Theodor_zu_Guttenberg	1							0
Director	0	Х				0.	0.	0
22)_Ludwig_Willisch	11						0	0
Director 23) Monu Joseph	0	Х		_		0.	0.	0
Director	0	Х				0.	0.	0
24) Dr. Andre Kelleners Director	<u>1</u> 0	Х				0.	0.	0
25) Anna Schneider	1_							
Director 1b Subtotal	0	Х				0.	0.	0
c Total from continuation sheets to Part VII, Secti	on Δ				••••	706,854.	0.	<u>88,484</u> 0
d Total (add lines 1b and 1c).					▶	706,854.	0.	88,484
2 Total number of individuals (including but not limited					received			
from the organization ► 4								
								Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste <i>h individu</i>	ee, ke <i>ial</i>	ey em	oloye	e, or hig	hest compensated	l employee	. 3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great	er than \$1	50,00	00? If	'Yes	,' comple	te Schedule J for	from	
such individual5 Did any person listed on line 1a receive or accru	le comper	isatio	n fron	n anv	/ unrelate	ed organization or	individual	. 4 X
for services rendered to the organization? If 'Yes	s, comple	ete St	cneau	eJī	or such p	erson		. 5 X
1 Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	epen	dent c	ontra	actors that	at received more t	han \$100,000 of	
		the c	alenda	ir yea	r enaing v	(B)		(C)
(A) Name and business add	ress					Description	of services	Compensation
2 Total number of independent contractors (including	but not lim	ited to	o those	e liste	ed above)	who received more	than	
\$100,000 of compensation from the organization	► 0							

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2020

Employler Identification number

Department of the Treasury Internal Revenue Service

Name of the Organization

American Council on Germany	, Inc.								13-1889074				
Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) (B) (C) (D) (E) (F)													
(A)	(B)			(0				(D)					
Name and title	Average hours per week (list any hours for related organiza- tions below	P Individual trustee or director		check Officer	all Key employee	hat employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations			
	dotted line)		Ř			ated							
Dr. Henry A. Kissinger Director	<u>1</u>	X						0.	0.	0.			
Dr. Charles A. Kupchan	1	-											
Director	0	Х						0.	0.	0.			
Dr. John Lipsky Director	<u>1</u>	X						0.	0.	0.			
Dr. Alan S. MacDonald	1	Λ						0.	0.	0.			
Director	0	Х						0.	0.	0.			
Edward S. McFadden	1												
Director	0	Х						0.	0.	0.			
Joseph_McLaughlin	1												
Director	0	Х						0.	0.	0.			
Frank Maddux	1	-											
Director	0	Х						0.	0.	0.			
Cassidy Morgan	1	v						0	0	0			
Director Tammy_S. Murphy	0	Х						0.	0.	0.			
Director	0	X						0.	0.	0.			
Elke Rehbock	1							0.	0.	0.			
Director	0	Х						0.	0.	0.			
Christiana Riley	1	_											
Director	0	Х						0.	0.	0.			
Markus Reinisch	1	-											
Director	0	Х						0.	0.	0.			
Christopher M. Schroeder	1							0	0	0			
Director	0	Х						0.	0.	0.			
<u>Dr. Nina Smidt</u> Director	<u>1</u>	Х						0.	0.	0.			
Wayne T. Smith	1												
Director	0	Х						0.	0.	0.			
Julie Linn Teigland	1												
Director	0	Х						0.	0.	0.			
Brian K. Klein	1							0	0	0			
Director	0	Х						0.	0.	0.			
		-											
		-											
		-											

Form 990 (2020) American Council on Germany, Inc.

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	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
		exempt function revenue	business revenue	excluded fro under sect 512-514
1 a Federated campaigns 1 a				
b Membership dues 1b <u>136,6</u>	40.			
c Fundraising events 1c				
d Related organizations 1d				
e Government grants (contributions) 1 e f All other contributions, gifts, grants, and				
similar amounts not included above 1f 1,109,4	69.			
g Noncash contributions included in lines 1a-1f 1g				
h Total. Add lines 1a-1f	▶ 1,246,109.			
Business Coo				
2a <u>Discussion programs/lunch</u> 900099	14,042.	14,042.		
b				
c				
d				
f All other program service revenue				
g Total. Add lines 2a-2f	► 14,042.			
3 Investment income (including dividends, interest, and	11,012.			
other similar amounts)	55,005.			99,5
4 Income from investment of tax-exempt bond proceed				
5 Royalties				
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)	►			
7 a Gross amount from (i) Securities (ii) Other				
sales of assets other than inventory 7a 5,779,634.				
b Less: cost or other basis				
and sales expenses 7b 6,031,037. c Gain or (loss) 7c -251,403.				
d Net gain or (loss)	► -251,403.			-251,4
8 a Gross income from fundraising events	231,403.			
(not including \$				
of contributions reported on line 1c).				
See Part IV, line 18 8a				
b Less: direct expenses 8b c Net income or (loss) from fundraising events	•			
9 a Gross income from gaming activities. See Part IV, line 19				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities	►			
10a Gross sales of inventory, less				
returns and allowances				
c Net income or (loss) from sales of inventory	•			
Business Cor				
11a				
b				
c				
d All other revenue				
e Total. Add lines 11a-11d	•			

Form 990 (2020) American Council on Germany, Inc. Part IX Statement of Functional Expenses

