Form 990
Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020 Return of Organization Exempt From Income Tax

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

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

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



<u>A</u> F	or th	e 2019 calendar year, or tax year beginning and	ending					
B C a	heck if pplicab	le: C Name of organization		D Employer identifie	cation number			
	Addre							
	Name		74-14694	65				
	Initial returr		Room/suite	E Telephone number	r			
	Final Final	7300 HART LANE		512-735-	8016			
	termi ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	14,483,913.			
X	Amer	AUSIIN, IX 78731		H(a) Is this a group re				
	Appli tion	for subordinates	? Yes X No					
	pendi	[°] /300 HART LANE, AUSTIN, TX /8/31		H(b) Are all subordinates in	cluded? Yes No			
		xempt status: X $501(c)(3)$ $501(c)()$ $) \blacktriangleleft$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)			
		te: WWW.SHALOMAUSTIN.ORG		H(c) Group exemptio				
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1971	A State of legal domicile: TX			
Ра	irt I	Summary						
e	1	Briefly describe the organization's mission or most significant activities: TO E						
Governance		LIFE IN THE GREATER AUSTIN AREA AND AROUN						
erna		Check this box if the organization discontinued its operations or disposed of the organization discontinued its operations or disposed of the organization discontinued its operations of the organization discontits dits operations of the organization discontinued it						
Ň	3				23			
8			Number of independent voting members of the governing body (Part VI, line 1b)					
ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		332				
Activities &			otal number of volunteers (estimate if necessary)					
Act		Total unrelated business revenue from Part VIII, column (C), line 12			<u>87,412.</u> 57,076.			
	D	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		4,853,280.	5,273,253.			
anı	9	Program service revenue (Part VIII, line 2g)		5,503,802.	6,097,792.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-88,497.	236,436.			
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,947,493.	2,876,432.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,216,078.	14,483,913.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	95,500.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ß	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,741,264.	6,753,517.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
bei		Total fundraising expenses (Part IX, column (D), line 25) 777, 2	47.					
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,663,315.	6,468,798.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,404,579.	13,317,815.			
	19	Revenue less expenses. Subtract line 18 from line 12		-188,501.	1,166,098.			
ces			Ве	ginning of Current Year	End of Year			
Assets Balanc	20	Total assets (Part X, line 16)		3,209,131.	4,059,360.			
t As	21	Total liabilities (Part X, line 26)		2,968,705.	2,652,834.			
Eun	22	Net assets or fund balances. Subtract line 21 from line 20		240,426.	1,406,526.			
Pa	irt II	Signature Block						

