

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization                  CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY INC                  % AMY MOYER / CLAIMS CONFERENC                  Doing business as</p> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite                  1359 BROADWAY Suite 2000</p> <p>City or town, state or province, country, and ZIP or foreign postal code                  NEW YORK, NY 10018</p>	<p><b>D</b> Employer identification number                  13-1677841</p> <p><b>E</b> Telephone number                  (212) 696-4944</p> <p><b>G</b> Gross receipts \$ 2,109,987,976</p>
<p><b>F</b> Name and address of principal officer                  GREGORY SCHNEIDER                  1359 BROADWAY ROOM 2000                  NEW YORK, NY 10018</p>		<p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p>
<p><b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>J</b> Website: ▶ WWW CLAIMSCON ORG</p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation 1952      <b>M</b> State of legal domicile NY</p>

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities                  THE CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY WORKS TO SECURE COMPENSATION AND RESTITUTION FOR SURVIVORS OF THE HOLOCAUST AND HEIRS OF VICTIMS</p>		
	<p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</p>		
	<p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .</p>	<b>3</b>	61
	<p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .</p>	<b>4</b>	60
	<p><b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . .</p>	<b>5</b>	139
	<p><b>6</b> Total number of volunteers (estimate if necessary) . . . . .</p>	<b>6</b>	71
	<p><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .</p>	<b>7a</b>	0
	<p><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .</p>	<b>7b</b>	142,855
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<p><b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .</p>	739,129,742	837,291,186
	<p><b>9</b> Program service revenue (Part VIII, line 2g) . . . . .</p>	36,135,567	72,320,535
	<p><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .</p>	3,909,348	7,939,604
	<p><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</p>	-121,129	2,930,775
	<p><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</p>	779,053,528	920,482,100
<b>Expenses</b>			
	<p><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .</p>	779,229,910	850,374,579
	<p><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .</p>	0	0
	<p><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</p>	21,122,315	23,407,955
	<p><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .</p>	0	0
	<p><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0</p>		
	<p><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .</p>	33,723,054	30,314,369
	<p><b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)</p>	834,075,279	904,096,903
	<p><b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .</p>	-55,021,751	16,385,197
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<p><b>20</b> Total assets (Part X, line 16) . . . . .</p>	593,698,752	629,435,310
	<p><b>21</b> Total liabilities (Part X, line 26) . . . . .</p>	221,478,275	182,216,374
	<p><b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .</p>	372,220,477	447,218,936

**Part II Signature Block**

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

<p>*****                  Signature of officer</p>	<p>2019-11-13                  Date</p>
<p>GREGORY SCHNEIDER EXECUTIVE VP                  Type or print name and title</p>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date 2019-11-06	Check <input type="checkbox"/> if self-employed	PTIN P01247783	
	Firm's name ▶ KPMG LLP			Firm's EIN ▶		
	Firm's address ▶ 345 Park Avenue New York, NY 101540102			Phone no (212) 758-9700		

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

THE CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY WORKS TO SECURE COMPENSATION AND RESTITUTION FOR SURVIVORS OF THE HOLOCAUST AND HEIRS OF VICTIMS

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 479,818,594 including grants of \$ 479,806,078 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 368,603,847 including grants of \$ 338,970,425 ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 40,397,886 including grants of \$ 25,549,237 ) (Revenue \$ 72,320,535 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 6,197,604 including grants of \$ 6,048,839 ) (Revenue \$ )

**4e Total program service expenses** ▶ 895,017,931

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

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

		Yes	No
<b>23</b>	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> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</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> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>37</b>	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> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

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

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

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

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	139			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes	
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>	Yes	
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>			<b>4a</b>	Yes	
<p><b>b</b> If "Yes," enter the name of the foreign country <b>▶IS, GM, AU, EI, UK</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>		No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>		No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>		
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>			<b>6a</b>		No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>			<b>7a</b>		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>		
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>		
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>		
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<b>8</b>		
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>		
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>		No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>		No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (61); 1b Enter the number of voting members included in line 1a, above, who are independent (60); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: AMY MOYER CLAIMS CONFERENC 1359 BROADWAY ROOM 2000 NEW YORK, NY 10018 (646) 485-2011







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	832,166,124			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,125,062			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____					
<b>h Total.</b> Add lines 1a-1f . . . . .		837,291,186				
<b>Program Service Revenue</b>	<b>2a</b> UNCLAIMED JEWISH PROPERTY FUND	Business Code				
		900099	37,099,732	37,099,732		
	<b>b</b> BULK SETTLEMENT GERMAN MIN OF FINANCE	900099	35,220,803	35,220,803		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		72,320,535				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,990,390		1,990,390	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
		87,430				
		<b>b</b> Less rental expenses	156,655			
		<b>c</b> Rental income or (loss)	-69,225	0		
	<b>d</b> Net rental income or (loss) . . . . .			-69,225		-69,225
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		1,195,298,435				
		<b>b</b> Less cost or other basis and sales expenses	1,189,349,221			
		<b>c</b> Gain or (loss)	5,949,214			
	<b>d</b> Net gain or (loss) . . . . .			5,949,214		5,949,214
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0			
		<b>b</b> Less direct expenses . . . . .	0			
<b>c</b> Net income or (loss) from fundraising events . . . . .				0		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0				
	<b>b</b> Less direct expenses . . . . .	0				
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0				
	<b>b</b> Less cost of goods sold . . . . .	0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0		
Miscellaneous Revenue	Business Code					
<b>11a</b> INSURANCE SETTLEMENT	900099	3,000,000			3,000,000	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		3,000,000				
<b>12 Total revenue.</b> See Instructions . . . . .		920,482,100	72,320,535		10,870,379	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	262,962,548	262,962,548		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	50,674,589	50,674,589		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	536,737,442	536,737,442		
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,156,640	1,441,034	715,606	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	17,624,820	15,089,233	2,535,587	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
<b>9</b> Other employee benefits	2,001,430	1,660,302	341,128	
<b>10</b> Payroll taxes	1,625,065	1,317,915	307,150	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	530,057	410,780	119,277	
<b>c</b> Accounting	855,280	582,762	272,518	
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services See Part IV, line 17	0			
<b>f</b> Investment management fees	1,385	750	635	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,457,533	1,368,697	88,836	
<b>12</b> Advertising and promotion	155,876	155,876		
<b>13</b> Office expenses	3,638,281	3,118,855	519,426	
<b>14</b> Information technology	0			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	3,476,285	2,739,146	737,139	
<b>17</b> Travel	1,361,801	1,018,932	342,869	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	40,399	40,399		
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	0			
<b>23</b> Insurance	766,020	500,676	265,344	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> GOODWILL FUND	9,216,812	9,216,812		
<b>b</b> OVERSIGHT & MONITORING	2,661,226	2,661,226		
<b>c</b> PROPERTY, RESEARCH & RECOVERY	2,263,265	2,263,265		
<b>d</b> PUBLIC INFO & OUTREACH	1,040,117		1,040,117	
<b>e</b> All other expenses	2,850,032	1,056,692	1,793,340	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	904,096,903	895,017,931	9,078,972	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	152,092,956	<b>2</b>	138,470,797
	<b>3</b> Pledges and grants receivable, net . . . . .	4,105,737	<b>3</b>	6,107,602
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	285,000	<b>7</b>	88,500
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,468,074	<b>9</b>	9,714,892
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	<b>b</b> Less accumulated depreciation	0	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	420,960,665	<b>11</b>	469,857,204
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	6,786,320	<b>15</b>	5,196,315
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	593,698,752	<b>16</b>	629,435,310	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	27,692,428	<b>17</b>	20,595,333
	<b>18</b> Grants payable . . . . .	167,243,065	<b>18</b>	136,243,946
	<b>19</b> Deferred revenue . . . . .	195,851	<b>19</b>	209,890
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	26,346,931	<b>25</b>	25,167,205
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	221,478,275	<b>26</b>	182,216,374
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	361,110,875	<b>27</b>	425,737,570
	<b>28</b> Temporarily restricted net assets . . . . .	11,109,602	<b>28</b>	21,481,366
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	372,220,477	<b>33</b>	447,218,936	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	593,698,752	<b>34</b>	629,435,310	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	920,482,100
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	904,096,903
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	16,385,197
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	372,220,477
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,392,042
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	57,221,220
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	447,218,936

**Part XII Financial Statements and Reporting**

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  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1677841

**Name:** CONFERENCE ON JEWISH MATERIAL CLAIMS  
AGAINST GERMANY INC

Form 990 (2018)

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### Form 990, Part III, Line 4a:

