

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2016** calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input checked="" type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization JEWISH FEDERATION AND FAMILY SERVICES OF ORANGE COUNTY</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 FEDERATION WAY 210</p> <p>City or town, state or province, country, and ZIP or foreign postal code IRVINE, CA 92603</p> <p>F Name and address of principal officer: ARLENE MILLER SAME AS C ABOVE</p>	<p>D Employer identification number 95-2407026</p> <p>E Telephone number 949-435-3484</p> <p>G Gross receipts \$ 11,685,358.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>J Website: ▶ WWW.JEWISHORANGECOUNTY.ORG</p> <p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p> <p>L Year of formation: 1966 M State of legal domicile: CA</p>		

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: WE CARE FOR PEOPLE IN NEED AND STRENGTHEN JEWISH COMMUNITY IN OC, ISRAEL, AND AROUND THE WORLD.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 25
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 61
	6	Total number of volunteers (estimate if necessary)	6 395
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,489,437. 6,554,848.
	9	Program service revenue (Part VIII, line 2g)	105,160. 190,415.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	289,553. 160,777.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-62,588. -52,991.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,821,562. 6,853,049.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,413,543. 1,705,224.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,242,362. 3,345,533.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
		16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 455,000.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,680,624. 1,589,417.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,336,529. 6,640,174.	
	19 Revenue less expenses. Subtract line 18 from line 12	-1,514,967. 212,875.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,887,663. 11,443,545.
	21	Total liabilities (Part X, line 26)	598,921. 772,572.
	22	Net assets or fund balances. Subtract line 21 from line 20	10,288,742. 10,670,973.

Part II Signature Block

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

Sign Here	▶ Signature of officer ARLENE MILLER, CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TASHA OTSUJI	Preparer's signature TASHA OTSUJI	Date 11/13/18	Check if self-employed <input type="checkbox"/>	PTIN P00846495
	Firm's name ▶ KSJG, LLP	Firm's EIN ▶ 95-3322166	Firm's address ▶ 100 SPECTRUM CENTER DRIVE, STE 1000 IRVINE, CA 92618		
					Phone no. (949) 261-2808

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION IS TO BRING TOGETHER THE PEOPLE, THE PARTNERS AND THE RESOURCES TO CARE FOR PEOPLE IN NEED, TO BUILD A VIBRANT COMMUNITY AND TO SUSTAIN AND ENHANCE JEWISH LIFE. THE ORGANIZATION SUPPORTS JEWISH EDUCATION FOR ALL AGES; LIFELINES FOR

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 [X] 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 [X] 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 \$ 1,921,248. including grants of \$ 433,797.) (Revenue \$ 190,415.) THROUGH THE FAMILY SERVICES DIVISION, JFFS SOCIAL SERVICE PROGRAMS AND DIRECT FINANCIAL AID ENSURES THE QUALITY OF LIFE FOR THE MOST VULNERABLE MEMBERS OF THE COMMUNITY, INCLUDING SENIORS, CHILDREN AND YOUNG ADULTS WITH SPECIAL NEEDS, AND INDIVIDUALS AND FAMILIES IN CRISIS.

LIFELINES EMERGENCY ASSISTANCE: 1,098 RECEIVED CRISIS CASE MANAGEMENT, INFORMATION AND REFERRAL, EMERGENCY FINANCIAL SERVICES AND/OR SERVICES THROUGH ADOPT A FAMILY.

HOLOCAUST SURVIVOR SERVICES: 202 CLIENTS RECEIVED CARE MANAGEMENT, ASSISTANCE APPLYING FOR RESTITUTION AND SOCIALIZATION PROGRAMMING TO

4b (Code:) (Expenses \$ 1,665,409. including grants of \$ 499,503.) (Revenue \$) COMMUNITY OUTREACH GRANTS AND INITIATIVES BUILT LEADERSHIP ON OUR COLLEGE CAMPUSES THROUGH ADVOCACY TRAINING, MENTORING, COMMUNITY OUTREACH GRANTS AND EXPERIENTIAL LEARNING, SERVING 3 COLLEGE CAMPUSES IN ORANGE COUNTY, SUPPORTING 10 STUDENT PROGRAMS AND ASSISTING 20 STUDENTS WITH GRANTS. OUTREACH INITIATIVES ALSO ENABLE COMMUNITY MEMBERS TO EXPLORE A RANGE OF JEWISH CULTURAL ACTIVITIES FOR ALL AGES, SUCH AS AN ANNUAL COMMUNITY CELEBRATION OF ISRAEL INDEPENDENCE DAY (A PARTNERSHIP OF JFFS WITH THE MERAGE JCC). OUTREACH INITIATIVES ALSO CONNECT OUR COMMUNITY WITH PEOPLE IN NEED IN ORANGE COUNTY, AROUND THE USA AND OVERSEAS; AND PROVIDE OUR JEWISH ORGANIZATIONS AND CONGREGATIONS WITH GRANTS FOR THEIR PROGRAMMING. JFFS SUPPORTED 21 JEWISH ORGANIZATIONAL AND CONGREGATIONAL PROGRAMS WITH GRANTS.

4c (Code:) (Expenses \$ 1,129,323. including grants of \$ 497,888.) (Revenue \$) EDUCATION GRANTS AND INITIATIVES SPAN ALL AGES AND DENOMINATIONS IN OUR COMMUNITY. EDUCATION GRANTS SUPPORT CAMPERSHIPS, AFTER-SCHOOL AND SUMMER EDUCATION PROGRAMS FOR YOUTH AND TEENS; JEWISH DAY SCHOOLS WHOSE STUDENT POPULATION RANGES FROM KINDERGARTEN THROUGH 12TH GRADE; JEWISH IDENTITY AND LEADERSHIP PREPARATION FOR TEENS; ADULT JEWISH LEARNING PROGRAMS; AND CONTINUING JEWISH EDUCATION FOR SENIORS. JFFS AWARDED 229 EDUCATIONAL GRANTS TO APPLICANTS, WITH AN AVERAGE GRANT OF \$583 PER RECIPIENT, AND FUNDED 98% OF ALL REQUESTED GRANTS. PJ LIBRARY, SERVING CHILDREN FROM 6 MONTHS TO 8 YEARS OF AGE, AWARDED 15,233 BOOKS WITHIN THE YEAR TO 1426 HOUSEHOLDS WITH CHILDREN OF THAT AGE IN ORANGE COUNTY. READING PARTNERS, A VOLUNTEER LITERACY INITIATIVE, PLACED 64 VOLUNTEERS IN 70 K-3 CLASSROOMS IN 14 ORANGE COUNTY PUBLIC SCHOOLS, HELPING

