### TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2016

December 31, 2016								
Prepared for	Shalom Austin 7300 Hart Lane Austin, TX 78731							
Prepared by	Calhoun, Thomson + Matza, LLP 9500 Arboretum Blvd., Suite 120 Austin, TX 78759							
Amount due or refund	Not applicable							
Make check payable to	Not applicable							
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027							
Return must be mailed on or before	November 15, 2017							
Special Instructions	The return should be signed and dated.							

#### EXTENDED TO NOVEMBER 15, 2017

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047 Open to Public Inspection

м	ror t	te 2016 calendar year, or tax year beginning and e	enaing		
В	Check applica	C Name of organization		D Employer identifi	cation number
	Add	ress SHALOM AUSTIN			
	Nan Cha	Doing business as	74-1	469465	
	lniti retu	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Fina	n/   1000 HAKI DANE		512-	735-8016
	tern atec	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,008,694.
	Ame			H(a) Is this a group re	eturn
	App	F Name and address of principal officer:DANIEL SEPTIMUS		for subordinates	
	pen	7300 HART LANE, AUSTIN, TX 78731		H(b) Are all subordinates is	ncluded? Yes No
T	Tax-e	xempt status: X 501(c)(3)	r 527	If "No," attach a	list. (see instructions)
J	Webs	ite: ► WWW.SHALOMAUSTIN.ORG		H(c) Group exemption	n number 🕨
		of organization: X Corporation Trust Association Other	L Year	of formation: 1971	<b><math>^{\prime\prime}</math></b> State of legal domicile: ${f TX}$
P	art I				
Φ.	1	Briefly describe the organization's mission or most significant activities: TO EN	HANCE	THE QUALIT	Y OF JEWISH
Activities & Governance		LIFE IN THE GREATER AUSTIN AREA AND AROUN	ID THE	WORLD, THR	OUGH
Ĕ	2	Check this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	24
<u>ن</u> م	4	Number of independent voting members of the governing body (Part VI, line 1b)			24
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			334
ΞΞ	6	Total number of volunteers (estimate if necessary)			150
ct	7 :	Total unrelated business revenue from Part VIII, column (C), line 12			152,155.
_		Net unrelated business taxable income from Form 990-T, line 34		7b	37,792.
				Prior Year	Current Year
ā	8	Contributions and grants (Part VIII, line 1h)		6,794,989.	6,802,498.
eni	9	Program service revenue (Part VIII, line 2g)		5,387,272.	5,052,531.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-115,188.	96,466.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,118,794.	1,057,199.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,185,867.	13,008,694.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		163,419.	171,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 6,602,148.	0. 6,481,296.
šes	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,002,140.	0,481,290.
ě	16	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	····	<b>U.</b>	
Expenses	1			6,618,554.	6,953,432.
_	17	, , , , , , , , , , , , , , , , , , , ,		13,384,121.	13,606,228.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-198,254.	-597,534.
	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances		FT	Ве	ginning of Current Year 3,565,055.	End of Year 3,364,361.
SSS	20	Total assets (Part X, line 16)	······	2,591,541.	2,988,417.
et/	21	Total liabilities (Part X, line 26)	·····	973,514.	375,944.
	22	Net assets or fund balances. Subtract line 21 from line 20		9/3/314+	373,344.
_	A Charles Control	nalties of perfury. I decate that have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and helief it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of whi			y knowledge and bollot, k to
	, 0011	The second of th	on proper or	lao ary anomougo:	
Sig	ın	Signature of officer		Date	
He		DANIEL SEPTIMUS, CEO			
110		Type or print name and title			<b></b>
_		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Pai	d	KELLY HOGGARD KELLY HOGGARD	1	1/14/17 if self-employ	P00233891
	- parer	Firm's name CALHOUN, THOMSON + MATZA, LLP		Firm's EIN	74-2859143
	Only	Firm's address 9500 ARBORETUM BLVD., SUITE 120			WITT 2 0
	•	AUSTIN, TX 78759		Phone no.51	2-439-8400
Ma	v the	IRS discuss this return with the preparer shown above? (see instructions)		·	X Yes No

4e Total program service expenses

Other program services (Describe in Schedule O.)