		(Δ)	(B)	(C)	(D)
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	15 000	15 000		
3	individuals. See Part IV, line 22	15,000.	15,000.		
Э	organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	15,000.	15,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	546,987.	418,263.	74,025.	54,69
6	Compensation not included above to	540, 507.	410,203.	74,023.	54,05
Ŭ	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	I
7	Other salaries and wages	364,000.	339,800.	11,525.	12,67
8	Pension plan accruals and contributions	001/0001		11/0101	11/0/0
Ũ	(include section 401(k) and 403(b) employer contributions)	16 000	15 077	706	70
9	Other employee benefits	<u>16,802</u> . 31,461.	<u>15,277.</u> 28,891.	<u>796.</u> 1,319.	<u>72</u> 1,25
9	Payroll taxes	102,656.	85,852.	9,382.	7,42
	Fees for services (nonemployees):	102,030.	03,032.	3,302.	/,42
	Management				
	Legal	3,538.		3,538.	
	Accounting	64,702.		64,702.	
	Lobbying	01//021		0177021	
(Professional fundraising services. See Part IV, line 17				
ſ	Investment management fees	33,282.		33,282.	
ç	Other. (If line 11g amount exceeds 10% of line 25, column	45,671.	28,931.	14,240.	2,50
2	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	45,071.	20,931.	14,240.	2,30
3	Office expenses	17,472.	14,612.	1,597.	1,26
4	Information technology	36,037.	30,138.	3,291.	2,60
5	Royalties	00,0011	0071001	0,2011	2700
6	Occupancy	180,243.	150,739.	16,472.	13,03
7	Travel	28,162.	26,520.	1,372.	27
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	48,130.	48,130.		
0	Interest	10/1001	10/1001		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	14,640.	12,244.	1,338.	1,05
23	Insurance	5,268.	4,406.	481.	38
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ä	Miscellaneous	8,656.	7,239.	791.	62
	Public policy program	8,549.	7,849.	700.	÷=
	Dues and subscriptions	3,025.	564.	1,876.	58
	Postage and Shipping	414.	89.	325.	
	All other expenses.				
5	Total functional expenses. Add lines 1 through 24e	1,589,695.	1,249,544.	241,052.	99,09
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)				

Form 990 (2020) American Council on Germany, Inc. Part X Balance Sheet

			(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing		773,669.	1	715,816
2	Savings and temporary cash investments.		,	2	
3	Pledges and grants receivable, net		191,903.	3	48,521
4	Accounts receivable, net			4	
5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5		
6	Loans and other receivables from other disqualified pe	rsons (as defined under			
	section 4958(f)(1)), and persons described in section 4	958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
2 8	Inventories for sale or use			8	
81099 1099 1099 1099	Prepaid expenses and deferred charges		19,935.	9	14,970
ť 10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 261,844.			
	b Less: accumulated depreciation		16,085.	10 c	3,106
11	Investments – publicly traded securities		11,809,526.	11	12,378,859
12	Investments – other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets.			14	
15	Other assets. See Part IV, line 11		35,974.	15	35,974
16	Total assets. Add lines 1 through 15 (must equal line 3	33)	12,847,092.	16	13,197,246
17			121,973.	17	136,160
18	1.5		23,000.	18	44,000
19			103,384.	19	18,122
20				20 21	
				21	
21 22 21	Loans and other payables to any current or former offi key employee, creator or founder, substantial contribu- controlled entity or family member of any of these personal substantial controlled entity or family member of any of these personal substantial controlled entity or family member of any of these personal substantial controlled entity or family member of any of these personal substantial controlled entity or family member of any of these personal substantial controlled entity or family member of any of these personal substantial controlled entity or family member of any of these personal substantial controlled entity or family member of any of these personal substantial controlled entity or family member of any of these personal substantial controlled entity or family member of any of these personal substantial controlled entity or family member of any of these personal substantial controlled entity or family member of any of these personal substantial controlled entity or family member of any of the substantial controlled entity or family member of any of the substantial controlled entity or family member of any of the substantial substantial controlled entity or family member of any of the substantial controlled entity or family member of any of the substantial controlled entity of the substantial control substantial controlled entity of the substantial control substanti	tor. or 35%		22	
23	Secured mortgages and notes payable to unrelated thi	rd parties		23	
24	Unsecured notes and loans payable to unrelated third	parties		24	
25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	s to related third parties, blete Part X of Schedule D.		25	
26	Total liabilities. Add lines 17 through 25		248,357.	26	198,282
2	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	► X			
27			12,553,136.	27	12,883,365
			45,599.	28	115,599
27	Organizations that do not follow FASB ASC 958, chec and complete lines 29 through 33.		45,599.	20	115,599
5 29				29	
30				30	
3 31				31	
			12,598,735.	32	12,998,964
10 29 30 30 31 32 31 32			12, 398, 733.	33	13,197,246