GERMAN FEDERAL GOVERNMENT HOMECARE FUND TO PROVIDE GRANTS TO INSTITUTIONS WHICH PROVIDE IN-HOME SERVICES TO AGED JEWISH VICTIMS OF NAZI PERSECUTION PURSUANT TO AN AGREEMENT WITH THE GERMAN FEDERAL GOVERNMENT

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**Form 990, Part III, Line 4b:**

GERMAN GOVERNMENT FUNDS TO PROVIDE PAYMENTS TO JEWISH VICTIMS OF NAZI PERSECUTION PURSUANT TO AGREEMENTS BETWEEN THE CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY AND THE GERMAN FEDERAL GOVERNMENT SUCH PAYMENTS ARE MADE TO INDIVIDUAL VICTIMS OF NAZI PERSECUTION IN 2018, 71,770 INDIVIDUALS BENEFITED FROM THESE PROGRAMS

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**Form 990, Part III, Line 4c:**

CLAIMS CONFERENCE AS SUCCESSOR ORGANIZATION PROGRAM TO SHARE IN THE PROCEEDS RECEIVED FROM THE RECOVERY OF RESTITUTED PROPERTY PURSUANT TO THE GERMAN FEDERAL GOVERNMENT PROPERTY RESTITUTION LAW SUCH PROCEEDS FROM THESE RECOVERIES ARE ALLOCATED TO HOLOCAUST SURVIVORS, OR THEIR HEIRS OR INSTITUTIONS BENEFITING HOLOCAUST SURVIVORS, OR CARRYING OUT PROGRAMS OF HOLOCAUST RESEARCH, DOCUMENTATION AND EDUCATION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JULIUS BERMAN ..... PRESIDENT & AD PERSONAM	16 0 ..... 0 0	X		X				0	0	0
ABRAHAM BIDERMAN ..... VP & DIRECTOR	16 0 ..... 0 0	X		X				0	0	0
ISAAC HERZOG ..... VP & DIRECTOR (BEG 07-01-18)	4 0 ..... 0 0	X		X				0	0	0
ALAN PINES ..... TREASURER & DIRECTOR	10 0 ..... 0 0	X		X				0	0	0
COLETTE AVITAL ..... SECRETARY & DIRECTOR	6 0 ..... 0 0	X		X				0	0	0
ANDREW BAKER ..... DIRECTOR	8 0 ..... 0 0	X						0	0	0
MICHAEL BLAKE ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
ANTON BLOCK ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
DAVID BOAS ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0
MATTHEW BRONFMAN ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIKHAIL CHLENOV ..... DIRECTOR (BEG 07-01-18)	2 0 ..... 0 0	X						0	0	0
RON COHEN ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0
ROGER CUKIERMAN ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
MARK DAINOW ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
MICHAEL DONEN ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
AVRAHAM DUVDEVANI ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0
MARC EISENBERG ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
ZACHARY FASMAN ..... DIRECTOR (BEG 07-01-18)	2 0 ..... 0 0	X						0	0	0
DANIEL FREELANDER ..... DIRECTOR (BEG 07-01-18)	2 0 ..... 0 0	X						0	0	0
VICTOR MAURO GARELIK ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT GOOT ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0
JEAN-FRANCOIS GUTHMANN ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0
RICHARD HEIDEMAN ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
BEN HELFGOTT ..... DIRECTOR	6 0 ..... 0 0	X						0	0	0
WILLIAM HESS ..... DIRECTOR	8 0 ..... 0 0	X						0	0	0
MICHAEL HILSEN RATH ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0
ALBERTO INDIJ ..... DIRECTOR (BEG 07-01-18)	2 0 ..... 0 0	X						0	0	0
JACK JACOBS ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
ROMAN KENT ..... DIRECTOR	8 0 ..... 0 0	X						0	0	0
MARY KLUK ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PINKAS KORNFELD ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
RONALD LAUDER ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0
ARIEH LEBOWITZ ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
MAX ARPELS LEZER ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
DANIEL MARIASCHIN ..... DIRECTOR	8 0 ..... 0 0	X						0	0	0
OLEG MORTKOVICH ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
MICHAEL NEWMAN ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
JACK ROSEN ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0
MENACHEM ROSENSAFT ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
ABRAHAM ROSENTAL ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NIGEL ROSS ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
DAVID ROTHENBERG ..... DIRECTOR (BEG 07-01-18)	4 0 ..... 0 0	X						0	0	0
GARY SALTZMAN ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
DAVID SCHIZER ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
RAYMOND SCHRAG ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
STEFANIE SELTZER ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0
MARILYN SINCLAIR ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0
MARIE VAN DER ZYL ..... DIRECTOR (BEG 07-01-18)	2 0 ..... 0 0	X						0	0	0
MARK WILF ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
SIDNEY ZOLTAK ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHAIM CHESLER ..... AD PERSONAM	6 0 ..... 0 0	X						0	0	0
JEHUDA EVRON ..... AD PERSONAM	2 0 ..... 0 0	X						0	0	0
ALLA GERBER ..... AD PERSONAM	2 0 ..... 0 0	X						0	0	0
MENACHEM HACOHEN ..... AD PERSONAM	8 0 ..... 0 0	X						0	0	0
DALIA ITZIK ..... AD PERSONAM	2 0 ..... 0 0	X						0	0	0
SHRAGA MILSTEIN ..... AD PERSONAM (BEG 07-01-18)	2 0 ..... 0 0	X						0	0	0
AVRAHAM NATAN ..... AD PERSONAM	2 0 ..... 0 0	X						0	0	0
MARLENE POST ..... AD PERSONAM	4 0 ..... 0 0	X						0	0	0
JOSH REINSTEIN ..... AD PERSONAM (BEG 07-01-18)	2 0 ..... 0 0	X						0	0	0
BARUCH SHUB ..... AD PERSONAM	4 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GIDEON TAYLOR ..... AD PERSONAM (BEG 07-01-18)	4 0 ..... 0 0	X						0	0	0
NATAN SHARANSKY ..... VP & DIRECTOR (THRU 06-30-18)	2 0 ..... 0 0	X		X				0	0	0
JONATHAN ARKUSH ..... DIRECTOR (THRU 06-30-18)	2 0 ..... 0 0	X						0	0	0
SAM BLOCH ..... DIRECTOR (THRU 02-04-18)	2 0 ..... 0 0	X						0	0	0
ALEXEY KARPOV ..... DIRECTOR (THRU 06-30-18)	2 0 ..... 0 0	X						0	0	0
TOMAS KRAUS ..... DIRECTOR (THRU 06-30-18)	2 0 ..... 0 0	X						0	0	0
ILANA CICUREL REVCOLEVSCHI ..... DIRECTOR (THRU 06-30-18)	2 0 ..... 0 0	X						0	0	0
HARVEY SCHULWEIS ..... DIRECTOR (THRU 06-30-18)	2 0 ..... 0 0	X						0	0	0
NAOMI SMOOK ..... DIRECTOR (THRU 06-30-18)	2 0 ..... 0 0	X						0	0	0
MEIR KAHALON ..... AD PERSONAM (THRU 06-30-18)	2 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JONA LAKS ..... AD PERSONAM (THRU 06-30-18)	2 0 ..... 0 0	X						0	0	0
GREGORY SCHNEIDER ..... EXECUTIVE VICE PRESIDENT	35 0 ..... 0 0			X				791,289	0	39,064
JOSEPH BERGER ..... CHIEF FINANCIAL & INVEST OFFCR	35 0 ..... 0 0				X			451,103	0	28,985
GERMAN OFFICE EMPLOYEES ..... SEE SCHEDULE J & O	35 0 ..... 0 0				X			513,713	0	45,103
MICHAEL ELKIN ..... CHIEF OPERATING OFFICER	35 0 ..... 0 0				X			245,660	0	35,236
KAREN HEILIG ..... ASSISTANT EXECUTIVE VP	35 0 ..... 5 0					X		282,580	0	49,182
AMY MOYER ..... CONTROLLER	35 0 ..... 0 0					X		265,819	0	3,650
ARIE BUCHEISTER ..... CHIEF OF STAFF	35 0 ..... 0 0					X		264,023	0	144,348
MIRIAM WEINER ..... ASST EXEC VP OF NORTH AMERICA	35 0 ..... 0 0					X		235,429	0	37,671
JAMIE SCHAEFER-WILSON ..... CHIEF COMMUNICATIONS OFFICER	35 0 ..... 0 0					X		198,647	0	2,144

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
CONFERENCE ON JEWISH MATERIAL CLAIMS  
AGAINST GERMANY INC

**Employer identification number**  
13-1677841

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description (1c-1f) and Amount