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,021,618. including grants of \$ 274,036.) (Revenue \$)

4e Total program service expenses 5,737,598.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		
		43		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		
		0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a		
		61		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	25		
b Enter the number of voting members included in line 1a, above, who are independent	1b	25		
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?	2			X
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?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a			X
b 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	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
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?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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: **ANDREW BRESLOW - 949-435-3484**
1 FEDERATION WAY #210, IRVINE, CA 92603

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) Yael Aronoff DIRECTOR	0.40	X					0.	0.	0.	
(2) Alexandra Mars DIRECTOR	0.40	X					0.	0.	0.	
(3) David Eliezrie DIRECTOR	0.40	X					0.	0.	0.	
(4) Kenneth Beard DIRECTOR	0.40	X					0.	0.	0.	
(5) Michael Stoll DIRECTOR	0.40	X					0.	0.	0.	
(6) Frank Ellis DIRECTOR	0.40	X					0.	0.	0.	
(7) Adam Miller DIRECTOR	0.40	X					0.	0.	0.	
(8) Lisa Grier DIRECTOR	0.40	X					0.	0.	0.	
(9) Heather Kline DIRECTOR	0.40	X					0.	0.	0.	
(10) Blossom Siegel DIRECTOR	0.40	X					0.	0.	0.	
(11) Sam Wyman DIRECTOR	0.40	X					0.	0.	0.	
(12) Debbie Margolis PAST CHAIR	4.00	X					0.	0.	0.	
(13) Lori Reznick VICE CHAIR	0.40	X					0.	0.	0.	
(14) Lori Schwartz VICE CHAIR	0.40	X					0.	0.	0.	
(15) James Weiss SECRETARY	1.00	X					0.	0.	0.	
(16) Mark Berman DIRECTOR	0.40	X					0.	0.	0.	
(17) Henry Cohen DIRECTOR	0.40	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) HOWARD MIROWITZ DIRECTOR	1.00	X						0.	0.	0.
(19) DR. HAROLD KRAVITZ BOARD EMERITUS	0.40	X						0.	0.	0.
(20) DEBORAH SIMINOU DIRECTOR	0.40	X						0.	0.	0.
(21) BERNIE LABOWITZ VICE CHAIR	0.40	X						0.	0.	0.
(22) STUART WOLFE DIRECTOR	0.40	X						0.	0.	0.
(23) RABBI PETER LEVI DIRECTOR	0.40	X						0.	0.	0.
(24) SUSAN LEVINSTEIN TREASURER	1.00	X		X				0.	0.	0.
(25) DANIEL KOBLIN CHARIMAN	1.00	X		X				0.	0.	0.
(26) LAUREN GAVSHON COO	38.50			X				188,598.	0.	14,033.
1b Sub-total								188,598.	0.	14,033.
c Total from continuation sheets to Part VII, Section A								491,729.	0.	47,110.
d Total (add lines 1b and 1c)								680,327.	0.	61,143.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CALIFORNIA CHOICE 721 S PARKER ST #200, ORANGE, CA 92868	DENTAL	220,864.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	179,934.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	531,179.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,843,735.				
	g Noncash contributions included in lines 1a-1f: \$		71,476.				
	h Total. Add lines 1a-1f		6,554,848.				
	Program Service Revenue	2 a SENIOR TRANSPORTATION	Business Code 624100	85,745.	85,745.		
b SENIOR CARE MANAGEMENT		624100	56,430.	56,430.			
c CLIENT COUNSELING		624100	48,240.	48,240.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			190,415.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		138,475.			138,475.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	3,150.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)	3,150.				
	d Net rental income or (loss)		3,150.			3,150.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4,585,941.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	4,563,639.				
		c Gain or (loss)	22,302.				
	d Net gain or (loss)		22,302.			22,302.	
	8 a Gross income from fundraising events (not including \$ 179,934. of contributions reported on line 1c). See Part IV, line 18	a	203,164.				
		b Less: direct expenses	268,670.				
c Net income or (loss) from fundraising events			-65,506.			-65,506.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME		900099	9,365.			9,365.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			9,365.				
12 Total revenue. See instructions.			6,853,049.	190,415.	0.	107,786.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,271,427.	1,271,427.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	433,797.	433,797.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	478,747.	343,468.	68,466.	66,813.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,364,772.	2,036,819.	146,507.	181,446.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,098.	72,093.	4,962.	8,043.
9 Other employee benefits	193,432.	165,428.	11,730.	16,274.
10 Payroll taxes	223,484.	187,389.	16,583.	19,512.
11 Fees for services (non-employees):				
a Management				
b Legal	30,288.	28,957.	1,096.	235.
c Accounting	39,985.	38,228.	1,447.	310.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	35,094.	30,178.	4,049.	867.
12 Advertising and promotion				
13 Office expenses	97,939.	71,890.	14,824.	11,225.
14 Information technology	109,932.	77,197.	32,438.	297.
15 Royalties				
16 Occupancy	197,342.	114,574.	35,324.	47,444.
17 Travel	146,621.	133,832.	2,384.	10,405.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,875.	4,571.	2,304.	
20 Interest	6,635.	3,583.	1,327.	1,725.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	114,931.	89,313.	10,022.	15,596.
23 Insurance	89,295.	69,391.	7,787.	12,117.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY DEVELOPMENT	124,654.	111,995.	1,227.	11,432.
b EVENTS AND SPEAKERS	119,972.	111,426.		8,546.
c CLIENT SERVICES	117,365.	117,365.		
d LICENSE AND FEES	109,018.	46,609.	56,117.	6,292.
e All other expenses	243,471.	178,068.	28,982.	36,421.
25 Total functional expenses. Add lines 1 through 24e	6,640,174.	5,737,598.	447,576.	455,000.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	239,750.	1	444,021.	
	2 Savings and temporary cash investments		2	523,000.	
	3 Pledges and grants receivable, net	4,666,202.	3	937,967.	
	4 Accounts receivable, net	382,362.	4	305,782.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other 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 instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	200,000.	7	200,000.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	89,546.	9	111,477.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,183,626.			
	b Less: accumulated depreciation	452,991.			
	11 Investments - publicly traded securities	1,014,789.	10c	1,730,635.	
	12 Investments - other securities. See Part IV, line 11	2,745,705.	11	5,429,031.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	1,549,309.	14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,887,663.	15	1,761,632.		
		16	11,443,545.		
Liabilities	17 Accounts payable and accrued expenses	344,326.	17	629,233.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	254,595.	25	143,339.	
	26 Total liabilities. Add lines 17 through 25	598,921.	26	772,572.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,706,265.	27	1,240,203.	
	28 Temporarily restricted net assets	7,883,798.	28	7,687,638.	
	29 Permanently restricted net assets	698,679.	29	1,743,132.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	10,288,742.	33	10,670,973.		
34 Total liabilities and net assets/fund balances	10,887,663.	34	11,443,545.		