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Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI. X 1 Total expenses (must equal Part VI, column (A), line 12). 1 1,108,257. 2 Total expenses (must equal Part VI, column (A), line 25). 3 -481,438. 3 -481,438. 5 849,378. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 4 12,598,6735. 5 Net unrealized gains (losses) on investments. 5 849,378. 6 Donated services and use of facilities. 7 7 Investment expenses 7 8 rior period adjustments. 8 9 Other changes in net assets or fund balances (explain on Schedule O). See: Schedule 0. 9 32,289. 10 Net assets or fund balances at edging the set of year. Combine lines 3 through 9 (must equal Part X, line 32. 10 12,998,964. Part XII Financial Statements and Reporting 10 12,998,964. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X	Forr	n 990 (2020) American Council on Germany, Inc. 13-	188907	4	Pa	age 12
1 Total revenue (must equal Part VIII, column (A), line 12)						
2 Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response or note to any line in this Part XI.				. X
3 Revenue less expenses. Subtract line 2 from line 1 3 -481,438. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 4 12,598,735. 5 Net unrealized gains (losses) on investments. 5 849,378. 6 Onated services and use of facilities. 7 7 Prior period adjustments. 6 9 Other changes in net assets or fund balances (explain on Schedule O). See: Schedule O 9 32,289. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 12,998,964. Part XII Financial Statements and Reporting 10 12,998,964. Check if Schedule O contains a response or note to any line in this Part XII. 10 12,998,964. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain 12 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or obtit: 2b X 2b X If 'Yes,' check a box below to indicate whether the financial state	1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,1	08,2	257.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 4 12, 598, 735. 5 Net unrealized gains (losses) on investments. 5 849, 378. 6 0onated services and use of facilities. 7 7 7 8 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 12, 998, 964. Part XII Financial Statements and Reporting 10 12, 998, 964. Part XII Financial Statements and Reporting 10 12, 998, 964. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the basis Both consolidated basis, consolidated basis, or both: 2a X X 2 Were the organization's financial statements compiled or reviewed by an ind	2	Total expenses (must equal Part IX, column (A), line 25)	2	1,5	89,6	595.
5 Net unrealized gains (losses) on investments. 5 20001000000000000000000000000000000000	3		3	-4	81,4	138.
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O). See Schedule O 9 32,289. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 12,998,964. Part XII Financial Statements and Reporting 10 12,998,964. Check if Schedule O contains a response or note to any line in this Part XII. 10 12,998,964. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	12,5	98,	735.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O). See Schedule O 9 32,289. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 12,998,964. Part XII Financial Statements and Reporting 10 12,998,964. Check if Schedule O contains a response or note to any line in this Part XII. 10 12,998,964. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X	5	Net unrealized gains (losses) on investments	5	8	49,3	378.
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O). See: Schedule O 9 32,289. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 12,998,964. Part XII Financial Statements and Reporting 10 12,998,964. Check if Schedule O contains a response or note to any line in this Part XII. 1 12 12 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked 'Other,' explain 2a X 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If 'Yes,' check a box below to indicate whether the fin	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O). See Schedule O. 9 32,289. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 12,998,964. Part XII Financial Statements and Reporting Interpretation of the second sec	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 12,998,964. Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 12,998,964. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O	9		32,2	289.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a X 2 a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Image: Consolidated basis 2c X <td>10</td> <td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,</td> <td></td> <td></td> <td></td> <td></td>	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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Audit Act and OMB Circular A-133? 3a X b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3a X		If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single		3.2		x
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				50		
	I			36		
	BA4				990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047	
2020	

► Attach to Form 990 or Form 990-EZ.					Open to Public				
Depart Interna	nent I Rev	of the Treasury venue Service	► (Go to <i>www.irs.gov/F</i> o	orm990 for instructions	and the	latest i	nformation.	Inspection
Name	of th	e organization						Employer identific	ation number
Ame	ri	can Counc	il on Gern	nany, Inc.				13-188907	4
Par	:1	Reason fo	r Public Cha	rity Status. (All o	organizations must	comple	ete this	s part.) See instruc	ctions.
The o	orga	nization is not	a private found	dation because it is:	(For lines 1 through 12,	check o	nly one	box.)	
1		A church, conv	vention of church	nes, or association of c	hurches described in sec	tion 1 70(b)(1)(A)	(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or	a cooperative h	nospital service organ	nization described in sec	ction 170	0 (b)(1)(A	4)(iii).	
4		A medical res name, city, a	-	tion operated in conj	unction with a hospital of	describe	d in sec	ction 1 70(b)(1)(A)(iii) . E	Enter the hospital's
5		An organizati section 170(b	on operated for (1)(A)(iv). (Cc	the benefit of a colle mplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in
6 7	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
/	Х		on that normally r 0(b)(1)(A)(vi).(receives a substantial Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described
8		A community	trust described	in section 170(b)(1)	(A)(vi). (Complete Part I	ll.)			
9					ction 170(b)(1)(A)(ix) oper e (see instructions). Enter				
		university:	-				-	-	
10		from activities investment in	s related to its a come and unre	exempt functions, sul	han 33-1/3% of its supp bject to certain exceptio le income (less section Part III)	ns; and	(2) no r	more than 33-1/3% of i	ts support from gross
11		7			ely to test for public safe	ety. See	section	n 509(a)(4).	
12		-	-		ely for the benefit of, to	-			ut the nurnoses of one
		or more publi lines 12a thro	cly supported o ough 12d that de	rganizations describe escribes the type of s	ed in section 509(a)(1) of supporting organization	or sectio and corr	n 509(a plete li)(2). See section 509(a nes 12e, 12f, and 12g.)(3). Check the box in
а		organization(s	orting organizati) the power to re t IV, Sections /	gularly appoint or elec	ed, or controlled by its sup t a majority of the directo	oported o rs or trus	rganizat stees of	ion(s), typically by giving the supporting organizati	g the supported on. You must
b		management of	oporting organiz of the supporting te Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You
С		Type III function	onally integrated s) (see instructi	. A supporting organiza	tion operated in connectio	n with, ar A. D. an	nd functi d E.	onally integrated with, its	supported
d		Type III non-fu functionally in	inctionally integ	rated. A supporting or	ganization operated in cor y must satisfy a distribu 15 A and D, and Part V.	nnection	with its :		
е		Check this bo	ox if the organiz	ation received a writ	ten determination from	the IRS	that it is	s a Type I. Type II. Typ	e III functionally
	L	integrated, or	[·] Type III non-fu	inctionally integrated	supporting organization	1.			
f				organizations					
			-	n about the supporte	2 I.	1			i
	(i) Na	ame of supported c	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
. ,									
(B)									
(C)									
(D)									
(E)									
Total									