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

	Circashura of officer			Data				
Sign	Signature of officer			Date				
Here	NICOLE GILGER, CFO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	KELLY HOGGARD MENDOZA	KELLY HOGGARD	MENDOZ 08/09	/22 self-employed P00233891				
Preparer	Firm's name CALHOUN , THOMSON	+ MATZA, LLP		Firm's EIN 🕨 74–2859143				
Use Only	Firm's address P.O. BOX 30044							
	AUSTIN, TX 78755 Phone no.512-439-8400							
May the II	RS discuss this return with the preparer shown above	e? (see instructions)		X Yes No				
932001 01-2	32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: ENHANCE THE QUALITY OF JEWISH LIFE IN THE GREATER AUST		
	AROUND THE WORLD, THROUGH CHARITABLE, EDUCATIONAL, SOC		
	CULTURAL, RELIGIOUS AND RECREATIONAL ENDEAVORS. SERVIC		
	PRESCHOOL FACILITIES FOR COMMUNITY AND CULTURAL EVENTS	•	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X	No
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X	
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	revenue, if any, for each program service reported.	uners, the total expenses, and	
4a	(Code:) (Expenses \$ 2,767,154. including grants of \$) (F	evenue \$ 3,471,60	4.)
	THE EARLY CHILDHOOD PROGRAM (ECP) IS THE PRESCHOOL PRO	GRAM OF SHALOM	
	AUSTIN. IT HAS CHILDREN RANGING FROM AGE OF 3 MONTHS T		
	PROGRAMS WITHIN THE ECP INCLUDE DECORATING THE SUKKAH,		
	FRIDAY TOT SHABBATS, PASSOVER SEDER, PURIN CARNIVAL AN	D ISRAEL	
	INDEPENDENCE DAY AND MULTIPLE ENRICHMENT PROGRAMS.		
4b	(Code:) (Expenses \$2,346,817. including grants of \$) (F SPORTS AND FITNESS	Revenue \$ 3,405,07	3.)
	THE SPORTS AND FITNESS SERVES PARTICIPANTS WITH EXISTIN	NG PROGRAMS THAT	1
	REMAIN POPULAR, AND NEW PROGRAMS THAT GENERATE EXCITEM		
	AWARENESS, AND BRING NEW PEOPLE TO OUR CAMPUS. PROGRAM	S WITHIN THIS	
	DEPARTMENT INCLUDE BABYSITTING, FITNESS CLASSES, YOUTH	CLASSES, SPORTS	
	CAMPS, FITNESS CENTER, ADULT CLASSES AND AQUATICS.		
4c	(Code:) (Expenses \$1,542,886. including grants of \$) (F	levenue \$ 1,332,92	3.)
	YOUTH PROGRAMS - SUMMER CAMPS, AFTER SCHOOL, ETC.		
	THE SUMMER DAY CAMP PROVIDES ENRICHMENT ACTIVITIES REL		
		ATER, SPORTS AND)
	MORE. THIS IS FOR AGES 5 THROUGH 13. THE AFTERSCHOOL PROGRAMS PROVIDE ENRICHMENT OPPORTUNIT		
	TIME FOR CHILDREN AGED 5 THROUGH 13.	IES AND STUDY	
	TIME FOR CHIEDREN AGED 5 THROUGH 15:		
4d	Other program services (Describe on Schedule O.)		
-	(Expenses \$ 4,349,659. including grants of \$ 95,500) (Revenue \$ Total program service expenses ► 11,006,516. 11,)	
4e	Total program service expenses ► 11,006,516.	Form 990	(2010)
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 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)?		100	
-	If "Yes," complete Schedule A	1	x	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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?			1
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,			1
	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			I
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			I
	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			1
	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	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	14b		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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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 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
	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	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV 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	25		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05		
20	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?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
57	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?	<u> </u>		<u> </u>
		38	х	
Par		-		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 166			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	000	(0C : -:
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 332			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		37	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
d	If "Yes," enter the name of the foreign country			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
b c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		- 23
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
Uu		6a		x
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 00		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
12				
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		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th			or a "l	No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C						_
	Check if Schedule O contains a response or note to any line in this Part VI						Σ
seci	tion A. Governing Body and Management						
4.	Establish and the second second second states and states and states and	1.4.	I	23		Yes	N
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		23			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			23			
	Enter the number of voting members included on line 1a, above, who are independent	1b		23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	-	-	- 1	2		X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th	o diroct	cuponvision	···	2		
3					3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9		filed?	···· F	<u> </u>		X
	Did the organization become aware during the year of a significant diversion of the organization's as			···· F	- 1 5		X
6				F	6	Х	<u> </u>
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			···	0		
a	more members of the governing body?				7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			···	<u>1a</u>	- 23	
U					7b	x	
5	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye						
	The governing body?		-	- 1	8a	х	
	Each committee with authority to act on behalf of the governing body?			I	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			···			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
			,	_		Yes	N
Da	Did the organization have local chapters, branches, or affiliates?			[10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	hapters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befor	e filing the form'	?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			E	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "	Yes," de	escribe				
	in Schedule O how this was done				12c	X	
	Did the organization have a written whistleblower policy?			Г	13		X
	Did the organization have a written document retention and destruction policy?				14	X	
5	Did the process for determining compensation of the following persons include a review and approva	-	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b		X
^ _	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		· · · ·				
ьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged			- 1	40-		x
	taxable entity during the year?			···	16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	ite its p	•				
D		- 1					
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			- 1	406		
	exempt status with respect to such arrangements?				16b		
ect	exempt status with respect to such arrangements?				16b		
ect 7	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE					availa	ble
ect 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a			 c)(3)s		availa	ble
ect 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	und 990	-T (Section 501(c)(3)s		availa	ble
ect 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	nd 990	T (Section 501(only)		ble
Sect 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website □ Another's website X Upon request □ Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparisation made its governing documents, comparisation made its governing documents.	nd 990	T (Section 501(only)		ble
Sect 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	nd 990 n on Sc	T (Section 501(hedule O) f interest policy,		only)		ble
ect 7 8 9	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website □ Another's website X Upon request □ Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	nd 990 n on Sc	T (Section 501(hedule O) f interest policy,		only)		ble
9	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website □ Another's website X Upon request □ Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's booms.	nd 990 n on Sc	T (Section 501(hedule O) f interest policy,		only)		ble
ect 7 8 9 0	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boon NICOLE GILGER , CFO - (512) 735-8016	nd 990 n on Sc	T (Section 501(hedule O) f interest policy,		only) finan		