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	6,853,049.
2 Total expenses (must equal Part IX, column (A), line 25)	2	6,640,174.
3 Revenue less expenses. Subtract line 2 from line 1	3	212,875.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,288,742.
5 Net unrealized gains (losses) on investments	5	194,133.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	-24,777.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,670,973.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	2c	X	
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?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2016)

FOR PUBLIC INSPECTION

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization JEWISH FEDERATION AND FAMILY SERVICES OF ORANGE COUNTY	Employer identification number 95-2407026
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,554,035.	6,863,217.	12,988,209.	5,489,437.	6,554,848.	37,449,746.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,554,035.	6,863,217.	12,988,209.	5,489,437.	6,554,848.	37,449,746.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						219,659.
6 Public support. Subtract line 5 from line 4.						37,230,087.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	5,554,035.	6,863,217.	12,988,209.	5,489,437.	6,554,848.	37,449,746.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,764.	90,387.	92,983.	319,376.	160,777.	737,287.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						38,187,033.
12 Gross receipts from related activities, etc. (see instructions)					12	674,718.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	97.49 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	95.39 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI

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

Lined area for supplemental information with a large diagonal 'COPY' watermark.

FOR PUBLIC INSPECTION

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.

OMB No. 1545-0047

2016

Open to Public
Inspection

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

Name of the organization **JEWISH FEDERATION AND FAMILY SERVICES
OF ORANGE COUNTY**

Employer identification number
95-2407026

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in 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
6 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 a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

Schedule D (Form 990) 2016

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)		
Total. (Col. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN ASSETS AT JCF	1,743,132.
(2) CEMETARY PLOTS	15,000.
(3) DONATED ASSETS	3,500.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,761,632.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED REVENUE	43,339.	
(3) LINE OF CREDIT	100,000.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	143,339.	

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.

1 Total revenue, gains, and other support per audited financial statements		1	7,022,405.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	194,133.	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	-24,777.	
e Add lines 2a through 2d	2e		169,356.
3 Subtract line 2e from line 1		3	6,853,049.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,853,049.

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

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

1 Total expenses and losses per audited financial statements		1	6,640,174.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e		0.
3 Subtract line 2e from line 1		3	6,640,174.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,640,174.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE BOARD DESIGNATED ENDOWMENT IS INTENDED TO PROVIDE ONGOING SUPPORT FOR THE ORGANIZATION THROUGH AN ANNUAL DISTRIBUTION. THE BOARD DESIGNATED ENDOWMENT MAY BE USED TO SUPPORT SIGNIFICANT OPERATING OR PROGRAM INITIATIVES THAT EXCEED THE PROJECTED ANNUAL BUDGET. OTHER ENDOWMENT FUNDS SET UP ACCORDING TO DONORS' DIRECTIONS ARE USED TO SUPPORT PROGRAMS SPECIFIED BY THE DONORS.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND SECTION 23701(D) OF THE CALIFORNIA TAX CODE. CONSEQUENTLY, THE ACCOMPANYING FINANCIAL STATEMENTS

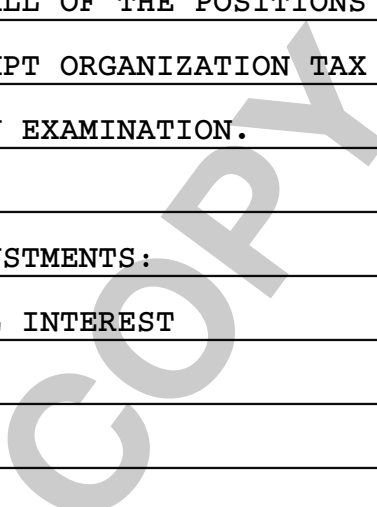
Part XIII Supplemental Information (continued)

DO NOT REFLECT ANY PROVISIONS FOR INCOME TAXES. THE ORGANIZATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCIAL REPORTING. CONTRIBUTIONS TO THE ORGANIZATION ARE DEDUCTIBLE FOR TAX PURPOSES UNDER SECTION 170(C)(2) OF THE IRC. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION.

ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, PROVIDES ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST -24,777.



Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMAN PHILANTHROPY (event type)	SOLOMON SOCIETY (event type)	1 (total number)	
Revenue	1 Gross receipts	235,523.	116,140.	31,435.	383,098.
	2 Less: Contributions	117,313.	49,480.	13,141.	179,934.
	3 Gross income (line 1 minus line 2)	118,210.	66,660.	18,294.	203,164.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	33,583.	36,643.	2,065.	72,291.
	7 Food and beverages	63,431.	31,394.	13,331.	108,156.
	8 Entertainment	15,906.	38,193.	2,470.	56,569.
	9 Other direct expenses	19,182.	9,540.	2,932.	31,654.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				268,670.
11 Net income summary. Subtract line 10 from line 3, column (d)				-65,506.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

FOR PUBLIC INSPECTION

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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.