Schedule A (Form 990 or 990-EZ) 2020	American Council on Germany, In	с.
Part II Support Schedule for Or	ganizations Described in Sections 170(b))(1)(A)(

Page 2

13-1889074

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

		-						
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,860,170.	1,226,130.	1,388,417.	1,556,302.	1,246,109.	7,277,128.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	1,860,170.	1,226,130.	1,388,417.	1,556,302.	1,246,109.	7,277,128.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						130,889.	
6	Public support. Subtract line 5 from line 4						7,146,239.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	1,860,170.	1,226,130.	1,388,417.	1,556,302.	1,246,109.	7,277,128.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	134,786.	295,095.	295,952.	299,361.	99,509.	1,124,703.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
	Total support. Add lines 7 through 10 Gross receipts from related activ						8,401,831.	
12	Gross receipts from related activ	vities, etc. (see in:	structions)				613,495.	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati	on's first, second,	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	► 🗌	
	tion C. Computation of Pu						_	
	Public support percentage for 20						85.06%	
	Public support percentage from						84.40 %	
16a	6a 33-1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization►							
b	b 33-1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization▶							
17a	7a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ►							
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances'	nd-circumstances test. The organization	s test, check this l ation qualifies as	box and stop her a publicly support	e. Explain in Part ted organization.	VI how the ·····►	
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►	

Schedule A (Form 990 or 990-EZ) 2020

D. I.I.

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
2	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						
2	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						
J	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1,						
	2, and 3 received from disgualified persons.						
h	Amounts included on lines 2						
U	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						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4) 2010	(3) 2017	(0) 2010	(4) 2015	(0) 2020	() / 0.04
-	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9,						
	10c, 11, and 12.)						
14	First 5 years. If the Form 990 is organization, check this box and	for the organizati	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	►
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	020 (line 8, colum	n (f), divided by li	ne 13, column (f))	15	0/0
16	Public support percentage from	2019 Schedule A	Part III, line 15			16	00
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	;			
17	Investment income percentage f	for 2020 (line 10c,	column (f), divide	ed by line 13, col	umn (f))	17	0\0
18	Investment income percentage f						010
19a	33-1/3% support tests-2020. If	the organization of	lid not check the t	pox on line 14, ar	nd line 15 is more	than 33-1/3%, and	d line 17
ι.	is not more than 33-1/3%, check		• •	•		-	
b	33-1/3% support tests—2019. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organi		-				
				,,,, .			

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020	American	Council	on	Germany,	Inc.
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Yes

1

2

No

			Yes	No
11 H	las the organization accepted a gift or contribution from any of the following persons?			
аA	person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
th	he governing body of a supported organization?	11a		
bА	family member of a person described in line 11a above?	11b		
сA	35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

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

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

1		
2		
3		
	1 2 3	1 2 3

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

1	Pane	6
	r auc	U

chedule A (Form 990 or 990-EZ) 2020 American Council on Germany, In			889074 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns must	v. 20, 1970 (explain ir complete Sections A	n Part VI). See through E.
ection A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
	-		

5 Income tax imposed in prior year 5 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Schedule A (Form 990 or 990-EZ) 2020

-	edule A (Form 990 or 990-EZ) 2020 American Council on				9074 Page 7
	tion D – Distributions			u)	Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rnoses		1	ouncilline
	Amounts paid to supported organizations to decomprish exempt purposes of Amounts paid to perform activity that directly furthers exempt purposes of		c		
-	in excess of income from activity		3,	2	
3	Administrative expenses paid to accomplish exempt purposes of su		3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
-	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
ć	a From 2015				
I	• From 2016				
	: From 2017				
(From 2018				
	e From 2019				
	f Total of lines 3a through 3e				
9	Applied to underdistributions of prior years				
I	Applied to 2020 distributable amount				
	i Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
(Excess from 2019				
	Excess from 2020				

BAA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	orm 990 or 990-EZ) 2020	American Counci	ll on Germany,	Inc.	13-1889074	Page 8
Part VI	Supplemental Int	formation. Provide the	explanations required	by Part II, li	ne 10; Part II, line 17a or 17b; Part	
	III, liñe 12; Part IV, Se	ection A, lines 1, 2, 3b, 3c,	4b, 4c, 5a, 6, 9a, 9b, 9	c, 11a, 11b,	and 11c; Part IV, Section	
	B, lines 1 and 2; Part	IV, Section C, line 1; Part I	V, Section D, lines 2 a	nd 3; Part Í	V, Section E, lines 1c, 2a, 2b,	
	3a, and 3b; Part V, lin	e 1; Part V, Section B, line	1e; Part V, Section D,	lines 5, 6, a	and 8; and Part V, Section E,	
	lines 2, 5, and 6. Also	complete this part for any	additional information	. (See instru	uctions.)	