4,000,105. including grants of \$ 171,500.) (Revenue \$

Form 990 (2016)

### Form 990 (2016) SHALOM AUSTI Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	dii		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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? If "Yes," complete Schedule F, Parts I and IV	44h		х
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	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
4.5	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
			aan /	

### Form 990 (2016) SHALOM AUSTIN Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
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? If "Yes," complete			,
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	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			7.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		37
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	٠		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			Х
	complete Schedule L, Part II	26		Δ.
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			Х
••	of any of these persons? If "Yes," complete Schedule L, Part III	27	SACHAGE.	Δ
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):	00-	Wilder.	Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		- 41
С	the standard and the standard standard of the standard Cohortele L. Dout 11/	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	contributions? If "Yes," complete Schedule M	30		Х
21	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>ٿ</u>		
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	
		Form	വവ /	2016)

165	P	age <b>5</b>
· • • • • • • •		Щ.
	Yes	No
1c	Yes	
	×	
2b 3a	X	Commence Com
3b	X	
4a 5a 5b		X X X
5c		
<b>6</b> a		X
6b		
22,223		37
7a		<u>X</u>
7b		
7c 7e 7f 7g		X X X
7h		
8		X
		1995 Nove 117

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				$\Box$
	Check if Schedule O contains a response of note to any line in this hart v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 8	2	165	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ō		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and ru				
	(gambling) winnings to prize winners?		1c	. 44404644	
2a			27.4.2.2		6750 Es
	filed for the calendar year ending with or within the year covered by this return	2a 33	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)	2000 A. A.	34574	
За	The state of the s		За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b	X	
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: ►			5.05V6 2.4589	
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).	GS		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
d	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	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	ne 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 contribut	ions or gifts			
	were not tax deductible?		6b		L
7	Organizations that may receive deductible contributions under section 170(c).	•	195,433		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?	1	7c	California	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		18.125 TV 18.15 19.75 19.05	37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	$\vdash \vdash \vdash$	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f	$\vdash \vdash \vdash$	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	<b> </b>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	Almaka	iarai cre
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-	NO.	RASE.	X
_	sponsoring organization have excess business holdings at any time during the year?	••••••	8	30350	72
- 9	Sponsoring organizations maintaining donor advised funds.		Vinite)	. Special	х
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b		X
	• • • • • • • • • • • • • • • • • • • •		an	32/65/28	1274
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		300000	
11	Section 501(c)(12) organizations. Enter:	100			
''. 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	110			
	amounts due or received from them.)	11b	100 A		
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form		12a		1.5.32.32.55
	· · · · · · · · · · · · · · · · · · ·	12b	15.50	grafin.	100,000
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.		4.3463	THE STATES	
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			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
			Form	990	(2016)

Form 990 (2016)

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			X							
Sec	tion 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	112.1912 1011.514	12000								
	If there are material differences in voting rights among members of the governing body, or if the governing		74234								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
h	Enter the number of voting members included in line 1a, above, who are independent 1b 24	6/12/07									
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?										
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		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	5 6	Х	Х							
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť									
ru	more members of the governing body?	7a	X								
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
		7b	X								
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		V-14	148.480							
		8a	Х	WENNYO.							
	The governing body?  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	<del>- 0.5</del> -									
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
000	ton D. 1 Onotes (this decitor D requests information about policies not required by the internat revenue code,)		Yes	No							
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa									
Ŋ	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 1a		NACE.							
		12a	X	Set Carlot							
	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1210									
C		12c	Х								
12	In Schedule O how this was done Did the organization have a written whistleblower policy?	13		Х							
13		14	X								
14	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	- 3 - 4 - 5	VANA E	23343							
15	•										
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	554929							
	The organization's CEO, Executive Director, or top management official			Х							
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	14/23/4	5000							
46-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
IOa		16a	767746	Х							
1.	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iva	100000	134.54							
Ð											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	<b>16</b> b	2500								
Sec	exempt status with respect to such arrangements?	IUD									
	List the states with which a copy of this Form 990 is required to be filled NONE										
17		wallah	lo.								
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) a	ivaliaD	ic								
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website  Another's website  X Upon request  Other (explain in Schedule O)										
40	·	l fina-	niai								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	2 IN 18(1)	JIXI								
00	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: ►LAURENCE STATMAN, CFO - (512) 735-8016										
	7300 HART LANE, AUSTIN, TX 78731										
	/JUU HART LIAME, AUGITM, IA /U/JI										

