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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

Open to Rublic Inspection

A	For t	he 2016 ca	lendar year, or tax year beginning , 2016, and ending		,
₽		if applicable s change	C Name of organization	D Employe	r identification number
\vdash	l	change	Stockton Jewish Welfare Fund	94-6	104135
H	Initial re	•	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephor	ne number
	i	un/terminated	5105 N. El Dorado Street	(209) 477-9306
F		ed return	City or town, state or province country and ZIP or foreign postal code		Exemption
	Applica	ition pending	Stockton CA 95207		r
G	Acco	unting Meth	od X Cash Accrual Other (specify) ► H Check	► X If th	e organization is not
j	Webs	site: <u>N</u>			Schedule B
J	Tax-ex	cempt status	(check only one) $- \times 501(c)(3)$ $501(c)()$ $4947(a)(1)$ or 527 (Form	990, 990-E	EZ, or 990-PF)
		of organiza			
L_	Add li asset	ines 5b, 6c s (Part II, c	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	≻ 5	7,669.
Pa	irt i		ie, Expenses, and Changes in Net Assets or Fund Balances (see the insti		
	,		he organization used Schedule O to respond to any question in this Part I		<u>X</u>
	1		ons, gifts, grants, and similar amounts received		5,050.
	2	-	ervice revenue including government fees and contracts		
	3		nip dues and assessments		
	4		t income	4	2,619.
	5 a	Gross am	ount from sale of assets other than inventory		4
	b	Less cost	or other basis and sales expenses		
	6) from sale of assets other than inventory (Subtract line 5b from line 5a)	50	
R	a	Gross inco	i i		
Į E	b	Gross inco	indisp		
REVENUE			aising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000)		
	C	Less dire	ct expenses from gaming and fundraising events	64.	
	d		e or (loss) from gaming and fundraising events (add lines 6a and otract line 6c)	60	-2,264.
	7 a	Gross sale	es of inventory, less returns and allowances	-	
			of goods sold		
	c	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	.1 70	
	8	Other reve	enue (describe in Schedule O)	8	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · · · · ·	. ;. ▶ 9	5,405.
	10		d similar amounts paid (list in Schedule O)	10	4,166.
	11	Benefits p	11		
E	12	Salaries, o	other compensation, and employee benefits	12	
XPENSES	13		nal fees and other payments to independent contractors	13	700.
N	14	Occupano	y, rent, utilities, and maintenance	14	
E	15		ublications, postage, and shipping		
S	16	Other exp	enses (describe in Schedule O)	xpenses 16	65.
	17		enses. Add lines 10 through 16		4,931.
	18		(deficit) for the year (Subtract line 17 from line 9)		474.
A S S E E T T	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year orted on prior year's return)	19	181,020.
TT S	20	_	nges in net assets or fund balances (explain in Schedule O)		
	21		s or fund balances at end of year Combine lines 18 through 20		181,494.
BA	A Foi		k Reduction Act Notice, see the separate instructions.		Form 990-EZ (2016)

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Form 990-EZ (2016) Stockton Jewish	Welfare Fund		94	-6104	135 Page 2
Partill Balance Sheets (see the inst		on in this Dort II			
Check if the organization used Sched	iule O to respond to any quest		A) Beginning of yea		(B) End of year
22 Cash, savings, and investments			181,020		181,494.
23 Land and buildings	. .		0		0.
24 Other assets (describe in Schedule O)			0	. 24	0.
25 Total assets		· · · · · · · · · · · · · · · · · · ·	181,020	. 25	181,494.
26 Total liabilities (describe in Schedule O)			0	. 26	0.
27 Net assets or fund balances (line 27 of c			181,020	. 27	181,494.
Partill Statement of Program Service A	ccomplishments (see the ins	structions for Part III)			Expenses
Check if the organization used Sch	edule O to respond to any que	stion in this Part III	· · · · · · · · <u> </u>		ed for section 501
What is the organization's primary exempt purpose? Se Describe the organization's program service accomeasured by expenses. In a clear and concise report of the control of	omplishments for each of its th	ree largest program ser	nity vices, as	organiza	nd 501(c)(4) ations, optional
benefited, and other relevant information for each	nanner, describe the services ch program title	provided, the number of	persons	for othe	rs.)
28 The Jewish Federation of	North America				
25 Broadway, Suite 1700				1	
N - W - 1 NW 1004 1010				1	
	is amount includes foreign gra	nts, check here	🕨	28 a	2,166.
29 TEMPLE ISRAEL					
5105 N. EL DORADO STREET					
STOCKTON, CA 95207-5849	is amount includes foreign gra				
(Grants \$ 2,000.) If the	is amount includes foreign gra	nts, check here	• • • • • • • • • • • • • • • • • • • •	29 a	2,000.
					