601	HEDULE D	Sun	plemental Financial State	monte			OMB No.	1545-0	0047		
	rm 990)	► Complet	e if the organization answered 'Yes'	on Form 990.	_		20)20)		
Depar	tment of the Treasury		5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 1 ► Attach to Form 990. .gov/Form990 for instructions and the				Open t Inspec		blic		
Intern	ame of the organization Employer id										
	or the organization					p.oyo					
Ame	erican Counc	il on Germany, Inc				13-188	89074				
Par	t Organiza	tions Maintaining Donc	or Advised Funds or Other Sim	nilar Funds	or Acc	ounts.					
	Complete	if the organization ansi	wered 'Yes' on Form 990, Part	IV, line 6.							
-	Tatal number at a	and of upper	(a) Donor advised funds		(b) F	unds and	other acco	unts			
1		end of year									
2		ants from (during year)									
4		at end of year									
5		2	nor advisors in writing that the assets	held in donor	advised	funds					
5	are the organizat	ion's property, subject to the	organization's exclusive legal control	?			Yes		No		
6	Did the organizat	ion inform all grantees, dono poses and not for the benefit	rs, and donor advisors in writing that of the donor or donor advisor, or for	grant funds ca	an be use pose con	ed only Iferring					
_							Yes		No		
Par		tion Easements.									
			wered 'Yes' on Form 990, Part								
1	_	-	/ the organization (check all that appl	57	f a histo	ricolly imp	ortant land		_		
		of land for public use (for exam natural habitat	-	Preservation o Preservation o		5 1			1		
		of open space				ieu niston					
2			neld a qualified conservation contribution	in the form of	a conserv	vation ease	ement on th	e			
	last day of the ta										
						leld at the	End of the	e Tax	Year		
					2a						
	-	-	ments fied historic structure included in (a).		2 b 2 c						
					20						
(structure listed in	the National Register	n (c) acquired after 7/25/06, and not o		2 d						
3	Number of conserv tax year ►	vation easements modified, trar	sferred, released, extinguished, or termi	nated by the or	ganizatio	n during th	ie				
4		where property subject to conse									
5	Does the organization	ation have a written policy re	garding the periodic monitoring, inspentent in the periodic monitoring in the periodic monitoring is the period	ection, handlin	g of viola	ations,	Yes		No		
6			nspecting, handling of violations, and er			· · · · · · · L					
7	Amount of expense	es incurred in monitoring inspe	ecting, handling of violations, and enforci	na conservatio	n aacama	ante durina	the vear				
,	►\$		cong, nanonny or violations, and enforce		ii easeine	ins curing	the year				
8	Does each conse and section 170(h	rvation easement reported or n)(4)(B)(ii)?	n line 2(d) above satisfy the requirement	ents of sectior	n 170(h)(4)(B)(i)	Yes		No		
9	include, if applica	able, the text of the footnote	orts conservation easements in its re to the organization's financial stateme	venue and exp ents that descr	pense sta bes the	atement a organizat	nd balance	e shee unting	et, and J for		
Par	conservation eas	tions Maintaining Colle	ctions of Art, Historical Treas	ures, or Oth	ner Sim	nilar Ass	sets.				
	Complete	if the organization ans	wered 'Yes' on Form 990, Part	IV, Íine 8.							
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its r ld for public exhibition, education, or I statements that describes these iter	research in fui	nent and rtherance	balance s of public	sheet work service, p	s of a rovide	irt, e in		
ł	historical treasures following amount	s, or other similar assets held for s relating to these items:	FASB ASC 958, to report in its rever propublic exhibition, education, or researce	ch in furtheranc	e of publ	ic service,	t works of provide the	art,			
			line 1								
2											
	amounts required	I to be reported under FASB	istorical treasures, or other similar asse ASC 958 relating to these items:				iowing				
			1								
			· · · · · · · · · · · · · · · · · · ·								
BAA	For Paperwork R	reduction Act Notice, see the	Instructions for Form 990.	TEEA3301L 08/1	8/20	Scheo	lule D (For	m 99	J) 2020		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 99
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Schedule D (Form 990) 2020 Amer					13-188		Page 2
Part III Organizations Mainta	ining Colle	ctions of Art, His	storical	Treasures, or (Other Similar Ass	ets (continued	d)
3 Using the organization's acquisition items (check all that apply):	, accession, ar	d other records, check	k any of th	e following that mal	ke significant use of its	collection	
a Public exhibition		d Loa	an or exch	ange program			
b Scholarly research		e Oth	ner				
c Preservation for future gener							
4 Provide a description of the organiz Part XIII.							
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or han to be main	receive donations of ntained as part of the	art, histor e organiza	rical treasures, or ation's collection?	other similar assets	Yes	No
Part IV Escrow and Custodia	I Arrangem	ents. Complete i	if the org	ganization ansv			
line 9, or reported an	amount on	Form 990, Part 2	x, line z	1.			
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	n or other intermedia	ary for con	tributions or other	assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII a	nd complete the follo	owing table	e:			
						Amount	
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance							
2 a Did the organization include an a b If 'Yes,' explain the arrangement							No
		neck here it the exp	lanation i	las been provided		••••••	
Part V Endowment Funds. C	omplete if t	he organization	answere	ed 'Yes' on For	m 990. Part IV. lir	ne 10.	
+ · · · · · · · · · · · · · · · · · · ·	(a) Current			(c) Two years back	(d) Three years back	(e) Four years b	back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships						1	
e Other expenditures for facilities and programs						-	
f Administrative expenses						-	
q End of year balance						+	
2 Provide the estimated percentag	e of the currer	nt vear end balance	(line 1a. c	olumn (a)) held as	s:	_1	
a Board designated or guasi-endowm		, 00	(J,				
b Permanent endowment	00						
c Term endowment ►	0/0						
The percentages on lines 2a, 2b, a	nd 2c should ea	qual 100%.					
3 a Are there endowment funds not in t	he possession	of the organization the	at are held	and administered f	or the		
organization by:						Yes	No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	0					3b	
4 Describe in Part XIII the intended			ment fund	ds.			
Part VI Land, Buildings, and			orm 000	Dort IV/ line	112 Soc Form 00	0 Port V line	10
Complete if the organ							
Description of property		(a) Cost or other bas (investment)	is (b) (ba	Cost or other asis (other)	(c) Accumulated depreciation	(d) Book valu	le
1 a Land							
b Buildings	-						
c Leasehold improvements	-			140,725.	140,725.		0.
d Equipment	-			121,119.	118,013.	3,1	106.
e Other			V aaluur	(D) line 10-)	•		0.0
Total. Add lines 1a through 1e. (Colum	ırı (a) must eq	uai Form 990, Part)	к, column	(B), IINE IUC.)			106.
BAA					Schedi	ule D (Form 990) 2	2020