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

Name of the organization **JEWISH FEDERATION AND FAMILY SERVICES
OF ORANGE COUNTY**

Employer identification number
95-2407026

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BUREAU OF JEWISH EDUCATION (BJE) 1 FEDERATION WAY, SUITE 205 IRVINE, CA 92603	95-3740563	501(C)(3)	12,885.	0.			SUPPORT JEWISH YOUTH EDUCATION
THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240	501(C)(3)	397,932.	0.			SUPPORT OF JEWISH PHILANTHROPY AND EDUCATION
TARBUT V'TORAH DAY SCHOOL 5 FEDERATION WAY IRVINE, CA 92603	95-3374189	501(C)(3)	107,500.	0.			SUPPORT OF JEWISH DAY SCHOOL
CHABAD CYPRESS 12340 SEAL BEACH BLVD, STE #B219 SEAL BEACH, CA 90740	20-1413896	501(C)(3)	15,669.	0.			COMMUNITY PROGRAMS
CHABAD IRVINE 5010 BARRANCA PKWY IRVINE, CA 92604	33-0886313	501(C)(3)	8,070.	0.			SUPPORT OF JEWISH EDUCATION
CHABAD OF LAGUNA NIGUEL 27631 LA PAZ RD #D LAGUNA NIGUEL, CA 92677	33-0920968	501(C)(3)	7,660.	0.			SUPPORT OF JEWISH EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 29

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

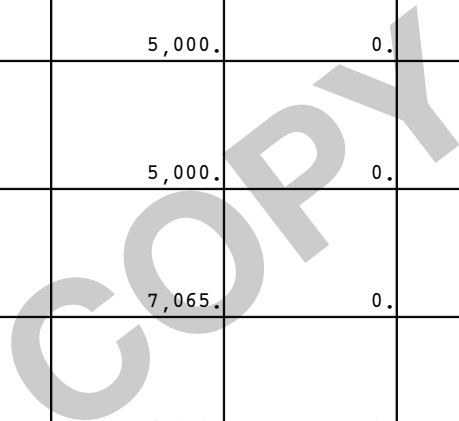
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD OF MISSION VIEJO 24041 MARGUERITE PKWY MISSION VIEJO, CA 92691	33-0673282	501(C)(3)	31,786.	0.			SUPPORT OF JEWISH EDUCATION
CHABAD OF NORTH IRVINE 5410 TRABUCO RD, SUITE 130 IRVINE, CA 92620	46-1018574	501(C)(3)	1,000.	0.			SUPPORT OF JEWISH EDUCATION
CHABAD OF SAN CLEMENTE 1306 N. EL CAMINO REAL SAN CLEMENTE, CA 92672	20-2889460	501(C)(3)	6,500.	0.			SUPPORT OF JEWISH EDUCATION
CHABAD AT UCI 12 OXFORD IRVINE, CA 92612	33-0886313	501(C)(3)	18,000.	0.			SUPPORT JEWISH LIFE ON CAMPUS
ORANGE COUNTY COMMUNITY SCHOLAR PROGRAM - 5 SHASTA - IRVINE, CA 92612	46-0478495	501(C)(3)	23,641.	0.			COMMUNITY EDUCATION OF JEWISH TOPIC
CONGREGATION B'NAI ISRAEL 2111 BRYAN TUSTIN, CA 92782	95-3680172	501(C)(3)	7,420.	0.			SUPPORT OF JEWISH EDUCATION
EZRA CENTER 1770 WEST CERRITOS AVE ANAHEIM, CA 92804	20-2927498	501(C)(3)	18,000.	0.			SUPPORT OF SENIORS IN NORTH OC
FRIENDSHIP CIRCLE 2865 EAST COAST HIGHWAY, SUITE 340 CORONA DEL MAR, CA 92625	11-3797166	501(C)(3)	30,000.	0.			COMMUNITY PROGRAMS
HEBREW ACADEMY 14401 WILLOW LANE HUNTINGTON BEACH, CA 92647	33-0688036	501(C)(3)	55,000.	0.			SUPPORT OF JEWISH EDUCATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
HILLEL FOUNDATION OF OC 1 FEDERATION WAY, SUITE 210 IRVINE, CA 92603	52-1844823	501(C)(3)	118,158.	0.			SUPPORT JEWISH LIFE ON CAMPUS
IRVINE HEBREW DAY SCHOOL 3880 MICHELSON DR. IRVINE, CA 92612	46-5538235	501(C)(3)	4,500.	0.			SUPPORT OF JEWISH EDUCATION
JEWISH COLLABORATIVE OF OC 2913 EL CAMINO REAL #701 TUSTIN, CA 92782	36-4844121	501(C)(3)	6,000.	0.			COMMUNITY PROGRAMS
MERAGE JCC 1 FEDERATION WAY, SUITE 200 IRVINE, CA 92603	33-0016661	501(C)(3)	193,500.	0.			COMMUNITY PROGRAMS
SHEVET TAPUZ ISRAELI SCOUTS 46 FOXHILL IRVINE, CA 92604	27-1444394	501(C)(3)	23,700.	0.			SUPPORT JEWISH SCOUTS
TEMPLE BAT YAHM 1011 CAMELBACK NEWPORT BEACH, CA 92660	95-2875578	501(C)(3)	15,380.	0.			COMMUNITY PROGRAMS
TEMPLE BETH EL OF SOUTH OC 2A LIBERTY ALISO VIEJO, CA 92656	95-3749325	501(C)(3)	4,670.	0.			SUPPORT OF JEWISH EDUCATION
TEMPLE BETH TIKVAH 1600 N. ACACIA AVE. FULLERTON, CA 92831	95-2367005	501(C)(3)	8,945.	0.			SUPPORT OF JEWISH EDUCATION
UNIVERSITY SYNAGOGUE 3400 MICHAELSON IRVINE, CA 92612	33-0254944	501(C)(3)	11,420.	0.			SUPPORT FOR RELIGIOUS SCHOOL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
HEBREW UNION COLLEGE-JEWISH INSTITUTE OF RELIGION - 3101 CLIFTON AVE. - CINCINNATI, OH 45220	31-0537067	501(C)(3)	13,500.	0.			GRANT FOR CANTORIAL STUDIES
CAMP RAMAH 17525 VENTURA BLVD #201 ENCINO, CA 91316	95-1843131	501(C)(3)	5,000.	0.			SUPPORT JEWISH CAMP
UNION OF REFORM JUDAISM - NFTY 46 BOWEN RD. WARWICK, NY 10990	13-1663143	501(C)(3)	5,000.	0.			SUPPORT OF JEWISH EDUCATION
CONGREGATION SHIR HA-MA'A LOT 3652 MICHELSON DR. IRVINE, CA 92612	95-2559118	501(C)(3)	7,065.	0.			SUPPORT FOR RELIGIOUS SCHOOL
AEPI FOUNDATION 8815 WESLEYAN RD. INDIANAPOLIS, IN 46268	33-0393342	501(C)(3)	6,058.	0.			STUDENT SUBSIDIES FOR NATIONAL CONFERENCE