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
(ii) related organizations

Table with 3 columns: Question (3a(i), 3a(ii), 3b), Yes, No

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

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

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
GOODWILL FUND CLAIMANTS LIAB	25,167,205
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	25,167,205

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	921,526,648
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,392,042	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-504,149	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	887,893
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	920,638,755
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-156,655	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	-156,655
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	920,482,100

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	848,145,305
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-55,951,598	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-55,951,598
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	904,096,903
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	904,096,903

**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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1677841

**Name:** CONFERENCE ON JEWISH MATERIAL CLAIMS  
AGAINST GERMANY INC

## Supplemental Information

Return Reference	Explanation
OTHER ASSETS	SCHEDULE D, PART IX PROPERTY COMPENSATION RECEIVABLE \$ 3,134,572 RECEIVABLE SALE OF RESTITUTED PROPERTY \$ 830,930 RENT RECEIVABLE RESTITUTED PROPERTY \$ 86,943 UNSOLD RESTITUTED PROPERTY \$ 1,143,870 ----- TOTAL OTHER ASSETS \$ 5,196,315

**Supplemental Information**

Return Reference	Explanation
UNCERTAIN TAX POSITIONS	SCHEDULE D, PART X, LINE 2 THE CLAIMS CONFERENCE IS A NOT-FOR-PROFIT AGENCY EXEMPT FROM U S FEDERAL INCOME TAX UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, AND STATE AND LOCAL INCOME TAXES THE CLAIMS CONFERENCE IS EXEMPT FROM TAXES IN GERMANY AND ISRAEL BASED ON LOCAL TAX CODES THE CLAIMS CONFERENCE FOLLOWS ACCOUNTING STANDARDS UPDATE NO 2009-06 , IMPLEMENTATION GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND DISCLOSURE AMENDMENTS FOR NONPUBLIC ENTITIES ACCORDINGLY, THE CLAIMS CONFERENCE RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED

## Supplemental Information

Return Reference	Explanation
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH FORM 990	SCHEDULE D, PART XI, LINES 2D AND 4B LINE 2D NET CHANGE IN YEAR-END ESTIMATED VALUE OF UNSOLD RESTITUTED PROPERTIES \$ (504,149) ----- TOTAL OTHER CHANGES LINE 2D \$ (504,149) LINE 4B RECLASSIFICATION OF RENTAL EXPENSE \$ (156,655) ----- TOTAL OTHER CHANGES LINE 4B \$ (156,655)

## Supplemental Information

Return Reference	Explanation
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH FORM 990	SCHEDULE D, PART XII, LINE 2D RECLASSIFICATION OF RENTAL EXPENSE \$ 156,655 GRANT CANCELLATIONS AND ADJUSTMENTS \$ (55,938,930) GRANT TO RELATED TAX-EXEMPT ORGANIZATION \$ (4,346,184) RELATED TAX-EXEMPT ORGANIZATION EXPENSES \$ 4,176,861 ----- TOTAL OTHER CHANGES LINE 2D \$ (55,951,598)



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CONFERENCE ON JEWISH MATERIAL CLAIMS  
AGAINST GERMANY INC

**Employer identification number**

13-1677841

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	9	215			676,109,157
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	9	215			676,109,157



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

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
EXPENDITURES	<p>SCHEDULE F, PART I, LINE 3 EXPENDITURES REPORTED ARE BASED ON THE ACCRUAL METHOD OF ACCOUNTING MONITORING FOREIGN GRANTS SCHEDULE F, PART I, LINE 2 THE CLAIMS CONFERENCE BOARD OF DIRECTORS APPROVES NEW INSTITUTIONAL ALLOCATIONS APPROXIMATELY EVERY SIX MONTHS ONCE THE GRANTS ARE APPROVED, INSTITUTIONS RECEIVE AN OFFICIAL LETTER OF NOTIFICATION THE GRANT LETTER INCLUDES THE ALLOCATION AMOUNT, PURPOSE OF THE GRANT AND ALL OTHER TERMS AND CONDITIONS OF IMPLEMENTATION INSTITUTIONS MUST CONFIRM ACCEPTANCE OF THE GRANT TERMS AND ARE GENERALLY REQUIRED TO SUBMIT AN AMENDED BUDGET BEFORE THEY CAN BECOME OPERATIONAL SOCIAL SERVICES PROGRAMS FOR ON-GOING SERVICES ARE REQUIRED TO REPORT QUARTERLY ON THE PROGRESS OF THE PROJECTS AND RESEARCH, EDUCATION AND DOCUMENTATION PROJECTS ARE REQUIRED TO SUBMIT SEMI-ANNUAL REPORTS THE REPORTS INCLUDE A PROGRAMMATIC, FINANCIAL AND STATISTICAL REPORT (WHERE APPLICABLE) CAPITAL PROJECTS REPORT ACCORDING TO THE PROGRESS OF THE PROJECTS, AND SUCH REPORTING GENERALLY INCLUDE A STATEMENT FROM AUDITORS DETAILING EXPENDITURES OF THE PROJECTS TO DATE THE PROGRESS OF EACH GRANT IS CLOSELY MONITORED BY THE CLAIMS CONFERENCE STAFF, WHICH IS RESPONSIBLE FOR REVIEWING ALL OF THE FINANCIAL AND PROGRAMMATIC ACTIVITIES TO ENSURE ACCOUNTABILITY AND CONFORMITY TO THE PROGRAM PLAN AND COMPLIANCE WITH REQUIREMENTS AND REGULATIONS FUNDS ARE RELEASED AFTER THE REVIEW OF REPORTS, ALTHOUGH FUNDS MAY BE ADVANCED BASED UPON INSTITUTION NEED ALL GRANTS OF \$125,000 AND ABOVE ARE REQUIRED, UPON COMPLETION OF THE PROJECT, TO SUBMIT A SEPARATE AUDIT OR PROCEDURE WHICH INCLUDES AN AUDITOR'S CONFIRMATION OF THE AMOUNT RECEIVED FROM THE CLAIMS CONFERENCE, THE TOTAL AMOUNT EXPENDED AND THAT THE FUNDS WERE USED FOR THE PURPOSES FOR WHICH THEY WERE GRANTED THE CLAIMS CONFERENCE ADMINISTERS ONE-TIME, MONTHLY AND QUARTERLY PAYMENT PROGRAMS FOR INDIVIDUAL VICTIMS OF NAZI PERSECUTION APPLICATIONS ARE SUBMITTED TO THE CLAIMS CONFERENCE OFFICES LOCATED IN NEW YORK, FRANKFURT OR TEL AVIV THE INFORMATION IN EACH APPLICATION IS ENTERED AND SCANNED INTO A DATABASE SHARED BY EACH OF THE OFFICES CLAIMS CONFERENCE STAFF REVIEW THE INFORMATION FOR ELIGIBILITY (AS DETERMINED BY THE GERMAN GOVERNMENT) AND AFTER SUPERVISORY APPROVAL, THE INFORMATION IS BATCHED AND SENT FOR A FINAL REVIEW BEFORE A PAYMENT FILE IS GENERATED BASED UPON THE BANKING INFORMATION PROVIDED BY THE INDIVIDUAL CLAIMANT FOR THOSE PROGRAMS THAT ARE ONGOING IN NATURE, THE CLAIMANT INFORMATION IS REVIEWED ON AN ANNUAL BASIS THE PAYMENT FILE IS THEN ENCRYPTED AND SENT TO THE CLAIMS CONFERENCE'S TRANSFER AGENT THE GERMAN GOVERNMENT PERFORMS REGULAR AUDITS OF VARIOUS ASPECTS OF THE PROCESS</p>

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
GRANT PURPOSE	SCHEDULE F, PART II & PART III PURPOSE OF ALL GRANTS - ASSISTANCE TO JEWISH VICTIMS OF NAZI PERSECUTION

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1677841

**Name:** CONFERENCE ON JEWISH MATERIAL CLAIMS  
AGAINST GERMANY INC

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	4	141	Program Services	FACILITATE GRANTMAKING	22,780,500
Middle East and North Africa	3	71	Program Services	FACILITATE GRANTMAKING	7,485,473

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States	2	3	Program Services	FACILITATE GRANTMAKING	31,664
Central America and the Caribbean			Grantmaking	GRANTS TO RECIPIENTS	104,774



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking	GRANTS TO RECIPIENTS	17,742,470
Europe (Including Iceland and Greenland)			Grantmaking	GRANTS TO RECIPIENTS	207,605,276