1425-001

13141114 252818 1425-00

### 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.

 $oldsymbol{ol}}}}}}}}}}}}}}}}}$ 

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

Name and Title	Average hours per week (list any	box,	not c	heck	ition more			Reportable	Donortobio	Cationataal
			er an		rson i	is bot	h an	compensation	Reportable compensation	Estimated amount of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) FRAN HAMMERMESH AT LARGE - FOUNDATION CO-C	1.00	х						0.	0.	0.
(2) MAE LEVITAN	1.00	Δ						0.	0.	0.
AT LARGE - SENIORS	1+00	х						о.	0.	0.
(3) WADE MONROE	1.00						-	· ·	-	
VP		х		х				0.	0.	0.
(4) KERI PEARLSON	1.00								•	<u> </u>
AT LARGE		х						0.	0.	0.
(5) JOAN SWARTZ	1.00									
PAST CHAIR		Х		Х				0.	0.	0.
(6) DAN KRAUS	1.00									
CHAIR		Х		Х				0.	0.	0.
(7) ABBY RAPOPORT	1.00									
VP		Х		Х				0.	0.	0.
(8) IAN SPECHLER	1.00							_	_	_
VP		X		X				0.	0.	0.
(9) LINDA MILLSTONE	1.00								•	•
EX-OFFICIO DIRECTOR	4 00	Х						0.	0.	0.
(10) BILLY OCSHEROW	1.00							ا		0
VP	1 00	Х	_	Х				0.	0.	0.
(11) MARGO SMITH	1.00	7,						ر ا	0	0
AT LARGE	1.00	Х	$\dashv$					0.	0.	0.
(12) BARAK EPSTEIN TREASURER	1.00	х	Ī	х				0.	0.	0.
(13) PAM FRAGER	1.00	Λ	$\dashv$	Δ				0.	· · ·	<u> </u>
AT LARGE	1.00	х						0.	0.	0.
(14) KEITH ZIMMERMAN	1.00		$\dashv$	-						
VP - GENERATIONS	2.00	x		х				0.	0.	0.
(15) SANDY DOCHEN	1.00									
VP PHILANTHROPY		х	l	Х				0.	0.	0.
(16) BRIAN DEITCH	1.00									-
AT LARGE		Х						0.	0.	0.
(17) JULIE WALTZER	1.00									
AT LARGE		X						0.	0.	0.

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Form 990 (2016)

Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	an:	d Hi	ghe	st C	ompensated Employe	es (continued)					
(A)	(B)			-{(	2)			(D)	(E)	(F)				
Name and title	Average hours per week	box	(do not check more than on box, unless person is both a				Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(18) ROB RUBINSTEIN	1.00							_	_	_				
AT LARGE		X						0.	0.	0.				
(19) MICHELLE LYNN SACHS AT LARGE	1.00	х						0.	0.	0.				
(20) RICK ROSENBERG	1.00													
VP		Х		Х				0.	0.	0.				
(21) RABBI ALAN FREEDMAN	1.00													
EX-OFFICIO DIRECTOR	·	Х						0.	0.	0.				
(22) LAUREN MEYERS	1.00													
EX-OFFICIO DIRECTOR		X						0.	0.	0.				
(23) MARTIN BERSON	1.00						ĺ	_	_	_				
AT LARGE	1 00	X						0.	0.	0.				
(24) ISER CUKIERMAN AT LARGE	1.00	х						0.	0.	0.				
(25) DAVID GOLDSTEIN	1.00													
AT LARGE		Х						0.	0.	0.				
(26) SETH HALPERN	1.00													
AT LARGE		Х						0.	0.	0.				
1b Sub-total							<b></b>	0.	0.	0.				
c Total from continuation sheets to Pa	rt VII, Section A							702,000.	0.	0.				
d Total (add lines 1b and 1c)			·····					702,000.	0.	0.				
2 Total number of individuals (including )							no re	eceived more than \$100	,000 of reportable					

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

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

Yes No

X

X

#### Section B. Independent Contractors

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
CF RETAIL	COMMERICAL PROPERTY	-
2700 W. ANDERSON LANE, AUSTIN, TX 78757	LEASE	241,713.
PARAGON-UNITED		
111 W ANDERSON LN E340C, AUSTIN, TX 78752	CUSTODIAL	177,158.
MECHANICAL TECHNICAL SERVICES		
1720 ROYSTON LANE, ROUND ROCK, TX 78664	HVAC	144,788.
AUSTIN AMERICAN-STATESMAN/COX MEDIA GROUP		
305 S. CONGRESS, AUSTIN, TX 78704	NEWSPAPER PRINTING	106,448.
UBEO OF AUSTIN		
2112 RUTLAND DR #140, AUSTIN, TX 78758	COPIERS, PRINTERS	106,013.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2016)