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSEKEEPING ASSISTANCE	63	228,358.	0.		
MEDICAL	7	2,067.	0.		
PERSONAL AND NURSING CARE	28	185,968.	0.		
MEAL ASSISTANCE	39	12,265.	0.		
EMERGENCY ASSISTANCE	6	2,655.	0.		

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

PART I, LINE 2:

EACH GRANTEE IS REQUIRED TO SUBMIT FINANCIAL STATEMENTS TO THE ORGANIZATION'S PLANNING & FUNDING COUNCIL (PFC) ON AN ANNUAL BASIS. EACH PROGRAM REQUEST NEEDS TO HAVE A BUDGET SUBMITTED ALONG WITH THE PROPOSAL. GRANTEES WHOSE PROGRAMS ARE FUNDED BY THE ORGANIZATION SUBMIT MID-YEAR AND FINAL PROGRESS REPORTS OR AN ASSESSMENT OF THE PROGRAMS TO THE FEDERATION'S PFC. THE FINAL REPORT MUST INCLUDE A FINANCIAL COMPARISON OF PROPOSED VS. ACTUAL EXPENSES. ANY SUBSTANTIAL CHANGES IN THE PROPOSAL OF OF THE PROJECT MUST BE APPROVED BY THE GRANT COMMITTEE. IN ADDITION, MEMBERS OF PFC

Part IV Supplemental Information

CONDUCT SITE VISITS TO THOSE PROGRAMS THAT HAVE RECEIVED A LARGE GRANT FROM THE ORGANIZATION IN ORDER TO ASSESS THE EFFECTIVENESS OF THE PROGRAM. RESULTS ARE REPORTED TO THE EXECUTIVE COMMITTEE OF THE BOARD BY THE PFC.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION:

THE ORGANIZATION REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA), WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY. A PORTION OF THESE GRANTS IS USED BY JFNA TO FUND OVERSEAS PROGRAMS. JFNA AND ITS AFFILIATED SUBSIDIARY, THE UNITED ISRAEL APPEAL (UIA), REPORT ON THEIR RESPECTIVE FORM 990S AND DETAILED SCHEDULE F ALL FUNDS TRANSMITTED THROUGH EACH ORGANIZATION TO OVERSEAS PROGRAMS ON BEHALF OF JEWISH FEDERATIONS AND AFFILIATED FOUNDATIONS AND, IN COMPLIANCE WITH IRS REGULATIONS AND THE PENSION PROTECTION ACT, MONITOR AND REPORT ON THE USE OF FUNDS GRANTED TO FOREIGN CHARITABLE GROUPS TO ASSURE THAT CHARITABLE FUNDS SENT OVERSEAS ON BEHALF OF THE FEDERATIONS MOVEMENT ARE USED FOR PERMISSIBLE CHARITABLE PURPOSES.

FOR PUBLIC INSPECTION

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **JEWISH FEDERATION AND FAMILY SERVICES OF ORANGE COUNTY**

Employer identification number
95-2407026

Part I Questions Regarding Compensation

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

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

FOR PUBLIC INSPECTION

JEWISH FEDERATION AND FAMILY SERVICES
OF ORANGE COUNTY

95-2407026

Schedule J (Form 990) 2016

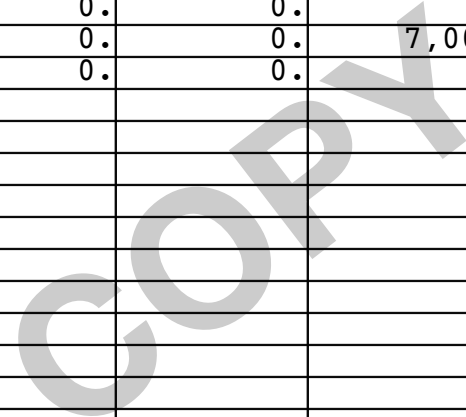
Page 2

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

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

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

(A) Name and Title	(i)	(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				
(1) LAUREN GAVSHON COO	(i)	188,598.	0.	0.	9,430.	4,603.	202,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDREW BRESLOW CFO	(i)	134,946.	0.	0.	7,000.	11,667.	153,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Part III Supplemental Information

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

PART I, LINE 5:

THE CEO & PRESIDENT RECEIVE A BONUS CONTINGENT ON EXCEEDING BUDGETED
CAMPAIGN FUND-RAISING REVENUE.