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Grantmaking	GRANTS TO RECIPIENTS	237,530,686
North America			Grantmaking	GRANTS TO RECIPIENTS	32,752,216

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Grantmaking	GRANTS TO RECIPIENTS	33,973,108
South America			Grantmaking	GRANTS TO RECIPIENTS	6,869,839

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Grantmaking	GRANTS TO RECIPIENTS	5,238
Sub-Saharan Africa			Grantmaking	GRANTS TO RECIPIENTS	153,835

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments		31,870,508
Middle East and North Africa			Investments		77,203,570

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the pacific	SEE PART V	115,844	Wire			
		East Asia and the pacific	SEE PART V	42,500	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the pacific	SEE PART V	2,549,011	Wire			
		East Asia and the pacific	SEE PART V	9,738,309	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the pacific	SEE PART V	10,000	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	2,801,244	Wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	31,686	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	14,997	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	6,068	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	7,930,330	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	1,137,741	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	2,464,866	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	236,172	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	63,194	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	425,127	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	1,550,404	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	24,798	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	5,760	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	9,103	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	150,000	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	8,833	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	1,875,787	Wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	940,878	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	5,230,302	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	46,385	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	20,695	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	11,454	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	5,727	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	20,218,642	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	7,478	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	8,135	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	23,001	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	48,327	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	1,288,999	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	20,908	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	314,810	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	7,085	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	140,071	Wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	12,989	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	927,900	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	980,084	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	6,568	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	14,373	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	70,852	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	7,746	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	789,866	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	3,130,646	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	9,090	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	1,382,248	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	136,857	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	7,085	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	8,502	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	1,449,252	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	5,904	Wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	2,904,121	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	68,000	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	57,454	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	16,532	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	1,280,811	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	2,898,929	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	703,304	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	617,902	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	28,569	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	60,000	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	748,253	Wire			
		Europe (Including Iceland and Greenland)	SEE PART V	170,870	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SEE PART V	306,411	Wire			
		Middle East and North Africa	SEE PART V	1,172,842	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	556,877	Wire			
		Middle East and North Africa	SEE PART V	16,706	Wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	361,970	Wire			
		Middle East and North Africa	SEE PART V	139,219	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	1,950,405	Wire			
		Middle East and North Africa	SEE PART V	540,582	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	89,936	Wire			
		Middle East and North Africa	SEE PART V	44,105	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	10,000	Wire			
		Middle East and North Africa	SEE PART V	27,217	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	9,971,677	Wire			
		Middle East and North Africa	SEE PART V	20,994	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	122,889	Wire			
		Middle East and North Africa	SEE PART V	101,630	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	22,971	Wire			
		Middle East and North Africa	SEE PART V	247,775	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	18,836	Wire			
		Middle East and North Africa	SEE PART V	12,864	Wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	284,564	Wire			
		Middle East and North Africa	SEE PART V	21,050	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	36,197	Wire			
		Middle East and North Africa	SEE PART V	116,944,084	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	389,814	Wire			
		Middle East and North Africa	SEE PART V	13,922	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	20,665	Wire			
		Middle East and North Africa	SEE PART V	20,565	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	68,496	Wire			
		Middle East and North Africa	SEE PART V	445,501	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	35,426	Wire			
		Middle East and North Africa	SEE PART V	27,565	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	78,520	Wire			
		Middle East and North Africa	SEE PART V	13,922	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	710,018	Wire			
		Middle East and North Africa	SEE PART V	64,375	Wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	29,520	Wire			
		Middle East and North Africa	SEE PART V	2,411,698	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SEE PART V	48,170	Wire			
		Middle East and North Africa	SEE PART V	222,751	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	SEE PART V	11,301,207	Wire			
		North America	SEE PART V	8,769,458	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	SEE PART V	310,484	Wire			
		North America	SEE PART V	393,712	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	SEE PART V	1,300,509	Wire			
		North America	SEE PART V	316,102	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	SEE PART V	57,000	Wire			
		North America	SEE PART V	60,000	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	SEE PART V	17,926	Wire			
		Russia and the Newly Independent States	SEE PART V	134,702	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia and the Newly Independent States	SEE PART V	101,600	Wire			
		Russia and the Newly Independent States	SEE PART V	7,500	Wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia and the Newly Independent States	SEE PART V	90,000	Wire			
		Russia and the Newly Independent States	SEE PART V	7,433	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia and the Newly Independent States	SEE PART V	12,500	Wire			
		South America	SEE PART V	19,142	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SEE PART V	8,500	Wire			
		South America	SEE PART V	264,235	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SEE PART V	99,536	Wire			
		South America	SEE PART V	30,000	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SEE PART V	1,928,061	Wire			
		South America	SEE PART V	2,037,720	Wire			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Part V	Central America and the Caribbean	18	104,774	Wire			
See Part V	East Asia and the Pacific	1,194	5,286,806	Wire			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Part V	Europe (Including Iceland and Greenland)	30,217	141,718,655	Wire			
See Part V	Middle East and North Africa	24,056	100,210,400	Wire			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Part V	North America	2,302	10,222,152	Wire			
See Part V	Russia and the Newly Independent States	8,478	33,619,373	Wire			



**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Part V	South America	470	2,482,645	Wire			
See Part V	South Asia	1	5,238	Wire			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Part V	Sub-Saharan Africa	33	153,835	Wire			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization: CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY INC

Employer identification number: 13-1677841

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 107
3 Enter total number of other organizations listed in the line 1 table 10

**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) See Part IV	13205	50,674,589			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
MONITORING GRANTS	SCHEDULE I, PART I, LINE 2 THE CLAIMS CONFERENCE BOARD OF DIRECTORS APPROVES NEW INSTITUTIONAL ALLOCATIONS APPROXIMATELY EVERY SIX MONTHS ONCE THE GRANTS ARE APPROVED, INSTITUTIONS RECEIVE AN OFFICIAL LETTER OF NOTIFICATION THE GRANT LETTER INCLUDES THE ALLOCATION AMOUNT, PURPOSE OF THE GRANT AND ALL OTHER TERMS AND CONDITIONS OF IMPLEMENTATION INSTITUTIONS MUST CONFIRM ACCEPTANCE OF THE GRANT TERMS AND ARE GENERALLY REQUIRED TO SUBMIT AN AMENDED BUDGET BEFORE THE GRANTS CAN BECOME OPERATIONAL SOCIAL SERVICES PROGRAMS FOR ON-GOING SERVICES ARE REQUIRED TO REPORT QUARTERLY ON THE PROGRESS OF THE PROJECTS AND RESEARCH, EDUCATION AND DOCUMENTATION PROJECTS ARE REQUIRED TO SUBMIT SEMI-ANNUAL REPORTS THE REPORTS INCLUDE A PROGRAMMATIC, FINANCIAL AND STATISTICAL REPORT(WHERE APPLICABLE) CAPITAL PROJECTS REPORT ACCORDING TO THE PROGRESS OF THE PROJECTS, AND SUCH REPORTING GENERALLY INCLUDE A STATEMENT FROM AUDITORS DETAILING EXPENDITURES OF THE PROJECTS TO DATE THE PROGRESS OF EACH GRANT IS CLOSELY MONITORED BY THE CLAIMS CONFERENCE STAFF, WHICH IS RESPONSIBLE FOR REVIEWING ALL OF THE FINANCIAL AND PROGRAMMATIC ACTIVITIES TO ENSURE ACCOUNTABILITY AND CONFORMITY TO THE PROGRAM PLAN AND COMPLIANCE WITH REQUIREMENTS AND REGULATIONS FUNDS ARE RELEASED AFTER THE REVIEW OF REPORTS, ALTHOUGH FUNDS MAY BE ADVANCED BASED UPON INSTITUTION NEED ALL GRANTS OF \$125,000 AND ABOVE ARE REQUIRED, UPON COMPLETION OF THE PROJECT, TO SUBMIT A SEPARATE AUDIT OR PROCEDURE WHICH INCLUDES AN AUDITOR'S CONFIRMATION OF THE AMOUNT RECEIVED FROM THE CLAIMS CONFERENCE, THE TOTAL AMOUNT EXPENDED AND THAT THE FUNDS WERE USED FOR THE PURPOSES FOR WHICH THEY WERE GRANTED THE CLAIMS CONFERENCE ADMINISTERS ONE-TIME, MONTHLY AND QUARTERLY PAYMENT PROGRAMS FOR INDIVIDUAL VICTIMS OF NAZI PERSECUTION APPLICATIONS ARE SUBMITTED TO THE CLAIMS CONFERENCE OFFICES LOCATED IN NEW YORK, FRANKFURT OR TEL AVIV THE INFORMATION IN EACH APPLICATION IS ENTERED AND SCANNED INTO A DATABASE SHARED BY EACH OF THE OFFICES CLAIMS CONFERENCE STAFF REVIEW THE INFORMATION FOR ELIGIBILITY (AS DETERMINED BY THE GERMAN GOVERNMENT) AND AFTER SUPERVISORY APPROVAL, THE INFORMATION IS BATCHED AND SENT FOR A FINAL REVIEW BEFORE A PAYMENT FILE IS GENERATED BASED UPON THE BANKING INFORMATION PROVIDED BY THE INDIVIDUAL CLAIMANT FOR THOSE PROGRAMS THAT ARE ONGOING IN NATURE, THE CLAIMANT INFORMATION IS REVIEWED ON AN ANNUAL BASIS THE PAYMENT FILE IS THEN ENCRYPTED AND SENT TO THE CLAIMS CONFERENCE'S TRANSFER AGENT THE GERMAN GOVERNMENT PERFORMS REGULAR AUDITS OF VARIOUS ASPECTS OF THE PROCESS
GRANT PURPOSE	SCHEDULE I, PART II & III PURPOSE OF ALL GRANTS - ASSISTANCE TO JEWISH VICTIMS OF NAZI PERSECUTION