Part VIII a III A GOI DI									/4-140	7403
Part VII   Section A. Officers, Directors, Tr	ustees, Key E	mple T	oyee	s, a	nd l	High	ıest	Compensated Employ		
<b>(A)</b> Name and title	(B) Average hours	(c	hecl	Pos	C) ition that		oly)	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JILL MAY	1.00	7,								
AT LARGE	1 00	X	<b> </b>			_	_	0.	0.	0.
(28) MONICA YANIV	1.00	x	ĺ					0.	0.	0
AT LARGE (29) NANCY ZIMMERMAN	1.00	_	-			⊢	<del> </del>	U.	0.	0 .
AT LARGE	1.00	x		•				0.	0.	0.
(30) SHELLY PRANT	40.00	<del>  ^</del>				┢	-	0.	0.	
CHIEF PROGRAMMING OFFICER	10.00	1		Х				130,000.	0.	0 .
(31) LAURENCE STATMAN	40.00					ļ				
CHIEF FINANCIAL OFFICER		1		Х				112,000.	0.	0.
(32) DIANE DUSEK	1.00							-		
ADVERTISING DIRECTOR				Х				125,000.	0.	0.
(33) RABBI DANIEL SEPTIMUS	40.00									
CHIEF EXECUTIVE OFFICER		<u> </u>		X		·		71,667.	0.	0.
(34) ARLENE MILLER	40.00							100 000		•
CPO	40.00	_		X				120,000.	0.	0.
(35) JAY RUBIN CEO - RETIRED	40.00			х				143,333.	0.	0.
CEO - RETIRED	-			Λ		-	ļ	143,333.	0.	0.
			$\vdash$				-			
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· · · ·			_		_	_		mac		
Total to Part VII, Section A, line 1c				*****			,	702,000.		

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts rts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	2,396,810.				
S, C	С	Fundraising events	1c	366,226.				
ar.		Related organizations		""				
E S		Government grants (contributi						
Pos		All other contributions, gifts, grants, and						
૱		similar amounts not included abov	1 1	4,039,462.				
들임	g	Noncash contributions included in lines						
S €		Total. Add lines 1a-1f		<b>&gt;</b>	6,802,498.			
				Business Code				
g l	2 a	TUITION AND FEES		611710	4,737,926.	4,737,926.	and the state of t	The Merculi of the time Merceller is a
ا∡≚َ	b	FITNESS TRAINERS		713940	314,605.	314,605.		
Program Service Revenue	c				·			
e a	d							
P.E.	e							
4	f		nue					
	a				5,052,531.			
$\neg$	3	Investment income (including						
		other similar amounts)			96,466.			96,466.
	4	Income from investment of tax		:				
	5	Royalties	• •	· •		***		
	_	·	(i) Real	(ii) Personal				
Ī	6 а	Gross rents	341,174,					
		Less: rental expenses	0.					
		Rental income or (loss)	341,174,					
		h			341,174.		First many and English that I fill you have a	341,174.
		Gross amount from sales of	(i) Securities	(ii) Other				va sa
	,	assets other than inventory	(y Coodinace	(1) (1)				
	h	Less: cost or other basis						
l	~	and sales expenses						
	c.	Gain or (loss)						
		Net gain or (loss)		<u> </u>	Inha, nauki wijeka tiep bijasi, petena	Contribute of the original perpendicular and		i topulátich virgelig office "Alexonik" (
		Gross income from fundraising						
E I	O u	including \$ 366,	,					
Other Revenu		contributions reported on line						
ď.		·	a	0.				
Ę.	h	Less: direct expenses						
ō		Net income or (loss) from fund			0.		om Principal de Ruit d'Espais de Person	picos Nept Anarya Para 949 mp.
		Gross income from gaming act	-					
	- u	Part IV, line 19						
	h	Less: direct expenses		1				
		Net income or (loss) from gami			The first state of the property of the state	Triforen ken falutaan tersebat 1		Laboration States
		Gross sales of inventory, less r	-					
	10 4	and allowances		4,690.				
	h	Less: cost of goods sold		1 - 1				
		Net income or (loss) from sales			4,690.	A PANA SIMBANA TANDAN MENANGKENA	Marini Maranta en Rente el b	4,690.
ŀ	<u> </u>	Miscellaneous Revenue		Business Code				(CASSILICANS AND VICE
ŀ	11 a			541800	573,707.	तम्य व्यवस्य स्थापन्य स्थापन्य स्थापन्य स्थापन्य	152,155.	421,552.
	ıı a b	OTHER INCOME		900099	137,628.		,	137,628.
l					20.,020,			20,,020,
	c d	All other revenue						
İ		Total. Add lines 11a-11d			711,335.			
	12	Total revenue. See instructions.			13,008,694.	5,052,531.	152,155.	1,001,510.
633000	9 11-11				,,•	,,		Form <b>990</b> (2016)