COPY

FOR PUBLIC INSPECTION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **JEWISH FEDERATION AND FAMILY SERVICES
OF ORANGE COUNTY** Employer identification number **95-2407026**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	38,373.	PROCEEDS FROM SALE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CARDS)	X	0	33,103.	NOMINAL VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

COPY

FOR PUBLIC INSPECTION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

JEWISH FEDERATION AND FAMILY SERVICES
OF ORANGE COUNTY

Employer identification number
95-2407026

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE IN CRISIS; TRANSPORTATION, CARE AND CONNECTIONS FOR SENIORS;
CAMPUS AND COMMUNITY LEADERSHIP DEVELOPMENT; THRIVING JEWISH CULTURE IN
ORANGE COUNTY; AND STRONG BONDS WITH THE COMMUNITY IN ISRAEL. JFFS
PROVIDES OUR COMMUNITY MEMBERS WITH NUMEROUS OPTIONS FOR SERVICE,
PHILANTHROPY AND LEADERSHIP, AND OFFERS A RANGE OF HUMAN SERVICES AND
EDUCATIONAL OPPORTUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HELP THEM COPE WITH THE CHALLENGES OF AGING. THE PROGRAM REIMBURSED
SURVIVORS FOR 23,539 HOURS OF HOME CARE SERVICES. 12 CAFE EUROPA EVENTS
WERE HELD.

CAREER COACHING: 150 CLIENTS WERE SERVED. OF THOSE, 52 RECEIVED CAREER
AND THE REMAINING 98 ATTENDED ONE OR MORE CAREER WORKSHOPS. OF THOSE
WHO RECEIVED CAREER COACHING, 27 ALSO RECEIVED FINANCIAL
SELF-SUFFICIENCY COACHING. MENTAL HEALTH SERVES: 1,218 COUNSELING
SESSIONS TO 209 CLIENTS, 126 GROUPS TO 93 INDIVIDUALS, AND 28 WORKSHOPS
TO 704 INDIVIDUALS.

TRANSPORTATION: 20,055 RIDES TO SENIORS, YOUNG ADULTS WITH
DISABILITIES, CANCER PATIENTS, VISION IMPAIRED AND HOMELESS ADULTS.
THIS PROGRAM RECEIVED THE DAYLE MACINTOSH "APPLE OF OUR EYE AWARD"
FOR OUTSTANDING CONTRIBUTIONS TOWARD IMPROVING THE LIVES OF ADULTS WITH
DISABILITIES.

FOR PUBLIC INSPECTION

Schedule O (Form 990 or 990-EZ) (2016)

Page 2

Name of the organization JEWISH FEDERATION AND FAMILY SERVICES
OF ORANGE COUNTY

Employer identification number
95-2407026

MANDEL HOUSE: 6 ADULTS WITH DEVELOPMENTAL DISABILITIES RESIDE AT MANDEL
HOUSE, A SERVICE-ENHANCED RESIDENTIAL HOME.

CHICKEN SOUP FOR THE SILVER SOUL: A CARE CONFERENCE FOR FAMILIES
NAVIGATING THE JOURNEY OF AGING; 467 ATTENDEES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CHILDREN LEARN TO READ, SO THEY CAN READ TO LEARN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER GRANTS AND INITIATIVES SUPPORT ISRAEL ACTIVITIES ON CAMPUS,
ENHANCE THE CULTURAL CONNECTION BETWEEN ORANGE COUNTY AND OUR SISTER
COMMUNITIES IN ISRAEL.

EXPENSES \$ 1,021,618. INCLUDING GRANTS OF \$ 274,036. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

ANY PERSON OF AGE 18 OR OVER, WHO SUBSCRIBES TO THE PURPOSES OF THE
ORGANIZATION AND WHO HAS MADE A CONTRIBUTION OF \$18 OR MORE TO THE ANNUAL
CAMPAIGN DURING THE CURRENT OR PRECEDING CALENDAR YEAR SHALL BE A MEMBER OF
THE ORGANIZATION FOR THE CURRENT CALENDAR YEAR AND SHALL BE ENTITLED TO
ONE VOTE AT ANY MEETING OF THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ELECT GOVERNING BODY, THE BOARD OF DIRECTORS, PER THE BY-LAWS
AT AN ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS APPROVE THE ELECTION OF THE BOARD MEMBERS AND ANY CHANGES TO

FOR PUBLIC INSPECTION

Schedule O (Form 990 or 990-EZ) (2016)

Page 2

Name of the organization JEWISH FEDERATION AND FAMILY SERVICES
OF ORANGE COUNTY

Employer identification number
95-2407026

THE BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 HAS BEEN REVIEWED BY THE CFO IN DETAIL BEFORE IT WAS FILED WITH THE IRS. THE FINANCE COMMITTEE REVIEWED THE FORM 990 AFTER IT WAS FILED WITH THE IRS. THE POLICY GOING FORWARD IS TO MAKE THE FORM 990 AVAILABLE TO THE BOARD OF DIRECTORS AND THE FINANCE COMMITTEE BEFORE FILING THE FORM 990 WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY GUIDELINES ARE REVIEWED WITH BOARD MEMBERS AT THE BEGINNING OF EACH FISCAL YEAR. AT THAT TIME EACH MEMBER OF THE BOARD OF DIRECTORS AND EACH STAFF MEMBER IS ASKED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST POLICY. THE CFO GATHERS THE COMPLETED AND SIGNED POLICIES AND REVIEWS EACH OF THEM FOR COMPLETENESS AND COMPLIANCE.

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

THE BOARD OF DIRECTORS ESTABLISHES A COMPENSATION COMMITTEE ANNUALLY. THE COMPENSATION COMMITTEE EXAMINES A SALARY SURVEY CONDUCTED BY FEDERATION'S UMBRELLA ORGANIZATION, JEWISH FEDERATION OF NORTH AMERICA, TO DETERMINE THE APPROPRIATE LEVEL OF COMPENSATION FOR THE FEDERATION'S KEY EMPLOYEES. THE COMPENSATION COMMITTEE ALSO REVIEWS EMPLOYEES PERFORMANCE EVALUATIONS, PREVIOUSLY CONDUCTED BY THE HUMAN RESOURCE COMMITTEE, AS WELL AS THE BUDGET FOR THE NEXT FISCAL YEAR. THE COMPENSATION COMMITTEE THEN MAKES RECOMMENDATIONS FOR ANY ADJUSTMENTS TO THE EXECUTIVE COMMITTEE OF THE BOARD WHICH APPROVES OR DENIES THE PROPOSED COMPENSATION.