				- 1	
(Grants S) If the	s amount includes foreign grai	nts check here		30 a	
31 Other program services (describe in Sched	dule O)		· · · · · · · · · · · · · · · · · · ·		
	is amount includes foreign grai			31 a	
32 Total program service expenses (add lin	es 28a through 31a)			32	4,166.
Partive List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one eve	en if not compensated —	see the ir	nstructions for Part IV)
Check if the organization used Sche	edule O to respond to any que	stion in this Part IV	<u> </u>	<u> </u>	<u> </u>
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer compensation	/ee ((e) Estimated amount of other compensation
James Morris					
President	1.00	0.		0.	0.
<u>Hillard Corren</u>				_	
Treasurer	1.00	0.	 	0.	0.
<pre>Melvin Corren Director</pre>	1.00	0.		0.	0
Jeffrey Lindenberg	1.00	<u> </u>		- ' -	0.
Director	1.00	0.		0.	0.
222000		<u>~</u>			
	4				
					
				_	
					
					
BAA	TEEA0812 12				Form 990-EZ (2016)

Par	TM∃ Other Information (Note the Schedule A and personal benefit contract statement requirement the instructions for Part V) Check if the organization used Schedule O to respond to any que	rements in stion in this Part V Г
	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
JJ	If 'Yes,' provide a detailed description of each activity in Schedule O		33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the				
25.	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year froi		34		X
358	(such as those reported on lines 2, 6a, and 7a, among others)?		35a		X
Ł	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explan		35 b		<u> </u>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6 reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III				
	reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant	• • • • • • • • • • • • • • • • • • • •	35 c		X
36	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions •			主	
	Did the organization file Form 1120-POL for this year?		37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emploany such loans made in a prior year and still outstanding at the end of the tax year covered by this		38 a		X
t	of Yes,' complete Schedule L, Part II and enter the total	001			a de la composição de l
20	amount involved	38 b	- la		
	Initiation fees and capital contributions included on line 9	39a	Selption		
	Gross receipts, included on line 9, for public use of club facilities	39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year		. unatelia.	i i	
400	section 4911 section 4912 section 4912 section 4912 section 4911		ull, della		To the second
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.	ction 4958 excess	1		di i
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 ь		Х
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organ	ızatıon			
c	managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbu	ırsed	E white is		
e	by the organization	. *	748.T		
41	shelter transaction? If 'Yes,' complete Form 8886-T		40 e		X
42 a	The organization's books are in care of Rita Henderson Located at 5105 N. El Dorado Street Stockton	Telephone no ► (209) CA ZIP+4 ► 95207			
b	At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial follows that the research the feeting account.	er authority over a al account)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (EDAD)	¥.	1	
_	At any time during the calendar year, did the organization maintain an office outside the United St	• •	42 c		Х
	If 'Yes,' enter the name of the foreign country	ales	420		 -
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check	here	י	$\vdash \Box$	
	and enter the amount of tax-exempt interest received or accrued during the tax year	• 43		V 1	Na
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ	e completed instead	44 a	Yes	No X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 muinstead of Form 990-EZ	st be completed	44 b	e 19	X
c	Did the organization receive any payments for indoor tanning services during the year?		44 c		<u> X</u>
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		44 d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)				
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		45 b		X

94-6	104135	Page

					_	Tes No
	he organization engage, directly or indirectly idates for public office? If 'Yes,' complete S				46	, , , , , , , , , , , , , , , , , , ,
Part VI			· · · · · · · · · · · · · · · · · · ·		. 40	X
(IPCORS_COI	All section 501(c)(3) organization for lines 50 and 51.		stions 47-49b and 5	2, and complete the	tables	
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI			
6.44			h) alaakaa a see see skalaata	- H A		Yes No
	he organization engage in lobbying activities plete Schedule C, Part II				47	Х
•	e organization a school as described in sect					$\frac{x}{x}$
	he organization make any transfers to an ex		· · · · · · · · · · · · · · · · · · ·		⊢	X
	s,' was the related organization a section 52					
	plete this table for the organization's five hig					
empi	oyees) who each received more than \$100,	1	m the organization if the	Γ		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	
NONE						
						
		-				
						
				_		
	number of other employees paid over \$100	·		-		
51 Comp	plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated inde	pendent contractors who	each received more than	n \$100,000 o	f
	(a) Name and business address of each independent con		(h) Type	of service	(c) Comp	ensation
	(a) Name and business address of each independent con		(Б) Туре		(c) comp	#ISAUUII
NONE_						