Schedule D (Form 990) 2020 American Council of	on Germany, Inc	. 13-18	89074 Page 3
Part VII Investments – Other Securities.	Vacion Farm 000	N/A Dort IV/ line 11b See Form	000 Dart V lina 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	
(1) Financial derivatives			
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
<u>(C)</u>			
(D) (E)			
(F)			
<u>(G)</u>			
(H)			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►		/-	
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A Part IV line 11c See Form	990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	
(1)			-
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►			
Part IX Other Assets. Complete if the organization answered	N/A Yes' on Form 990 ا	. Part IV. line 11d. See Form	990. Part X. line 15.
(a) De	scription	, ,	(b) Book value
(1)			
- <u>(2)</u> (3)			
(4)			
(5)			
(6)			
- <u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)		•
Part X Other Liabilities.	arm 000 Dart IV line 11	a ar 116 Cas Farm 000 Part V line 2	г
Complete if the organization answered 'Yes' on F 1. (a) Descr	iption of liability	e of TTL. See Form 990, Part X, The 2	(b) Book value
(1) Federal income taxes			(2) 20011 Value
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
$\frac{(10)}{(11)}$			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			•
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			s liability for uncertain
tax positions under FASB ASC 740. Check here if the text of the footnote has			

Schedule D (Form 990) 2020 American Council on Germany, Inc.	13-	1889074	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Re	evenue per Ret	turn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, lin	e 12a.		
1 Total revenue, gains, and other support per audited financial statements		1 1	,961,142.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments 2a	849,378.		
b Donated services and use of facilities	4,500.		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.) See Part XIII 2d	32,289.		
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2 e	886,167.
3 Subtract line 2e from line 1.		3 1	,074,975.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			· · ·
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	33,282.		
b Other (Describe in Part XIII.)	,		
c Add lines 4a and 4b		4 c	33,282.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 1	,108,257.
Part XII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per F		· · ·
Complete if the organization answered 'Yes' on Form 990, Part IV, lin	e 12a.		
1 Total expenses and losses per audited financial statements		1 1	,560,913.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			, ,
a Donated services and use of facilities	4,500.		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2 e	4,500.
3 Subtract line 2e from line 1	_	3 1	,556,413.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			/000/1101
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	33,282.		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4 c	33,282.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 1	,589,695.
Part XIII Supplemental Information.			

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

Part X - FASB ASC 740 Footnote

ACG does not believe its financial statements include any material, uncertain tax

positions. Tax filings for periods ending December 31, 2017 and later are subject to

examination by applicable taxing authorities.

Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

Gain on curreny exchange	\$ 32,289.
Total	\$ 32,289.

BAA

Schedule D (Form 990) 2020

SCHEDULE	F
(Form 990)	

Statement of A

		-	-	-		-		-	-	
N	ame	of	the	0	rç	an	iza	tio	n	

SCHEDULE F (Form 990) Statement of Activities Outside the United States Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. Complete if the organization answered 'Yes' on Form 990. Part IV, line 14b, 15, or 16. Complete if the organization answered 'Yes' on Form 990. Part IV, line 14b, 15, or 16. Complete if the organization of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							OMB No. 1545-0047 2020 Open to Public Inspection			
Name	of the organization					Employer identif				
	American Council on Germany, Inc. Part General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.									
1	2	•		substantiate the amount of its g election criteria used to award						
2		be in Part V the organi: T V	zation's procedures	s for monitoring the use of its gra	nts and oth	ner assistance	outside the			
3	Activities per Region. (The following Part I, I	line 3 table can be	e duplicated if additional space	is neede	d.)				
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(d) is service specit serv	ivity listed in a program e, describe fic type of ice(s) in a region	(f) Total expenditures for and investments in the region Pt V			

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	the region (by type) (such as, fundraising, program services, investments, grants to recipients		(f) Total expenditures for and investments in the region Pt V
(1) Europe			Grantmaking	Fellowships	15,000.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(10)					
(17)					
3a Subtotal					15,000.
b Total from continuation sheets to Part I					10,000.
c Totals (add lines 3a and 3b)		0			15,000.

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

Schedule F (Form 990) 2020

No

13-1889074

Page **2**

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 E	Enter total number of recipient organizorganization by the IRS, or for which t	zations listed above tl the grantee or counse	hat are recognized a I has provided a se	as charities by t ction 501(c)(3) e	he foreign country, equivalency letter.	recognized as a t	ax exempt 501(c)(3)	0
	Enter total number of other organization							▶¯	0 (Form 990) 2020

(18) BAA

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Fellowships	Europe	3	15,000.	Check/WT			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
(11)							
(12)							
<u>(13)</u>							
(14)							
(15)							
(16)							
(17)							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2020

Page 3

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	American Council on Germany, Inc.	13-1889074	Page 4
Part IV Foreign Form	S		
organization may be rec	S. transferor of property to a foreign corporation during the tax year? If 'Y quired to file Form 926, Return by a U.S. Transferor of Property to a store for Form 926).	Foreign	X No

 2 Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)			163	ANO
 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). 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). 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). Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see	2	required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A. Annual Information Return of Foreign Trust With a U.S.	Yes	X No
 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)	3	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain	Yes	X No
 organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865). 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see	4	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	Yes	X No
If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see	5	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign	Yes	X No
	6	If 'Yes,' the organization may be required to separately file Form 5713. International Boycott Report (see	Yes	X No

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Schedule F (Form 990) 2020

Part V Supplemental Information

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

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

The ACG awards fellowships and organizes leadership missions which are designed to enable German and American professionals to travel across the Atlantic to meet with their counterparts. In 2020 it was not possible to organize such immersive travel opportunities due to the pandemic. Nevertheless, five fellows were selected. One of them completed his fellowship before the lockdown. The others will travel when it is once again possible to do so.