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must con	anlete all columns. All of	her organizations must c	omplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		X
	Check if Schedule O contains a responot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	171,500.	171,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	5,427,702.	E DAA CAA	226,476.	156 500
7	Other salaries and wages	J,441,102+	5,044,644.	440,4/0.	156,582.
8	Pension plan accruals and contributions (include	٠			
^	section 401(k) and 403(b) employer contributions)	1,053,594.	982,356.	42,048.	29,190.
9	Other employee benefits	±,000,094•	904,3300	44,040.	49,130.
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	24,361.	20,895.	850.	2,616.
_	Accounting	21,501.	20,0331		2/0101
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees		i saya i ayan wasa wasa basa saga a ga a saya a sa		
,	Other, (If line 11g amount exceeds 10% of line 25,				•
9	column (A) amount, list line 11g expenses on Sch O.)	2.235.273.	2,013,350.	143,646.	78.277.
12	Advertising and promotion	2,235,273. 9,048.	7,930.	878.	78,277. 240.
13	Office expenses	210,734.	197,984.	11,390.	1,360.
14	Information technology				
15	Royalties				·
16	Occupancy	1,985,768.	1,736,756.	61,662.	187,350.
17	Travel	148,089.	135,464.	9,503.	3,122.
18	Payments of travel or entertainment expenses	•	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	204,840.	177,421.	6,725.	20,694.
23	Insurance	139,932.	121,761.	4,457.	13,714.
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 0.)				
а	DUES/MEMBERSHIPS/SUBSCR	618,266.	616,161.	754.	1,351.
b	UTILITIES	332,566.	293,191.	9,658.	29,717.
c	FOOD/CATERING	318,102.	185,376.	129,573.	3,153.
d	PROGRAM SUPPLY EXPENSE	231,883.	192,815.	36,536.	2,532.
e	All other expenses	494,570.	427,609.	27,703.	39,258.
25	Total functional expenses. Add lines 1 through 24e	13,606,228.	12,325,213.	711,859.	569,156.
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)				
		· · · · · · · · · · · · · · · · · · ·	<del>-</del>	<del>-</del>	Earm 990 (2016)

Form 990 (2016)

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X	(A)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	649,258.	1	561,238
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	301,253.	3	423,812
4	Accounts receivable, net	507,029.	4	269,751
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	The Control of the world in the Section Communities of the authoristic for a	6	mar strong rimei nui to plant libertina ener
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	136,097.	9	130,404
1 '	Land, buildings, and equipment: cost or other			
'''	basis. Complete Part VI of Schedule D 10a 2,770,026.			
	Less: accumulated depreciation 10b 2,093,308.	578,500.	10c	676,718
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,392,918.	15	1,302,438
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,565,055.	16	3,364,361
17	Accounts payable and accrued expenses	287,188.	17	1,630,869
18	Grants payable		18	_,,
19	Deferred revenue	182,710.	19	299,465
20	Tax-exempt bond liabilities		20	
21			21	
	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L.	in evision flament is mensyller made en en sindige eig	22	Transfer et alle til de tekning blegt av kritiske geste geste gener
23	Secured mortgages and notes payable to unrelated third parties	N *** N	23	
24	Unsecured notes and loans payable to unrelated third parties	1,486,216.	24	86,740
25	Other liabilities (including federal income tax, payables to related third			
20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		635,427.	25	971,343
26	Schedule D  Total liabilities. Add lines 17 through 25	2,591,541.	26	2,988,417
120	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		3 S 4	
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,543,077.	27	-155,214
28	Temporarily restricted net assets	-569,563.	28	531,158
29			29	
23	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here			
:	and complete lines 30 through 34.			
27 28 29 30 31 32	Capital stock or trust principal, or current funds		30	nurs sam se and rounder to be Indirective III
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	973,514.	33	375,944
34	Total flabilities and net assets/fund balances	3,565,055.	34	3,364,361
1 34	rotal habilities and not according balances	-,,	- r	Form <b>990</b> (201