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<u>Form 990 (2</u>		74-1469465	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
·	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 Comple	te 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.

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

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

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

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

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

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

(A)	(B)	J		(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any	Individual trustee or director						the organization	organizations	compensation
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	al trus		yee	m pen				and related
	below	dual t	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	In stit	Officer	Key e	Highe	Former			C C
(1) ABBY RAPOPORT	1.00									
CHAIR		Х		Х				0.	0.	0.
(2) DAN KRAUS	1.00									
PAST CHAIR		Х		Х				0.	0.	0.
(3) RICK ROSENBERG	1.00									
TREASURER/SECRETARY		х		х				0.	0.	0.
(4) LISA SHAPIRO	1.00									
VICE-CHAIR		х		х				0.	0.	0.
(5) KEITH ZIMMERMAN	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(6) ARTHUR ALTMAN	1.00									
AT LARGE		Х						0.	0.	0.
(7) CAROLYN HANEY	1.00									
AT LARGE		Х						0.	0.	0.
(8) WADE MONROE	1.00									
AT LARGE		Х		Х				0.	0.	0.
(9) STEVE MEYERS	1.00									
AT LARGE		Х						0.	0.	0.
(10) ADAM KRUGER	1.00									
AT LARGE		Х						0.	0.	0.
(11) BRIAN DEITCH	1.00									
AT LARGE		Х						0.	0.	0.
(12) PHIL LOEWY	1.00									_
AT LARGE		Х						0.	0.	0.
(13) COURTNEY MANUEL	1.00									_
AT LARGE		Х						0.	0.	0.
(14) LAUREN PATTEN	1.00									_
AT LARGE		Х						0.	0.	0.
(15) JULIE WALTZER	1.00									_
AT LARGE		Х						0.	0.	0.
(16) ALEX ROBINSON	1.00							_		
AT LARGE		Х						0.	0.	0.
(17) ROB RUBINSTEIN	1.00							_		
AT LARGE		Х						0.	0.	0.
932007 01-20-20				_	-					Form 990 (2019)

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Form 990 (2019) SHALOM AU	JSTIN								74-1469	465	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per id a di	ition more rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	Esti amo	(F) mated ount of ther
	(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)	fro orgai and	ensation m the nization related nizations
(18) KIM SCHOKET AT LARGE	1.00	x						0.	0.		0.
(19) LILY SMULLEN VICE-CHAIR	1.00	x		x				0.	0.		0.
(20) MARTIN BERSON AT LARGE	1.00	x						0.	0.		0.
(21) ERIC STEIN AT LARGE	1.00	x						0.	0.		0.
(22) SETH HALPERN	1.00	_									
AT LARGE (23) DAVID GOLDSTEIN	1.00	X						0.	0.		0.
VICE-CHAIR (24) LECIA SUD	1.00	Х						0.	0.		0.
AT LARGE (25) MONICA YANIV	1.00	х						0.	0.		0.
AT LARGE (26) NANCY ZIMMERMAN	1.00	x						0.	0.		0.
VICE-CHAIR	1.00	х						0.	0.		0.
1b Subtotal c Total from continuation sheets to Part VII								0.807,886.	0.		0.
d Total (add lines 1b and 1c)								807,886.	0.		0.
2 Total number of individuals (including but ne compensation from the organization ▶							o re	eceived more than \$100,	000 of reportable		6
											Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su				•	-		Ŭ			3	X
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization	4	x
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	, on fr	rom	any	unre	elate	ed organization or indivic	lual for services		
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors	plete Schedule	e J fe	or sl	ich r	oers	on .				5	X
1 Complete this table for your five highest con	•	•							· ·	tion fron	n
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ear.	(C)	
Name and business	address							Description of s	ervices (Compens	
KIM'S GYM 7300 HART LN, AUSTIN, TX	78731							PROGRAM CONTI	RACTOR	305	,384.
PARAGON-UNITED 111 W ANDERSON LN E340C,		Т	x	78	75	2		CUSTODIAL		222	,089.
KNIGHT SECURITY SYSTEMS, 4509 FREIDRICH LN #110, A		тx	7	87	<u>44</u>			SECURITY		144	<u>,753.</u>
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	niteo	d to f	thos 3		ted	above) who received mo	pre than		
SEE PART VII, SECTION 932008 01-20-20		'IN	UA	TI	ON	S	ΗĒ	ETS		Form 9	90 (2019)