Part I, Line 3f - Investments & Expenditures Per Region

In a normal year, roughly 10 to 15 Germans travel to the United States each year under the auspices of the ACG's fellowship programs and leadership missions. They meet with professional counterparts, conduct research, and observe best practices, gaining a deeper understanding about how common issues are addressed on the other side of the Atlantic and forging lasting connections with their counterparts and alumni. Due to the pandemic, unfortunately the ACG's travel programs could not take place.

13-1889074

SCHEDULE I		G	rants and Ot	her Assistance	to Organizatior	ıs,	L	OMB No. 1545-0047
(Form 990)		Gov	vernments, a	nd Individuals i	n the United St	ates		2020
		Comple	ete if the organizat	ion answered 'Yes' on F ▲ Attach to Form 99	Form 990, Part IV, line 2 0.	21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service			► Go to www.	irs.gov/Form990 for the				Inspection
Name of the organization							Employer identific	
American Counci			2000				13-188907	/4
				r assistance, the grantees	' eligibility for the grants	or assistance and		
the selection criteria	a used to award the	grants or assistan	ce?					X Yes No
				unds in the United States.				
Part II Grants and Form 990, P				and Domestic Gov more than \$5,000.				
1 (a) Name and address or governm	of organization nent	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
3)								
4)								
5)								
6)								
7\								
7)								
8)								
2 Enter total number	of a stion E01(-)(2)	and government		in the line 1 table				
 Enter total number Enter total number 							▲	
SAA For Paperwork Red	•				TEEA3901L	07/15/20	Schod	ule I (Form 990) 2020

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Fellowships	3	15,000.			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. F	Provide the information	n required in Part I	, line 2; Part III, co	lumn (b); and any othe	er additional information.

Part IV - Additional Supplemental Information

The ACG awards fellowships and organizes leadership missions which are designed to enable German and American professionals to travel across the Atlantic to meet with their counterparts. In 2020 it was not possible to organize such immersive travel opportunities due to the pandemic. Nevertheless, five fellows were selected. One of them completed his fellowship before the lockdown. The others will travel when it is once again possible to do so.

SCH	IEDULE J	

Т

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No

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SCHEDULE J	Compensation Information						
(Form 990)	For certain Officers, Directors, Tru	stees, Key Employees, and Highest Co	mpensated Employees	202	N		
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.						
Department of the Treasury Internal Revenue Service		► Attach to Form 990.					
	Go to www.irs.gov/Fo	orm990 for instructions and the lates		Inspect	lion		
Name of the organization			Employer identifica				
	cil on Germany, Inc.		13-1889074	4			
Part I Question	s Regarding Compensation						
				Y	/es		
1 a Check the approp VII, Section A, li	riate box(es) if the organization provided ne 1a. Complete Part III to provide a	d any of the following to or for a person ny relevant information regarding the	listed on Form 990, Part ese items.				
First-class o	r charter travel	Housing allowance or res	sidence for personal use				
Travel for co	mpanions	Payments for business u	use of personal residence				
Tax indemni	fication and gross-up payments	Health or social club due	es or initiation fees				
Discretionary	y spending account	Personal services (such	as maid, chauffeur, chef)				
b If any of the boxe	s on line 1a are checked, did the organi	zation follow a written policy regarding r	navment or				
	or provision of all of the expenses de			1b			
	tion require substantiation prior to re						
	icers, including the CEO/Executive D			2	_		
3 Indicate which, if Executive Direct establish compe	any, of the following the organization us or. Check all that apply. Do not check nsation of the CEO/Executive Directo	ed to establish the compensation of the any boxes for methods used by a re r, but explain in Part III.	organization's CEO/ elated organization to				
X Compensation	on committee	X Written employment cont	tract				
Independent	compensation consultant	X Compensation survey or	study				
X Form 990 of	other organizations		r compensation committee				
11							
4 During the year, organization or a	did any person listed on Form 990, F a related organization:	Part VII, Section A, line 1a, with respo	ect to the filing				
•	ance payment or change-of-control pa	ayment?		4a			
b Participate in or	receive payment from a supplementa	al nonqualified retirement plan?		4b			
c Participate in or	receive payment from an equity-base	ed compensation arrangement?		4c			
If 'Yes' to any of	lines 4a-c, list the persons and prov	ide the applicable amounts for each i	item in Part III.				
Only section 50 ⁻	l(c)(3), 501(c)(4), and 501(c)(29) orga	nizations must complete lines 5-9.					
5 For persons listed contingent on th	I on Form 990, Part VII, Section A, line e revenues of:	1a, did the organization pay or accrue a	iny compensation				
a The organization	1?			5a			
b Any related orga	nization?			5b			
	or 5b, describe in Part III.						
	l on Form 990, Part VII, Section A, line e net earnings of:	1a, did the organization pay or accrue a	iny compensation				
a The organization	1?			6a			

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III..... Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III..... If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

b Any related organization?

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

If 'Yes' on line 6a or 6b, describe in Part III.