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
		·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,60		
3	Revenue less expenses. Subtract line 2 from line 1	3	-59		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	97	3,5	14.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		_	33.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	•		-3.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	37	5,9	44.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	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:				
	Separate basis Consolidated basis Both consolidated and separate basis		350000		
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 separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		15/3%0 State		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,	223.423		
	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 Scho	edule O.	100 mg	31.71.71.11	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?	_	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit	: -		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		, 3b		
		,	Form	990	(2016)

#### SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ,

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number SHALOM AUSTIN 74-1469465 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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.) 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 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.) 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 X 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. 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. 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, 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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). (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in vour governing documen organization (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2016 SHALOM AUSTIN 74-14694 | 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.)

Se	ction A. Public Support						
Cale	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.")						
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3		To leaving production (1945) on Cofficial (1945)				
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)						<del></del>
	Public support, Subtract line 5 from line 4.						<del> </del>
	ndar year (or fiscal year beginning in)	(=) 0010	(h) 0010	(=) 0014	(d) 0015	(-) 0046	/6) T-1-1
	Amounts from line 4	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
8	Gross income from interest.						
U	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						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•		d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here				. , , , ,	<b>&gt;</b>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (					14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14	******		15	%
16a	33 1/3% support test - 2016. If the d	•					
	stop here. The organization qualifies						
d	33 1/3% support test - 2015. If the c	_				•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						0% or
	more, and if the organization meets the				-		, —
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n ala not check a i	pox on line 13, 16	a, 160, 1/a, or 17b			
					Sche	dule A (Form 990 d	or 990-EZJ 2016

#### 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.)

qualify under the tests listed b	elow, please com	olete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<ol> <li>Gifts, grants, contributions, and</li> </ol>						
membership fees received. (Do not						
include any "unusual grants.")	4,161,417.	6,981,953.	6,617,682.	6,794,989.	6,873,663.	31,429,704,
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,962,499.	5,543,532.	5,518,289.	5,387,272.	5,052,531.	27,464,123.
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
Tax revenues levied for the organ- ization'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	10,123,916.	12,525,485.	12,135,971.	12,182,261.	11,926,194.	58,893,827.
7a Amounts included on lines 1, 2, and		•				
3 received from disqualified persons b Amounts included on lines 2 and 3 received	635,000.	600,000.	600,000.	600,000.	300,000.	2,735,000.
from other than disqualifled persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	635,000.	600,000.	600,000.	600,000.	300,000.	2,735,000.
8 Public support. (Subtract line 7c from line 6.)						56,158,827.
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	10,123,916.	12,525,485.	12,135,971.	12,182,261.	11,926,194.	58,893,827.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	891.	145,443.	43,892.	-115,188.	96,466.	171,504.
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
	891.	145,443.	43 892	-115,188.	96,466.	171,504.
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is	0,71.	143,443.	43,052.	113,100.	J0,400.	171,504.
regularly carried on	50,242.	144,710.	179,307.	164,081.	152,155.	690,495.
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	865,731.			1,118,794.		5,513,297.
13 Total support. (Add lines 9, 10c, 11, and 12.)	11,040,780.	14,175,526.	13,470,855.	13,349,948.	13,232,014.	65,269,123.
14 First five years. If the Form 990 is for check this box and stop here	-			•	n 501(c)(3) organiz	
Section C. Computation of Publ		rcentage				
15 Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	86.04 %
16 Public support percentage from 2015					16	85.80 %
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20					17	.26 %
18 Investment income percentage from 2					18	.12 %
19a 33 1/3% support tests - 2016. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7.is not
more than 33 1/3%, check this box as	-					
<b>b 33 1/3% support tests - 2015.</b> If the line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	<b>&gt;</b>

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#### 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
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- 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?
- 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? 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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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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			,
Sect	ion 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	1		
	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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	3 W 2 V 3		
	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		
Sect	ion 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-functional	lly integr	ated Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Pai	Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Sect	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish ex-	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	·		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
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 t	the organization is responsiv	e	
	(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			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
ď	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			
L	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	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:			
а				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

### Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2016

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
DISQUALIFIED	635,000.	600,000.	600,000.	600,000.	300,000.
					· .
	:				
			:		
Total to Schedule A, Part III, Line 7a	635,000.	600,000.	600,000.	600,000.	300,000.