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1677841  
**Name:** CONFERENCE ON JEWISH MATERIAL CLAIMS  
AGAINST GERMANY INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ahavas Yisrael Charity Fund 3207 Fallstaff Rd Baltimore, MD 21215	52-1219478	501(c)3	65,000				SEE PART IV
Amer Assn Jewish Holocaust Surv Grtr Boston 391 Boylston St Brookline, MA 02445	04-2602020	501(c)3	20,000				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Amer Jewish Joint Distribution Committee 220 E 42nd St Ste 400 New York, NY 10017	13-1656634	501(c)3	91,015,289				SEE PART IV
Appalachian State University John E Thomas Hall Boone, NC 28608	23-7099379	501(c)3	20,400				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Assn of Holocaust Survivors from the FSU 11 Seacoast Terr Ste C Brooklyn, NY 11235	11-3395358	501(c)3	15,900				SEE PART IV
Auschwitz Inst for Peace & Reconciliation 2 W 45th St Ste 1602 New York, NY 10036	20-4714242	501(c)3	14,400				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Bet Tzedek Legal Services 3250 Wilshire Blvd Los Angeles, CA 90010	23-7304205	501(c)3	30,000				SEE PART IV
Bikur Cholim of Rockland County 25 Robert Pitt Dr Ste 101 Monsey, NY 10952	13-3211807	501(c)3	1,173,957				SEE PART IV



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Blue Card Inc 171 Madison Ave New York, NY 10016	13-1623910	501(c)3	2,872,186				SEE PART IV
Boro Park YM - YWHA 4912 14th Ave Brooklyn, NY 11219	11-1630917	501(c)3	130,000				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boxhead Films LLC 1232 N Weber St Colorado Springs, CO 80903	000000000	N/A	40,000				SEE PART IV
Brooklyn Legal Services 105 Court St 4th Flr Brooklyn, NY 11201	13-2605605	501(c)3	25,000				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Center for Holocaust and Humanity Education 8401 Montgomery Rd Cincinnati, OH 45236	20-5090993	501(c)3	21,250				SEE PART IV
Center for Medicine After the Holocaust 3122 Robinhood St Houston, TX 77005	27-2702772	501(c)3	26,000				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Chevra Hatzalah 1070 McDonald Ave Brooklyn, NY 11230	11-2420013	501(c)3	600,000				SEE PART IV
Claims Conference - German Government Fund Reserve 1359 Broadway Rm 2000 New York, NY 10018	13-1677841	501(c)4	3,456,650				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Claims Conference - Educator Training Initiative 1359 Broadway Rm 2000 New York, NY 10018	13-1677841	501(c)4	100,000				SEE PART IV
Clark University 950 Main St Worcester, MA 01610	04-2111203	501(c)3	60,000				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Community Improvement Council Inc 766 N Main St Spring Valley, NY 10977	13-3683265	501(c)3	253,693				SEE PART IV
Community Outreach Center 21 Remsen Ave Ste 201 Monsey, NY 10952	13-3972370	501(c)3	15,000				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Dallas Holocaust Museum 211 N Record St Ste 100 Dallas, TX 75202	75-2113723	501(c)3	6,500				SEE PART IV
Dev Fdn NC Ctr for Advancement of Teaching 276 NCCAT Dr Cullowhee, NC 28723	56-1884667	501(c)3	38,250				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
E&C Marks Jewish Community House of Bensonhurst 7802 Bay Pkwy Brooklyn, NY 11214	11-1633484	501(c)3	32,446				SEE PART IV
EZRA Legacy Inc 1359 Broadway Ste 2000 New York, NY 10018	83-3271378	501(c)3	4,346,184				SEE PART IV



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Facing History and Ourselves National Fdn 16 Hurd Rd Brookline, MA 02445	04-2761636	501(c)3	59,277				SEE PART IV
F&G Alpert Jewish Family & Children's Svc 5841 Corp Way West Palm Beach, FL 33407	59-1520581	501(c)3	4,394,113				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
From the Heart Productions 1455 Mandalay Beach Rd Oxnard, CA 93035	95-4445418	501(c)3	15,000				SEE PART IV
Goodman Jewish Family Services Broward Cty 5890 S Pine Island Rd Davie, FL 33328	59-0995106	501(c)3	18,077,121				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Greater Miami Jewish Federation 4200 Biscayne Blvd Miami, FL 33137	59-0624404	501(c)3	7,500				SEE PART IV
Guardians of the Sick Cholim Hesed Org 5216 11th Ave Brooklyn, NY 11219	11-6003433	501(c)3	8,984,124				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Gulf Coast Jewish Family & Community Svcs 14041 Icot Blvd Clearwater, FL 33760	59-1229354	501(c)3	1,720,929				SEE PART IV
Hidden Child Foundation - ADL 605 Third Ave New York, NY 10158	13-1818723	501(c)3	18,200				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Holocaust & Jewish Resistance Teacher Training Pgm PO Box 1922 New York, NY 10156	13-3128513	501(c)3	66,240				SEE PART IV
Holocaust Center for Humanity 2045 Second Ave Seattle, WA 98121	91-1464233	501(c)3	19,775				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Holocaust Child Survivors of Connecticut 20 Tubbs Spring Ct Weston, CT 06883	22-3218819	501(c)3	6,650				SEE PART IV
Holocaust Memorial Foundation of Illinois 9603 Woods Dr Skokie, IL 60077	36-3156154	501(c)3	10,000				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Holocaust Museum Houston 9220 Kirby Ste 100 Houston, TX 77054	76-0331398	501(c)3	51,200				SEE PART IV
Holocaust Survivor Emergency Assistance Pgm 1359 Broadway Ste 2000 New York, NY 10018	13-1677841	501(c)4	150,477				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Holocaust Survivors Charity Inc 2880 W 12th St Rm 6 Brooklyn, NY 11224	11-3792091	501(c)3	6,650				SEE PART IV
Jasmine Avenue Holdings LLC 3803 Trellis Ln Columbus, OH 43230	000000000	N/A	20,000				SEE PART IV



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Jewish Community Center at Starrett City 1475 Geneva Loop Ste 6F Brooklyn, NY 11239	11-3376124	501(c)3	14,200				SEE PART IV
Jewish Community Center of Staten Island 1466 Manor Rd Staten Island, NY 10314	13-5562256	501(c)3	5,500				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Jewish Community Council of Canarsie 1170 Pennsylvania Ave Brooklyn, NY 11239	11-2608645	501(c)3	20,000				SEE PART IV
Jewish Community Council Grtr Coney Island 3001 W 37th St Brooklyn, NY 11224	11-2665181	501(c)3	18,367,716				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Jewish Community Council Rockaway Peninsula 1525 Central Ave Far Rockaway, NY 11691	11-2425813	501(c)3	33,000				SEE PART IV
Jewish Comm Council Wash Heights-Inwood 121 Bennett Ave Ste 11A New York, NY 10040	13-2944830	501(c)3	29,500				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Jewish Community Services 5750 Park Heights Ave Baltimore, MD 21215	52-0607909	501(c)3	2,259,703				SEE PART IV
Jewish Community Services of South Florida 735 NE 125th St Miami, FL 33161	59-0637867	501(c)3	13,899,108				SEE PART IV