I Common (A) (A) (B) (C)	Form 990 SHALOM AU	JSTIN								74-146	9465			
Name and tile Average box per werk (list any) related organizations below (list any) related organizations below (list any) related organizations below (list any) related organizations below (list any) related organizations below (list any) related organizations below (list any) related organizations below (list any) related organizations (list correct below (list any) related organizations (list correct correct (list correct correct (list correct correct (list correct (list correct (l	Part VII Section A. Officers, Directors, Tru	t VII Section A. Officers, Directors, Trustees, Key Employees, and High						est						
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(32) ANDREW DOOHER 40.00 x 108,219. 0. 0. SECURITY DIRECTOR 40.00 x 100,822. 0. 0. OUTLOOK SALES MANAGER x 100,822. 0. 0.	(31) RACHEL STERN	40.00												
SECURITY DIRECTOR 40.00 X 108,219. 0. 0. (33) DIANE DUSEK 40.00 X 100,822. 0. 0. Image: Constraint of the second state stat	CHIEF LEARNING AND ENGAGEMENT OFFICE				Х				141,367.	0.	0.			
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	SECURITY DIRECTOR						X		108,219.	0.	0.			
	(33) DIANE DUSEK	40.00												
Image: Section A, line 1c 807, 886.	OUTLOOK SALES MANAGER						Х		100,822.	0.	0.			
Image: Section A, line 1c Image: Section A, line 1c 807, 886.														
Image: Section A, line 1c Image: Section A, line 1c 807, 886.														
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Image: Section A, line 1c Image: Section A, line 1c 807, 886.														
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Total to Part VII, Section A, line 1c														
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	Total to Part VII, Section A, line 1c		<u>.</u>	<u></u> .	<u></u> .	<u></u> .	<u></u> .		807,886.					

932201 04-01-19

		Check if Schedule O o	conta	ains a respo	nse	or note to any line	(A)	(B)	(C)	<u>(</u> D)
							(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclud from tax unde sections 512 -
	1 a	Federated campaigns		1a						3000013 0 12
		Membership dues				2,198,769.				
		Fundraising events				729,314.				
		Related organizations				, , , , , , , , , , , , , , , , , , , ,				
		Government grants (contr								
5		All other contributions, gifts,								
5		similar amounts not included				2,345,170.				
5	g	Noncash contributions included in			6					
	h	Total. Add lines 1a-1f		-		►	5,273,253.			
						Business Code				
	2 a	TUITION AND FEES				611710	5,694,990.	5,694,990.		
	b	FITNESS TRAINERS				713940	402,802.	402,802.		
5	с									
	d									
	е									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f					6,097,792.			
	3	Investment income (includ	ding o	dividends, iı	ntere	st, and				
		other similar amounts)				►	236,436.			236,4
	4	Income from investment of	of tax	-exempt bo	nd p	roceeds 🕨 🕨				
	5	Royalties	. <u></u>			►				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a	346,5	531.					
	b	Less: rental expenses \dots	6b		٥.					
	с	Rental income or (loss)	6c	346,5	531.					
		Net rental income or (loss))				346,531.			346,5
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses								
		Gain or (loss)	7c	•						
	d	Net gain or (loss)				>				
	8 a	Gross income from fundraising	•	•						
		including \$								
		contributions reported on		,						
		Part IV, line 18			<u>8a</u>	0.				
		Less: direct expenses			8b	0.	-			
		Net income or (loss) from		•		▶	0.			
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
					9b					
		Net income or (loss) from	-	-	s					
[iu a	Gross sales of inventory, I				7 600				
		and allowances			10a					
		Less: cost of goods sold			10b	0.	7 603			7.6
┢	С	Net income or (loss) from	sales	s of invento	ry		7,683.			7,6
		OTHER INCOME				Business Code 900099	2 109 009			2 100 0
		ADVERTISING OUTLOOK	יזים ס	FNILE		900099 541800	2,108,098.		97 /10	2,108,0
	b		КËV	THOF		247000	414,120.		87,412.	326,7
	c									
		All other revenue					2 522 210			
L		Total. Add lines 11a-11d				🕨	2,522,218.	6 007 700	07 410	2 005 4
-	12	Total revenue. See instruction	JULS			🕨	14,483,913.	6,097,792.	87,412.	3,025,4