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

FOR PUBLIC INSPECTION

Schedule O (Form 990 or 990-EZ) (2016)

Page 2

Name of the organization JEWISH FEDERATION AND FAMILY SERVICES
OF ORANGE COUNTY

Employer identification number
95-2407026

SEE SCHEDULE O

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

CHANGE IN VALUE OF BENEFICIAL INTEREST -24,777.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE OVERSEES THE ANNUAL AUDIT AND MEETS WITH THE
INDEPEDENT AUDITORS TO REVIEW THE ANNUAL FINANCIAL STATEMENTS BEFORE
THEY ARE PUBLISHED.

AMENDED RETURN EXPLANATION; HEADING ITEM B

WE ARE AMENDING THE 2016 FORM 990. THE RETURN IS BEING AMENDED TO MATCH
THE AUDITED FINANCIAL STATEMENTS THAT WERE ISSUED AFTER THE RETURN WAS
ORIGINALLY FILED AND ALSO TO CORRECT THE REPOSE TO THE 990 REVIEW
PROCEDURES IN PART VI. THE FOLLOWING PARTS AND SCHEDULES CHANGED AS A
RESULT OF THE AMENDMENT:

FORM 990 PART VI, SECTION B, LINE 11A - CHANGED TO CHECK THE BOX "NO"

FORM 990 PART VI, SECTION B, LINE 11B - UPDATED SCH. O DESCRIPTION OF
FORM 990 REVIEW PROCESS

FORM 990 PART X BALANCE SHEET, LINES 1 & 17 - THERE WAS A
RECLASSIFICATION ON THE FINAL AUDITED FINANCIAL STATEMENTS BETWEEN CASH
AND ACCOUNTS PAYABLE IN THE AMOUNT OF \$160,211. THESE LINES HAVE BEEN
UPDATED TO REFLECT THIS RECLASSIFICATION AND MATCH THE FINANCIAL
STATEMENTS.

FORM 990 PART X BALANCE SHEET, LINES 27-29 - THERE WAS A
RECLASSIFICATION ON THE FINAL AUDITED FINANCIAL STATEMENTS IN THE TYPES
OF NET ASSETS. THESE LINES HAVE BEEN UPDATED TO REFLECT THIS

FOR PUBLIC INSPECTION

Name of the organization **JEWISH FEDERATION AND FAMILY SERVICES
OF ORANGE COUNTY**

Employer identification number
95-2407026

RECLASSIFICATION AND MATCH THE FINANCIAL STATEMENTS. IN ADDITION, SCH.
D SHOWS AN ADJUSTMENT TO THE ENDOWMENT FUNDS SECTION THAT WAS NECESSARY
TO REFLECT THESE NET ASSET DESIGNATIONS AND UPDATE THE BOARD DESIGNATED
AND PERMANENTLY DESIGNATED PERCENTAGES.

FORM 990 PART VIII LINE 1G - CHANGED TO INCLUDE STOCK DONATIONS

RECEIVED IN TOTAL OF \$38,373 THAT WERE NOT LISTED AS NONCASH

CONTRIBUTIONS ON THE ORIGINALLY FILED RETURN. TOTAL CONTRIBUTIONS DID

NOT CHANGE, ONLY THE AMOUNT OF CASH VS. NONCASH. IN ADDITION, SCH. M

WAS UPDATED TO DISCLOSE THE STOCK DONATIONS RECEIVED DURING 2016.

COPY

FOR PUBLIC INSPECTION

TAXABLE YEAR

2016

California Exempt Organization Annual Information Return

628941 11-30-16

FORM

199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name JEWISH FEDERATION AND FAMILY SERVICES OF ORANGE COUNTY	California corporation number 0493582
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Additional information. See instructions.	FEIN 95-2407026
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Street address (suite or room) 1 FEDERATION WAY , NO. 210	PMB no.
---	---------

City IRVINE	State CA	ZIP code 92603
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Foreign country name	Foreign province/state/country	Foreign postal code
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<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5,130,510.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	6,554,848.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	11,685,358.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	4,563,639.00
	7 Total costs. Add line 5 and line 6	7	4,563,639.00
	8 Total gross income. Subtract line 7 from line 4	8	7,121,719.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	6,908,844.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	212,875.00
Filing Fee	11 Total payments	11	00
	12 Use tax. See General Instruction K	12	00
	13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15 Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16 Penalties and Interest. See General Instruction J	16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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

Signature of officer	Title CEO	Date	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> PTIN P00846495
Preparer's signature TASHA OTSUJI	Date 11/13/18	Check if self-employed <input type="checkbox"/>	<input checked="" type="checkbox"/> FEIN 95-3322166 <input type="checkbox"/> Telephone (949) 261-2808
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address KSJG, LLP 100 SPECTRUM CENTER DRIVE, STE 1000 IRVINE, CA 92618		

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

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	203,164.00
	2	Interest	•	2	138,475.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	3,150.00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3 •	6	4,585,941.00
	7	Other income	SEE STATEMENT 4 •	7	199,780.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	5,130,510.00
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 12 •	9	1,705,224.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5 •	11	478,747.00
	12	Other salaries and wages	•	12	2,364,772.00
	13	Interest	•	13	6,635.00
	14	Taxes	•	14	223,484.00
	15	Rents	•	15	197,342.00
	16	Depreciation and depletion (See instructions)	•	16	114,931.00
	17	Other Expenses and Disbursements	SEE STATEMENT 6 •	17	1,817,709.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	6,908,844.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		239,750.		967,021.
2	Net accounts receivable		382,362.		305,782.
3	Net notes receivable STMT 7		200,000.		200,000.
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments STMT 8		2,745,705.		5,429,031.
10 a	Depreciable assets	936,230.		1,434,005.	
b	Less accumulated depreciation	(338,060.)	598,170.	(452,991.)	981,014.
11	Land		416,619.		749,621.
12	Other assets STMT 9		6,305,057.		2,811,076.
13	Total assets		10,887,663.		11,443,545.
Liabilities and net worth					
14	Accounts payable		344,326.		629,233.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 10		254,595.		143,339.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		10,288,742.		10,670,973.
22	Total liabilities and net worth		10,887,663.		11,443,545.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	212,875.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		212,875.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		212,875.