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Jewish Family & Children's Svcs Northern NJ 1485 Teaneck Rd Teaneck, NJ 07666	22-2223109	501(c)3	1,961,638				SEE PART IV
Jewish Family & Children's Svc Grtr Mercer Cty 707 Alexander Rd Princeton, NJ 08540	21-0634563	501(c)3	364,920				SEE PART IV

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Jewish Family & Children's Svc Monmouth Cty 705 Summerfield Ave Asbury Park, NJ 07712	22-2158627	501(c)3	590,417				SEE PART IV
Jewish Family & Children's Svc Ocean County 1235A Rt 70 Lakewood, NJ 08701	22-2140175	501(c)3	1,517,717				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Jewish Family & Children's Svcs Southern AZ 4301 East Fifth St Tucson, AZ 85711	86-0623896	501(c)3	593,716				SEE PART IV
Jewish Family & Community Services East Bay 2484 Shattuck Ave Berkeley, CA 94704	94-3250304	501(c)3	547,188				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Jewish Family & Community Services Inc 8540 Baycenter Rd Jacksonville, FL 32256	59-0637868	501(c)3	537,258				SEE PART IV
Jewish Fam & Vocational Svc Middlesex Cty 32 Ford Ave 2nd Flr Milltown, NJ 08850	22-2281774	501(c)3	1,964,577				SEE PART IV



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Jewish Family and Career Services 4549 Chamblee Dunwoody Rd Atlanta, GA 30338	58-1479212	501(c)3	1,480,650				SEE PART IV
Jewish Family and Child Service 1221 SW Yamhill Ste 301 Portland, OR 97205	93-0386851	501(c)3	740,700				SEE PART IV

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Jewish Family and Children's Service 3801 E Willow St Long Beach, CA 90815	95-2273033	501(c)3	121,535				SEE PART IV
Jewish Family & Children's Svc Grtr Boston 1430 Main St Waltham, MA 02451	04-2104356	501(c)3	1,130,553				SEE PART IV

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Jewish Family and Children's Svc Grtr Phila 2100 Arch St Philadelphia, PA 19103	23-1352026	501(c)3	2,381,168				SEE PART IV
Jewish Family & Children's Svc Minneapolis 5905 Golden Valley Rd Minneapolis, MN 55422	41-0693860	501(c)3	401,027				SEE PART IV

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Jewish Family & Children's Svcs of San Francisco 2150 Post St San Francisco, CA 94115	94-1156528	501(c)3	4,373,058				SEE PART IV
Jewish Family and Community Services 5743 Bartlett St Pittsburgh, PA 15217	25-0965407	501(c)3	245,020				SEE PART IV

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Jewish Family Service 1601 16th Ave Seattle, WA 98122	91-0565537	501(c)3	486,230				SEE PART IV
Jewish Family Svc & Children's Ctr CliftonPassaic 110 Main Ave Passaic, NJ 07055	20-5928151	501(c)3	330,050				SEE PART IV

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Jewish Family Service Agency of Las Vegas 2309 Renaissance Drive Las Vegas, NV 89119	88-0142948	501(c)3	349,989				SEE PART IV
Jewish Family Svc Association of Cleveland 3659 S Green Rd Beachwood, OH 44122	34-0714441	501(c)3	3,243,919				SEE PART IV

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Jewish Family Service of Atlantic County 607 N Jerome Ave Margate City, NJ 08402	22-2119902	501(c)3	50,560				SEE PART IV
Jewish Family Service of Central New Jersey 655 Westfield Ave Elizabeth, NJ 07208	22-1487364	501(c)3	1,631,369				SEE PART IV

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Jewish Family Service of Colorado 3201 S Tamarac Dr Denver, CO 80231	84-0402701	501(c)3	771,446				SEE PART IV
Jewish Family Service of Greater Cincinnati 8487 Ridge Rd Cincinnati, OH 45236	31-0744786	501(c)3	2,688,523				SEE PART IV



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Jewish Family Service of Greater Dallas 5402 Arapaho Rd Dallas, TX 75248	75-1992728	501(c)3	134,599				SEE PART IV
Jewish Family Service of Houston 4131 S Braeswood Houston, TX 77025	74-1152607	501(c)3	777,513				SEE PART IV

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Jewish Family Service of Los Angeles 3580 Wilshire Blvd Los Angeles, CA 90010	95-1691013	501(c)3	8,213,171				SEE PART IV
Jewish Family Service Metropolitan Detroit 6555 W Maple Rd West Bloomfield, MI 48322	38-0691329	501(c)3	2,930,427				SEE PART IV

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Jewish Family Service of San Diego 8804 Balboa Ave San Diego, CA 92123	95-1644024	501(c)3	1,175,505				SEE PART IV
Jewish Fam Svc Somerset Hunterdon & Warren Cty 150-A West High St Somerville, NJ 08876	22-2306902	501(c)3	153,691				SEE PART IV

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Jewish Family Service of Tidewater Inc 5000 Corp Woods Dr Virginia Beach, VA 23462	54-0854002	501(c)3	22,000				SEE PART IV
Jewish Family Services 1070 College Ave Columbus, OH 43209	31-4379497	501(c)3	1,563,647				SEE PART IV

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Jewish Family Services 1300 N Jackson St Milwaukee, WI 53202	39-0806291	501(c)3	55,000				SEE PART IV
Jewish Family Services of Greater Hartford 333 Bloomfield Ave West Hartford, CT 06117	06-0653062	501(c)3	1,011,050				SEE PART IV

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Jewish Family Services of Metrowest NJ 256 Columbia Tpke Florham Park, NJ 07932	22-1687995	501(c)3	1,332,143				SEE PART IV
Jewish Family Services of Silicon Valley 14855 Oka Rd Ste 202 Los Gatos, CA 95032	94-2536452	501(c)3	290,898				SEE PART IV

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Jewish Federation & Family Svcs Orange Cty 1 Federation Way Ste 210 Irvine, CA 92603	95-2407026	501(c)3	1,010,665				SEE PART IV
Jewish Federation of Metropolitan Chicago 30 S Wells St Chicago, IL 60606	36-2167761	501(c)3	5,350,272				SEE PART IV

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Jewish Foundation for the Righteous 80 Main St Ste 380 West Orange, NJ 07052	13-3807016	501(c)3	274,376				SEE PART IV
Jewish Home Services Inc Jewish Senior Life Svcs 6710 W Maple Rd West Bloomfield, MI 48322	38-2710545	501(c)3	8,000				SEE PART IV



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Jewish Social Service Agency 200 Wood Hill Rd Rockville, MD 20850	53-0196598	501(c)3	3,148,145				SEE PART IV
K'hal Adath Jeshurun 700 W 186th St New York, NY 10033	13-1628201	501(c)3	38,500				SEE PART IV

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Limmud FSU International Foundation 80 Central Park West New York, NY 10023	26-1870256	501(c)3	149,000				SEE PART IV
Looted Cultural Property Project 1359 Broadway Rm 2000 New York, NY 10018	13-1677841	501(c)4	180,000				SEE PART IV

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Manhattan Chapter Women Holocaust Survivors 111 E 85th St Ste 17A New York, NY 10028	000000000	N/A	17,000				SEE PART IV
Metro Jewish Health Syst Hospice & Palliative Care 39 Broadway Ste 200 New York, NY 10006	13-3438643	501(c)3	9,000				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Musm of Jewish Heritage-Living Mem to Holocaust 36 Battery Pl New York, NY 10280	13-3376265	501(c)3	125,362				SEE PART IV
Nachas Health & Family Network Inc 1310 48th St Brooklyn, NY 11219	11-3067201	501(c)3	160,000				SEE PART IV

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New Cracow Friendship Society Inc 3905 Arthur Ave N Seaford, NY 11783	11-6044339	501(c)4	9,975				SEE PART IV
New Life Club 6225 Lance Pl San Diego, CA 92120	33-0269567	501(c)3	10,000				SEE PART IV

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New York Association of Holocaust Survivors 2900 W 8th St Ste 1E Brooklyn, NY 11224	13-4300949	501(c)3	15,900				SEE PART IV
New York Legal Assistance Group 7 Hanover Sq 18th Flr New York, NY 10004	13-3505428	501(c)3	30,000				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
O Lengyel Inst Holoc Studies & Human Rights 58 E 79th St New York, NY 10075	47-1989816	501(c)3	15,000				SEE PART IV
Pacific Street Film Projects Inc 460 Ridge Rd Hartsdale, NY 10530	11-2529774	N/A	20,000				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Pesach TikvahDoor of Hope 18 Middleton St Brooklyn, NY 11206	11-2642641	501(c)3	364,072				SEE PART IV
Phoenix Holocaust Survivors' Association 12701 N Scottsdale Rd Scottsdale, AZ 85254	86-0517079	501(c)3	22,500				SEE PART IV