					·	
				_		
						
				<u></u> -		
d Total	number of other independent contractors e	ach receiving over \$100	,000		<u> </u>	
	ne organization complete Schedule A? Note				. ► XYes	П.,
<u></u>	pleted Schedule A					No
true, correct, a	s of perjury, I declare that I have examined this return, inc nd complete Declaration of preparer (other than officer) is	based on all information of whi	ch preparer has any knowledge		_	
	Signature of orther					
Sign Here	I					
11010	James Morris Type or print hame and title			President		
	Print/Type preparer's name	Preparer's signature	Date		TIN	
Paid	Ellis D. Miller	Ellis D.M.	Day 01-14-2	Check I f self-employed P	0013128	1
Preparer	Firm's name ► O. B. KLEINFELD	AND CO.				
Use Only	Firm's address ► 949 N. CENTER S	r., SUITE A		Firm's EIN ►	68-0172	520
	STOCKTON		CA 95202-1	.327 Phone no (20	9) 948-6	5400
May the IR	S discuss this return with the preparer show	n above? See instructio	ns		. ► X Yes	No
					Form 990)-EZ (2016)

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.

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

OMB No 1545-0047

2016



14,,,,,		Organization					Employer identific	ation number		
Sto	ckt	on Jewish Welfare	Fund				94-610413	35		
Part	【纂	Reason for Public Cha	arity Status (All o	rganizations must c	omplet	e this p	oart.) See instruction	ns		
The o	rgai	nization is not a private foundate	tion because it is (For	lines 1 through 12, ched	k only o	ne box)				
1		A church, convention of churc	hes, or association of	churches described in se	ection 17	⁷ 0(b)(1)((A)(i).			
2	П	A school described in section	170(b)(1)(A)(ii). (Atta	ch Schedule E (Form 99	0 or 990	-EZ))				
3	П	A hospital or a cooperative ho	spital service organiza	ition described in sectio	n 170(b)	(1)(A)(iii	i).			
4	П	A medical research organization	on operated in conjunc	ction with a hospital desc	ribed in	section	170(b)(1)(A)(iii) Enter t	the hospital's		
	ш	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)								
section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public describ in section 170(b)(1)(A)(vi). (Complete Part II.)										
							oublic described			
8		A community trust described in	n section 170(b)(1)(A))(vi). (Complete Part II)						
9	\Box	An agrıcultural research organ	ization described in se	ection 170(b)(1)(A)(ix) c	perated	ın conju	nction with a land-grant	college		
	ш	or university or a non-land-gra	nt college of agricultur	e (see instructions) Ent	er the na	me, city	and state of the college	e or		
		university					J			
10	X	An organization that normally from activities related to its exinvestment income and unrela June 30, 1975 See section 5	empt functions—subjec ted business taxable ii	ct to certain exceptions, in noome (less section 511	and (2) n	o more t	than 33-1/3% of its supp	ort from gross		
11		An organization organized and	operated exclusively	to test for public safety	See sec t	ion 509	(a)(4).			
12		An organization organized and or more publicly supported org	ianizations described i	n section 509(a)(1) or s	ection 5	09(a)(2)	See section 509(a)(3).	ourposes of one . Check the box in		
а		lines 12a through 12d that des Type I. A supporting organization(s) the power to re	tion operated, supervis	sed, or controlled by its s	upported	organiz	ration(s) typically by givi	ing the supported		
b	П	complete Part IV, Sections A Type II. A supporting organiza	and B.							
-	_	management of the supporting must complete Part IV, Secti	ı organization vested ii	n the same persons that	control o	or manag	ge the supported organiz	zation(s) You		
С	_	Type III functionally integrat organization(s) (see instruction	ns) You must comple	ete Part IV, Sections A,	D, and E					
d		Type III non-functionally inte functionally integrated The org instructions) You must comp	ganization generally m	ust satisfy a distribution	connect requirem	on with ent and	its supported organization an attentiveness require	on(s) that is not ement (see		
е		Check this box if the organizat integrated, or Type III non-fund	ion received a written	determination from the I	RS that i	is a Ty	pe I, Type II, Type III fur	nctionally		
f		er the number of supported org								
g	Pro	vide the following information a	about the supported or	rganızatıon(s)				<u> </u>		
(i) Na	me of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is organization in your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				-	Yes	No				
A \										
<u>A)</u>	-					-				
В)										
			· · · · · · · · · · · · · · · · · · ·					·		
C)										
D)			_			į				
E)										
	_									
otal										