SHALOM AUSTIN

Form 990 (2019)

Page **9**

74-1469465

SHALOM AUSTIN Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	95,500.	95,500.		
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)		4 550 005		050 644
7	Other salaries and wages	5,725,436.	4,550,925.	923,867.	250,644.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1 000 001	0.41 654	126 021	
9	Other employee benefits	1,028,081.	841,654.	136,231.	50,196.
10	Payroll taxes				
11	Fees for services (nonemployees):				
а					
b					
С	•				
d	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g		2 400 416	1 0 2 2 2 7 5	200 010	106 000
	column (A) amount, list line 11g expenses on Sch 0.)	2,408,416.	1,932,375.	290,018.	186,023.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16					
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) FACILITY MAINTENANCE AN	2,350,419.	2,243,826.	52,506.	54,087.
a b		1,351,390.	1,017,793.	113,550.	220,047.
c c	MISCELLANEOUS & CONTING	358,573.	324,443.	17,880.	16,250.
d					
u e					
25 25	Total functional expenses. Add lines 1 through 24e	13,317,815.	11,006,516.	1,534,052.	777,247.
26	Joint costs. Complete this line only if the organization	,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,00	,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

932010 01-20-20

Fai		Dalance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			712,016.	1	1,309,516.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			312,032.	3	243,934.
	4	Accounts receivable, net			138,280.	4	111,110.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				52,025.	9	134,948.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,515,325.			
	b	Less: accumulated depreciation	10b	3,515,325. 2,741,789.	709,426.	10c	773,536.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		1,285,352.	15	1,486,316.	
	16	Total assets. Add lines 1 through 15 (must equa			3,209,131.	16	4,059,360.
	17	Accounts payable and accrued expenses			1,315,305.	17	1,309,567.
	18	Grants payable		· ·	18		
	19	Deferred revenue	314,310.	19	158,502.		
	20	Tax-exempt bond liabilities	•	20			
	21	Escrow or custodial account liability. Complete F			21		
6	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated			332,923.	24	83,293.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			1,006,167.	25	1,101,472.
	26	Tabal Value Astal Value 47 Abused 05		Γ	2,968,705.	26	2,652,834.
		Organizations that follow FASB ASC 958, che			· ·		
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	-792,034.	27	277,834.		
Bal	28	Net assets with donor restrictions	1,032,460.	28	1,128,692.		
lpu		Organizations that do not follow FASB ASC 9					
Ъц		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds			29		
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			240,426.	32	1,406,526.
2	33				3,209,131.	33	4,059,360.
					•		Form 990 (2019)

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Form 990 (2019) Some Sheet SHALOM AUSTIN

_	1 990 (2019) SHALOM AUSTIN	74-1	469465	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,483		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,317		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,166		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	240	,42	26.
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			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,406	, 52	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

Department of the Treasury

(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.