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Piotrkow Trybunalski Association Inc 151 Brite Ave Scarsdale, NY 10583	45-1632466	501(c)3	5,200				SEE PART IV
Queens Chapter of Holocaust Survivors 166-25 Powells Cove Whitestone, NY 11357	11-3319279	501(c)3	17,290				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Rockland Jewish Family Service 450 W Nyack Rd West Nyack, NY 10994	13-3776995	501(c)3	1,788,279				SEE PART IV
Ruth & Norman Rales Jewish Family Services 21300 RB Coleman Blvd Boca Raton, FL 33428	65-1115689	501(c)3	6,044,729				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Samost Jewish Family & Children's Svc S NJ 1301 Springdale Rd Cherry Hill, NJ 08003	21-0634489	501(c)3	1,224,709				SEE PART IV
Selfhelp Community Services Inc 520 Eighth Ave 5th Flr New York, NY 10018	13-1624178	501(c)3	18,065,237				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Marion & Aaron Gural JCC 207 Grove Ave Cedarhurst, NY 11516	11-2546437	501(c)3	70,000				SEE PART IV
The Saul Kagan Fellowship in Adv Shoah Studies 1359 Broadway Ste 2000 New York, NY 10018	13-1677841	501(c)4	80,000				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Tomchei Shabbos of Queens 129-01 Metropolitan Kew Gardens, NY 11415	11-2693305	501(c)3	60,000				SEE PART IV
United Jewish Organizations of Williamsburg Inc 32 Penn St Brooklyn, NY 11211	11-2728233	501(c)3	4,737,068				SEE PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United States Holocaust Memorial Museum 100 Raoul Wallenberg Washington, DC 20024	52-1309391	501(c)3	473,700				SEE PART IV
Westchester Jewish Community Services 845 N Broadway White Plains, NY 10603	13-1740071	501(c)3	618,659				SEE PART IV

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
World Fed Jewish Child Survivors of Holoc 67 S Bedford St Burlington, MA 01803	22-3160096	501(c)3	7,500				SEE PART IV

**Schedule J**  
(Form 990)

## Compensation Information

OMB No 1545-0047

# 2018

**Open to Public Inspection**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY INC	Employer identification number 13-1677841
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**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>				
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No		
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>		No		
<p><b>8</b> 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.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**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 are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> GREGORY SCHNEIDER EXECUTIVE VICE PRESIDENT	(i)	547,611	210,000	33,678	0	39,064	830,353	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> JOSEPH BERGER CHIEF FINANCIAL & INVEST OFFCR	(i)	420,192	0	30,911	0	28,985	480,088	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> GERMAN OFFICE EMPLOYEES SEE SCHEDULE J & O	(i)	452,092	0	61,621	35,948	12,517	562,178	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> MICHAEL ELKIN CHIEF OPERATING OFFICER	(i)	244,694	0	966	0	38,361	284,021	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> KAREN HEILIG ASSISTANT EXECUTIVE VP	(i)	265,219	0	17,361	0	55,039	337,619	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> AMY MOYER CONTROLLER	(i)	216,382	0	49,437	0	3,650	269,469	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> ARIE BUCHEISTER CHIEF OF STAFF	(i)	258,689	0	5,334	85,816	58,532	408,371	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> MIRIAM WEINER ASST EXEC VP OF NORTH AMERICA	(i)	204,394	0	31,035	0	37,671	273,100	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> JAMIE SCHAEFER-WILSON CHIEF COMMUNICATIONS OFFICER	(i)	198,035	0	612	0	2,144	200,791	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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

Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B AND PART II, COLUMN (B)(III) DURING 2018, THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED TAXABLE DEFERRALS AS FOLLOWS GREGORY SCHNEIDER - \$32,712 JOSEPH BERGER - \$25,143 KAREN HEILIG - \$16,395 AMY MOYER - \$48,471 MIRIAM WEINER - \$30,405

<b>Return Reference</b>	<b>Explanation</b>
COMPENSATION	SCHEDULE J, PART II, COLUMN A AND FORM 990, PART VII SEE EXPLANATION FOR GERMAN OFFICE EMPLOYEES DESIGNATION ON SCHEDULE O

<b>Return Reference</b>	<b>Explanation</b>
BASE COMPENSATION	SCHEDULE J, PART II, COLUMN B(I) IN ACCORDANCE WITH IRS FORM 990 INSTRUCTIONS AND BASED UPON AN EMPLOYEE'S VOLUNTARY ELECTIONS, THE BASE COMPENSATION MAY BE DECREASED BY THE PRE-TAX BENEFITS OF FLEXIBLE SPENDING PLAN, DEPENDENT CARE ASSISTANCE PLAN, TRANSITCHECKS OR A COMBINATION THEREOF

<b>Return Reference</b>	<b>Explanation</b>
OTHER REPORTABLE AND DEFERRED COMPENSATION	SCHEDULE J, PART II, COLUMNS B(III) AND C THE CLAIMS CONFERENCE DOES NOT HAVE A PENSION PLAN IN LIEU OF A PENSION PLAN THERE IS A DEFERRED COMPENSATION PLAN OR A SEVERANCE PROGRAM, WHICH IS REPORTED IN EITHER THE OTHER REPORTABLE COMPENSATION COLUMN OR THE RETIREMENT AND OTHER DEFERRED COMPENSATION COLUMN DEPENDING ON WHETHER OR NOT THIS BENEFIT IS GUARANTEED THE CALCULATION IS BASED UPON AN EMPLOYEES YEARS OF SERVICE AND THE DIFFERENTIAL IN HIS/HER PRIOR AND CURRENT YEAR SALARY IN THE YEAR WHEN THERE IS RECOGNITION OF INCREASED RESPONSIBILITIES, THE CALCULATION, BASED ON THE RELATED SALARY ADJUSTMENT, MAY RESULT IN A LARGE ONE-TIME CURRENT YEAR BENEFIT EXPENSE

<b>Return Reference</b>	<b>Explanation</b>
BONUS AND INCENTIVE COMPENSATION	SCHEDULE J, PART II, COLUMN B(II) BONUS AND INCENTIVE COMPENSATION WAS GIVEN AS A ONE-TIME COMPENSATION IN RECOGNITION OF CONTRIBUTIONS TO THE CLAIMS CONFERENCE OVER MANY YEARS ONE THIRD OF THE LISTED AMOUNT IS TO BE PAID EACH YEAR FOR THREE YEARS



# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1677841

**Name:** CONFERENCE ON JEWISH MATERIAL CLAIMS  
AGAINST GERMANY INC

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREGORY SCHNEIDER EXECUTIVE VICE PRESIDENT	(i)	547,611	210,000	33,678	0	39,064	830,353	0
	(ii)	0	0	0	0	0	0	0
JOSEPH BERGER CHIEF FINANCIAL & INVEST OFFCR	(i)	420,192	0	30,911	0	28,985	480,088	0
	(ii)	0	0	0	0	0	0	0
GERMAN OFFICE EMPLOYEES SEE SCHEDULE J & O	(i)	452,092	0	61,621	35,948	12,517	562,178	0
	(ii)	0	0	0	0	0	0	0
MICHAEL ELKIN CHIEF OPERATING OFFICER	(i)	244,694	0	966	0	38,361	284,021	0
	(ii)	0	0	0	0	0	0	0
KAREN HEILIG ASSISTANT EXECUTIVE VP	(i)	265,219	0	17,361	0	55,039	337,619	0
	(ii)	0	0	0	0	0	0	0
AMY MOYER CONTROLLER	(i)	216,382	0	49,437	0	3,650	269,469	0
	(ii)	0	0	0	0	0	0	0
ARIE BUCHEISTER CHIEF OF STAFF	(i)	258,689	0	5,334	85,816	58,532	408,371	0
	(ii)	0	0	0	0	0	0	0
MIRIAM WEINER ASST EXEC VP OF NORTH AMERICA	(i)	204,394	0	31,035	0	37,671	273,100	0
	(ii)	0	0	0	0	0	0	0
JAMIE SCHAEFER-WILSON CHIEF COMMUNICATIONS OFFICER	(i)	198,035	0	612	0	2,144	200,791	0
	(ii)	0	0	0	0	0	0	0