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)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning 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	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	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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	-					
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and st	for the organizati	on's first, second, t	hırd, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 2016						
15	Public support percentage from 20	15 Schedule A, Pa	art II, line 14	• • • • • • • • •		15	%
16a	33-1/3% support test—2016. If the and stop here. The organization of	e organization did ualifies as a public	not check the box cly supported organ	on line 13, and lin	e 14 is 33-1/3% or	more, check this	s box ▶ []
b	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						
17a	a 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						
b	10%-facts-and-circumstances te or more, and if the organization me organization meets the facts-and-	ets the 'facts-and	-circumstances' tes	t check this how a	and ston here. Eve	lain in Part VI ho	w the
18	Private foundation. If the organiz	ation did not check	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruc	tions ▶
BAA					Sch	nedule A (Form	990 or 990-EZ) 2016

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

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

Sec	tion A. Public Support		_				
	ndar 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')	3,725.	21,971.	_50,195.	24,175.		100,066.
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	37,723.	21,311.	30,133.	23,173.	_	100,000.
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						_
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	3,725.	21,971.	50,195.	24,175.		100,066.
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						100,066.
<u>Sec</u>	tion B. Total Support					·	
	idar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	3,725.	21,971.	50,195.	24,175.		100,066.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,338.	3,607.	2,371.	2,546.		11,862.
С	Add lines 10a and 10b	3,338.	3,607.	2,371.	2,546.		11,862.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				2,0101		11/0021
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)	7,063.	25,578.	52,566.	26,721.		111,928.
14	organization, check this box and st	op here	<u> </u>	nird, fourth, or fifth	tax year as a sect	ion 501(c)(3) · · · · · · · · · · · · · ·	▶ [
	tion C. Computation of Pul						
15	Public support percentage for 2016		•	, ,,		1	89.40 %
16	Public support percentage from 20			<u></u>	· · · · · · · · · · · ·	16	89.03 %
	tion D. Computation of Inv						
17	Investment income percentage for					├ ──	10.60 %
18	Investment income percentage from						10.97 %
	33-1/3% support tests—2016. If the is not more than 33-1/3%, check the control of	is box and stop he	ere. The organization	on qualifies as a pu	ublicly supported o	rganization	> x
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, of Private foundation. If the expenses	theck this box and	stop here . The org	anization qualifies	as a publicly supp	orted organization	ո ▶
ZU	Private foundation. If the organization	ation did not check	a DOX OR LINE 14, 1	Sa, OI ISD, Check I	uns box and see if	istructions	• []

Part V 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?

 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If 'Yes,' provide detail in Part VI.
- 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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pa	rt IV Supporting Organizations (continued)			
44	blee the experience apported a gift or contribution from any of the following paragraps?	99 of 100 of	Yes	No
	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?	11a 11b		
		11c		
	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.	110		
Sec	ction 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.	1		
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	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction 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?	1		
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)	2		
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	3		
Sec	ction 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).			
	The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruct	ions)		
2	Activities Test Answer (a) and (b) below.	j	Yes	No
	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	2a		
	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	2b		
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? <i>Provide details in Part VI</i> .	3a		
	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			
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Ra	TAVE Type III Non-Functionally integrated 509(a)(3) Supporting Or	ganızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust of instructions. All other Type III non-functionally integrated supporting organizations.	on Nov 20 s must cor	, 1970 (explain in Part nplete Sections A throu	VI). See gh E
Sec	etion 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		
Sec	tion 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).			
_ 	Average monthly value of securities	1 a		
k	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	i Total (add lines 1a, 1b, and 1c)	1 d		
-	Discount claimed for blockage or other factors (explain in detail in Part VI)			e apertamante y MFR
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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
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	Check here if the current year is the organization's first as a non-functionally integra (see instructions)	ated Type	III supporting organizat	cion
BAA			Schedule A (F	orm 990 or 990-E7) 2016

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	1 ypo in their functionally integrated cos(a)(o) o	upporting Organiz	ations (continued)	
<u>Sec</u>	tion D - Distributions			Current Year
_1				
2	Amounts paid to perform activity that directly furthers exempt purpose in excess of income from activity	ons,		
3	Administrative expenses paid to accomplish exempt purposes of supp	orted 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		<u> </u>	
8	Distributions to attentive supported organizations to which the organiz in Part VI) See instructions	ation is responsive (provi	de details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion 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	<u> </u>		
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	1		
a				
b				
С	From 2013	<u>{</u>		
d	From 2014			
е	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)			
i	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				
	Excess from 2013			
	Excess from 2014	,		
	Excess from 2015	1		
	Excess from 2016		†	
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Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► 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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

94-6104135

Stockton Jewish Welfare Fund