CA FORM 199, QUESTION B
AMENDED RETURN EXPLANATION

THIS RETURN IS BEING AMENDED DUE TO AMENDMENTS MADE TO THE ORGANIZATION'S 2016 FORM 990 TO REFLECT BALANCE SHEET RECLASSIFICATIONS BETWEEN CASH AND ACCOUNTS PAYABLE, AS WELL AS NET ASSET RECLASSIFICATIONS. THESE CHANGES WERE MADE TO MATCH THE FINALIZED AUDITED FINANCIAL STATEMENTS.

COPY

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF SECURITIES			PURCHASED	
NAME OF BUYER	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
N/A	4,563,639.	0.	0.	4,585,941.
TOTAL TO FORM 199, PAGE 2, LN 6	4,563,639.	0.	0.	4,585,941.

FORM 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
OTHER INCOME	9,365.
CLIENT COUNSELING	48,240.
SENIOR CARE MANAGEMENT	56,430.
SENIOR TRANSPORTATION	85,745.
TOTAL TO FORM 199, PART II, LINE 7	199,780.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
Yael ARONOFF 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
ALEXANDRA MARS 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
DAVID ELIEZRIE 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
KENNETH BEARD 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
MICHAEL STOLL 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
FRANK ELLIS 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
ADAM MILLER 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
LISA GRIER 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
HEATHER KLINE 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
BLOSSOM SIEGEL 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
SAM WYMAN 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.

DEBBIE MARGOLIS 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	PAST CHAIR 4.00	0.
LORI REZNICK 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	VICE CHAIR 0.40	0.
LORI SCHWARTZ 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	VICE CHAIR 0.40	0.
JAMES WEISS 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	SECRETARY 1.00	0.
MARK BERMAN 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
HENRY COHEN 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
HOWARD MIROWITZ 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 1.00	0.
DR. HAROLD KRAVITZ 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	BOARD EMERITUS 0.40	0.
DEBORAH SIMINOU 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
BERNIE LABOWITZ 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	VICE CHAIR 0.40	0.
STUART WOLFE 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
RABBI PETER LEVI 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	DIRECTOR 0.40	0.
SUSAN LEVINSTEIN 1 FEDERATION WAY , NO. 210 IRVINE , CA 92603	TREASURER 1.00	0.

DANIEL KOBLIN	CHARIMAN	0.
1 FEDERATION WAY , NO. 210	1.00	
IRVINE , CA 92603		
LAUREN GAVSHON	COO	202,631.
1 FEDERATION WAY , NO. 210	38.50	
IRVINE , CA 92603		
ANDREW BRESLOW	CFO	153,613.
1 FEDERATION WAY , NO. 210	38.50	
IRVINE , CA 92603		
ARLENE MILLER	CEO	122,503.
1 FEDERATION WAY , NO. 210	38.50	
IRVINE , CA 92603		
TOTAL TO FORM 199, PART II, LINE 11		478,747.

FORM 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
COMMUNITY DEVELOPMENT	124,654.
EVENTS AND SPEAKERS	119,972.
CLIENT SERVICES	117,365.
LICENSE AND FEES	109,018.
DIRECT EXPENSES OF FUNDRAISING EVENTS	268,670.
PENSION PLAN CONTRIBUTIONS	85,098.
OTHER EMPLOYEE BENEFITS	193,432.
LEGAL FEES	30,288.
ACCOUNTING FEES	39,985.
OTHER PROFESSIONAL FEES	35,094.
OFFICE EXPENSES	97,939.
INFORMATION TECHNOLOGY	109,932.
TRAVEL	146,621.
CONFERENCES AND CONVENTIONS	6,875.
INSURANCE	89,295.
ALL OTHER EXPENSES	243,471.
TOTAL TO FORM 199, PART II, LINE 17	1,817,709.

FORM 199	NET NOTES RECEIVABLE	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NOTES AND LOANS RECEIVABLE, NET	200,000.	200,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 3	200,000.	200,000.	

FORM 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OTHER PUBLICLY TRADED SECURITIES	2,745,705.	5,429,031.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	2,745,705.	5,429,031.	

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	4,666,202.	937,967.	
PREPAID EXPENSES AND DEFERRED CHARGES	89,546.	111,477.	
BENEFICIAL INTERESTS IN ASSETS AT JCF	1,530,809.	1,743,132.	
CEMETARY PLOTS	15,000.	15,000.	
DONATED ASSETS	3,500.	3,500.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	6,305,057.	2,811,076.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	0.	43,339.	
LINE OF CREDIT	0.	100,000.	
GRANTS PAYABLE	254,595.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	254,595.	143,339.	

FORM 199

FUND BALANCES

STATEMENT 11

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
UNRESTRICTED ASSETS	1,706,265.	1,240,203.
TEMPORARILY RESTRICTED ASSETS	7,883,798.	7,687,638.
PERMANENTLY RESTRICTED ASSETS	698,679.	1,743,132.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	10,288,742.	10,670,973.

COPY

FORM 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 12

ACTIVITY CLASSIFICATION

FAMILY SERVICES AND ASSISTANCE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS	1 FEDERATION WAY #210 - IRVINE, CA 92603	NONE	433,797.

TOTAL FOR THIS ACTIVITY 433,797.

ACTIVITY CLASSIFICATION

SUPPORT OF VARIOUS COMMUNITY PROGRAMS AND JEWISH EDUCATION

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS	1 FEDERATION WAY #210 - IRVINE, CA 92603	NONE	1,271,427.

TOTAL FOR THIS ACTIVITY 1,271,427.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,705,224.