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

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY INC

Employer identification number

13-1677841

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
UNRELATED BUSINESS TAXABLE INCOME	FORM 990, PART I, LINE 7B THE AMOUNT REPORTED INCLUDES CERTAIN FRINGE BENEFIT EXPENSES SUBJECT TO UNRELATED BUSINESS TAX UNDER IRC SECTION 512(A)(7) THESE AMOUNTS THAT ARE NOT CLASSIFIED AS REVENUE AND, THEREFORE, ARE NOT REPORTED AS SUCH ON FORM 990, PART VIII OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D OTHER PROGRAMS ROMANIAN EMERGENCY ASSISTANCE PROGRAM TO PROVIDE PAYMENTS TO JEWISH VICTIMS OF NAZI PERSECUTION OF ROMANIAN ORIGIN WHO ARE FINANCIALLY VULNERABLE PROGRAM SERVICE EXPENSES - 5,232,901 GRANTS - 5,084,136 OTHER PROGRAMS - INTERNATIONAL COMMISSION ON HOLOCAUST ERA INSURANCE CLAIMS TO PROVIDE SUPPORT TO INSTITUTIONS WHICH PROVIDE SOCIAL WELFARE PROGRAMS TO VICTIMS OF NAZI PERSECUTION PROGRAM SERVICE EXPENSES 700,000 GRANTS - 700,000 OTHER PROGRAMS - WEINBERG FUND TO PROVIDE GRANTS TO INSTITUTIONS FOR EMERGENCY ASSISTANCE TO JEWISH VICTIMS OF NAZISM IN NORTH AMERICA PROGRAM SERVICE EXPENSES - 264,703 GRANTS - 264,703 TOTAL PROGRAM SERVICE EXPENSES 6,197,604 TOTAL GRANTS - 6,048,839

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CHARITABLE CONTRIBUTIONS	FORM 990, PART V, LINE 6A THE CLAIMS CONFERENCE DOES NOT SOLICIT CONTRIBUTIONS FROM ANY SOURCE THE CLAIMS CONFERENCE OBTAINS FUNDS AS A RESULT OF BI-LATERAL OR MULTI-LATERAL AGREEMENTS WITH GOVERNMENTS OR INDUSTRY RELATING TO COMPENSATION OR RESTITUTION OF HOLOCAUST ER A WRONGS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
INDEPENDENT MEMBERS	FORM 990, PART VI, SECTION A, LINE 1B A DIRECTOR, AND FORMER TREASURER, SPENDS A SIGNIFICANT PORTION OF EACH WEEK ON CLAIMS CONFERENCE RELATED BUSINESS THEREFORE, THE CLAIMS CONFERENCE PAYS A PORTION OF HIS OFFICE RENT IN 2018, THE AMOUNT PAID WAS \$37,890

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 REVIEW	FORM 990, PART VI, SECTION B, LINE 11B THE AUDIT COMMITTEE AND THE PERSONNEL AND MANAGEMENT COMMITTEE, WHICH ARE ESTABLISHED BY THE BYLAWS OF THE CORPORATION, HAVE EACH REVIEWED THE RELEVANT SECTIONS OF THE FORM 990, AS THEY PERTAIN TO THE MANDATES OF THE PARTICULAR COMMITTEE, AND HAVE AUTHORIZED ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE IN ITS CURRENT FORM

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C BOARD MEMBERS, AD PERSONA AND KEY EMPLOYEES ARE SENT THE CONFLICT OF INTEREST POLICY AND DISCLOSURE FORMS PRIOR TO THE ANNUAL JULY BOARD MEETING COMPLETED FORMS ARE GIVEN TO THE CHAIRMAN OF THE AUDIT COMMITTEE FOR REVIEW IF ANY POTENTIAL PROBLEMS ARISE, THEY ARE DISCUSSED WITH THAT INDIVIDUAL BOARD MEMBERS AND AD PERSONA ARE INELIGIBLE TO VOTE DURING THE ANNUAL BOARD MEETING UNTIL HIS/HER FORM HAS BEEN RECEIVED OR ANY POTENTIAL PROBLEMS RESOLVED

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
COMPENSATION	FORM 990, PART VI, SECTION B, LINES 15A AND 15B THE PERSONNEL AND MANAGEMENT (P&M) COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT LAY LEADERS, MEETS AT THE END OF EACH YEAR TO REVIEW EXECUTIVE COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL & INVESTMENT OFFICER, CHIEF OPERATING OFFICER AND OTHER EXECUTIVE STAFF COMPARABLE SALARIES IN OTHER ORGANIZATIONS, RELEVANT BENEFITS AND THE NATURE AND SIZE OF COMPARABLE ORGANIZATIONS ARE DISCUSSED THE REVIEW OF 2018 COMPENSATION OCCURRED IN FEBRUARY 2018 THE P&M COMMITTEE REVIEWS THE COMPENSATION AND BENEFITS FOR ALL EMPLOYEES WHO EARN MORE THAN \$100,000 ON A YEARLY BASIS THEY MUST APPROVE ANY INCREASES FOR EMPLOYEES IN THIS CATEGORY RECOMMENDED COMPENSATION AMOUNTS ARE APPROVED BY THE P&M COMMITTEE, THE APPROVAL OF WHICH IS DOCUMENTED IN THE MINUTES OF THE COMMITTEE MEETING, WHICH ARE MAINTAINED BY HUMAN RESOURCES THE CLAIMS CONFERENCE HAS PROCEDURES IN PLACE WHICH ARE INTENDED TO ENABLE IT TO QUALIFY FOR THE REBUTTABLE PRESUMPTION THAT COMPENSATION IS REASONABLE IN ACCORDANCE WITH TREAS REG SECTION 534958-6

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 18 FORM 990 IS AVAILABLE AT WWW GUIDESTAR ORG THE ORGA NIZATIONS APPLICATION FOR EXEMPT STATUS IS NOT AVAILABLE TO THE PUBLIC, AS THE ORGANIZATIO N WAS INITIALLY RECOGNIZED AS TAX EXEMPT IN 1955 AND PUBLIC AVAILABILITY IS NOT REQUIRED W HERE THE ORGANIZATION DID NOT HAVE A COPY OF ITS EXEMPTION APPLICATION ON THE EFFECTIVE DA TE OF THE REQUIREMENT IN JULY 1987

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
ORGANIZATION DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19 THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE AT WWW CLAIMSCON ORG GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
GERMAN EMPLOYEES AND INDEPENDENT CONTRACTORS	FORM 990, PART VII, SECTIONS A AND B THE GERMAN FEDERAL DATA PROTECTION ACT (BUNDESDATENSCHUTZGESETZ) DATED NOVEMBER 15, 2006 SERVES TO IMPLEMENT DIRECTIVE 95/46/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL OF 24 OCTOBER 1995 ON THE PROTECTION OF INDIVIDUALS WITH REGARD TO THE PROCESSING OF PERSONAL DATA AND ON THE MOVEMENT OF SUCH DATA ACCORDING TO THE ACT, THE COLLECTION, PROCESSING AND USE OF PERSONAL DATA SHALL BE ADMISSIBLE ONLY IF PERMITTED OR PRESCRIBED BY THE ACT OR ANY OTHER LEGAL PROVISION OR IF THE DATA SUBJECT HAS CONSENTED SINCE THE GERMAN EMPLOYEES AND CONTRACTORS HAVE NOT GIVEN THEIR CONSENT TO RELEASE ANY PERSONAL INFORMATION AND ITS RELEASE IS NOT EXPLICITLY PERMITTED BY THE ACT, THE CLAIMS CONFERENCE DOES NOT HAVE THE RIGHT TO MAKE THIS INFORMATION PUBLIC

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
INDEPENDENT CONTRACTORS	FORM 990, PART VII, SECTION B A SIGNIFICANT PORTION OF THE EXPENSES DETAILED IN FORM 990, PART VII, SECTION B ARE REIMBURSED BY THE GERMAN GOVERNMENT OR INSURANCE COVERAGE OTHER C HANGES IN NET ASSETS FORM 990, PART XI, LINE 9 NET CHANGE IN FOREIGN CURRENCY FLUCTUATIONS \$ 1,786,439 NET CHANGE IN YEAR-END ESTIMATED VALUE OF UNSOLD RESTITUTED PROPERTIES \$ (504 ,149) GRANT CANCELLATIONS AND ADJUSTMENTS \$ 55,938,930 ----- TOTAL OTHER CHANGE S IN NET ASSETS \$ 57,221,220

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CONFERENCE ON JEWISH MATERIAL CLAIMS  
AGAINST GERMANY INC

**Employer identification number**

13-1677841

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> EZRA LEGACY INC 1359 BROADWAY ROOM 2000  NEW YORK, NY 10018 82-3271378	HOLOCAUST	DE	501(C)(3)	7	CLAIMS CONF	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EZRA LEGACY INC	B	4,346,184	Cash Grant

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>