8

9

9 Schedule J (Form 990) 2020

6 b

7

8

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement	(D) Nontavahla	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	(i)	<u>140,996.</u>	0.	0.	<u>5,708</u> .	12,265.	<u> 158,969</u> .	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	<u>285,277.</u>	40,000.	0.	<u> 11,783.</u>	<u>24,730.</u>	<u>361,790</u> .	<u> </u>
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	<u>134,960.</u>	<u> </u>	0.	<u>5,400</u> .	12,013.	<u> 152,373.</u>	<u> </u>
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)						+	
	(ii)							
	(i)						+	
	(ii)							
	(i)						+	
6	(ii)							
_	(i)						+	
	(ii)							
	(i)						+	
	(ii)							
	(i)		+				+	
5	(ii) (i)							
10	(i) (ii)				+		+	
	(i)							
	(ii)				+		+	
	(i)							
	(ii)		+		+		+	
	(i)							
	(ii)		+		+		+	
	(i)							
	(ii)		+		+		+	
	(i)				<u> </u>			
	(ii)		+		+		+	
	(i)							
	(ii)		+		+		+	
ВАА	. ,		TEEA4102L 09/25	6/20	1	1	Schedule	J (Form 990) 2020

13-1889074

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.

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

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

Department of the Treasury Internal Revenue Service Name of the organization

American Council on Germany, Inc.

Employer identification number

Form 990, Part III, Line 1 - Organization Mission

The American Council on Germany (ACG) is an independent, nonpartisan nonprofit organization that was founded in 1952 to strengthen German-American relations. Today, the ACG works across generations to provide a deeper, more nuanced understanding about Germany, Europe, and the importance of the transatlantic partnership. Through a range of programs and activities, the ACG addresses the most pressing economic, political, and social challenges of the day to ensure better mutual understanding.

Form 990, Part III, Line 4a - Program Service Accomplishments

After a strong start to the year in January and February, the American Council on Germany was forced to adapt to a new set of constraints posed by the coronavirus pandemic. On March 13, 2020, the Council closed its office and the team began working from home. We stepped up the frequency of our Hot Topics Calls before moving all of our programming online in early April.

Despite the inability to convene in person, between April and December the ACG was able to react to current events in real time by hosting or co-hosting over 120 online policy discussions on a range of issues shaping the transatlantic agenda. Topics included the Covid-19 response, economic challenges and recovery, the rise of China, the impact of Brexit, the 30th anniversary of German unification, political developments in Germany and Europe, Germany's European Council Presidency, the future of the transatlantic partnership, and more. These timely events involved more than 200 experts and external moderators (45 percent of whom are women) from Europe and across the United States. Through our virtual programming, the ACG reached more than 12,000 unique viewers - including members, Young Leader alumni, fellowship alumni, and

Schedule O (Form 990 or 990-EZ) (2020)	Page 2
Name of the organization	Employer identification number
American Council on Germany, Inc.	13-1889074

Form 990, Part III, Line 4a - Program Service Accomplishments

states and all 16 Bundesländer - and from more than 60 other countries - ACG's programming has demonstrated that transatlantic relations are not only relevant but also of great interest around the world.

In addition to standalone events, the Council introduced several new series including [virtual] Transatlantic Town Halls featuring Mayors from German and American cities as well as discussions with Bundestag members focused on the local and national response to the public-health, economic, and social crises. These events honed in on issues such as health-care infrastructure, urban development, transportation, environmental issues, digitalization and digital access, education and workforce development, social equity and cohesion, and government engagement and communication with citizens.

Working with the New York-based non-profit 1014, the ACG launched the "Resilience and Adaptation" series which features a German and American expert discussing the impact of the pandemic on issues such as international relations, global supply chains, hospitals, travel and tourism, and more. The Council provided program alumni the opportunity to share their perspectives and insights regarding the lasting effect of the pandemic through its own events and in partnership with other organizations - including the ZoomAtlantic Dialogue Series. Working with a consortium of German-based transatlantic organizations and political foundations, the ACG co-hosted a series of panel discussions in the runup to the U.S. Presidential called the Road to Election Night & Beyond. The Council also partnered with Atlantik-Brücke to host a series of events between April and November as part of a [virtual] German-American Conference.

Due to the pandemic, the ACG was unable to hold some of its flagship programs such as

Form 990, Part III, Line 4a - Program Service Accomplishments

the American-German Young Leaders Conference or the German-American Conference. It was also not possible for fellows to travel or for study tours or leadership missions to be carried out.

Form 990, Part VI, Line 11b - Form 990 Review Process

Management reviewed a draft of the form 990 with the audit/finance committee and provided edits to the tax preparer. After this process was performed, the form 990 was sent to the full board of directors prior to being filed with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has a board-approved conflicts of interest policy. Board members must fill out annual declarations stating they had no conflicts or identifying the nature of their interested party transactions.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Board Chair and the Vice Chair and Treasurer conduct an annual review and evaluation of the President's performance. This assessment is discussed with the Executive Committee. The Vice Chair and Treasurer conducts an assessment of comparative salaries. The Executive Committee and the full Board approve the annual budget - which includes raises and/or bonuses.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The ACG conducts an annual review with all employees and the President makes recommendations to the Executive Committee for raises and bonuses. The Executive Committee and the full Board approve the annual budget - which includes raises and/or bonuses.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Organizations governing documents are available upon request.

Schedule O (Form 990 or 990-EZ) (2020)	Page 2
Name of the organization	Employer identification number
American Council on Germany, Inc.	13-1889074
Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances	

Gain on currency exchange	\$ 32,289.
Total	\$ 32,289.