OMB No. 1545-0047
2019
Open to Public

Interr	al Rev	enue Service		Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		In	nspection
Nan	ne of	the organi									cation number
		Deee		OM AUSTIN						4-14	69465
	rt I				All organizations must co			e instructions	3.		
	orga	•	•	,	For lines 1 through 12, cl	,	,				
1		1			on of churches described			I)(A)(i).			
2		1			Attach Schedule E (Form						
3			•		anization described in se			•			
4		-	-	zation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hosp	pital's name,
		city, and									
5			•		llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in	
_			170(b)(1)(A)(iv).(
6		1			nental unit described in						
7		0		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic de	escribed in
_		-	1 70(b)(1)(A)(vi). (C								
8		1			(1)(A)(vi). (Complete Part						
9					in section 170(b)(1)(A)(i						
			-	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
	v	university									·
10	X	Ŭ			e than 33 1/3% of its supp						
					ct to certain exceptions,	.,				· ·	
					(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	iter June	9 30, 1975.
11		1	ion 509(a)(2). (Co	• •	ively to test for public act	intu Can	anation EC	O(a)(4)			
12		-	-	-	ively to test for public sat	•			m out the		o of one or
12		-	-		ively for the benefit of, to ed in section 509(a)(1) o	-			•		
					f supporting organization						e box in
а	Г	_	-	•••	supervised, or controlled		-		-	aivina	
a				• •	gularly appoint or elect a		Ŭ			• •	a
		-		complete Part IV, Se		majonty o				ibboruní	3
b		~		-	or controlled in connect	ion with its	e sunnorte	d organizatio	n(s) by bay	vina	
					anization vested in the sa			-		-	
			-	st complete Part IV,					ge the supp	onted	
c	Г	~		•	g organization operated	in connect	tion with a	and functional	llv integrate	d with	
Ŭ			-		b). You must complete F				ny mograto	a wiai,	
d					porting organization oper				ted organiz	ration(s)	
				• • •	zation generally must sati				•	. ,	
			-		mplete Part IV, Sections	-		-		enece	
е	Г				written determination from				II. Type III		
-					nally integrated supportir			·) ·, ·)	, . ,		
f	En		ber of supported		, , , , , , , , , , , , , , , , , , , ,	0 0					
g	Pro	ovide the fo	lowing informatio	n about the supporte	ed organization(s).						
		(i) Name of s		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	,		mount of other
		organiz	ation		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support	(see instructions)
Tota	al										
1.112											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

Schedule A (Form 990 or 990 EZ) 2019 SHALOM AUSTIN Part II

74-1469465 Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
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.						
	tion B. Total Support			•	•	•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	•
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Public	c Support Pe	rcentage			<u> </u>	
14	Public support percentage for 2019 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2018						%
16a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or n	more, check this b	ox and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2018. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check t	his box
	and stop here. The organization quali	, ,					
17a	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	6 or more,
	and if the organization meets the "fact	ts-and-circumstan	ices" test, check t	nis box and stop	here. Explain in Pa	art VI how the org	anization
	meets the "facts-and-circumstances" t	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	- 2018. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets th	e "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	in in Part VI how t	he
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
	Private foundation. If the organization	n did not obool o	hav an line 10 16	a 166 17a ar 17	'h chaolisthia havis	and and instruction	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 SHALOM AUSTIN

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

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(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	6794989.	6873663.	4912353.	4755357.	5221093	28557455.
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	5387272.	5052531.	5152242.	5503801.		26895819.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513	5507272	50525511	5152242.			200930190
4	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		12182261.	11926194.	10064595.	10259158.	11021066.	55453274.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	600,000.	300,000.	200,000.			1100000.
U	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						0.
с	Add lines 7a and 7b	600,000.	300,000.	200,000.			1100000.
8 Sec	Public support. (Subtract line 7c from line 6.)						54353274.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	12182261.	11926194.	10064595.	10259158.	11021066.	55453274.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-115,188.	96,466.	153,505.	88,495.	236,436.	459,714.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b	-115,188.	96,466.	153,505.	88,495.	236,436.	459,714.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	164,081.	152,155.	155,988.	114,626.	87,412.	674,262.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1118794.	1057199.	2958089.	2944252.	2877267.	10955601.
		13349948.					
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3) organiza	ation,
<u>Soc</u>	check this box and stop here	ic Support Per		<u></u>			
	Public support percentage for 2019 (I			column (f))		15	80.47 %
	Public support percentage from 2018					16	82.15 %
	tion D. Computation of Invest						01010 /0
	Investment income percentage for 20			ne 13, column (f))		17	.68 %
	Investment income percentage from		- · · · · · · · · · · ·			18	.40 %
19a	33 1/3% support tests - 2019. 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 ar	nd stop here. The	organization quali	fies as a publicly su	upported organizat	tion	► X
b	33 1/3% support tests - 2018. If the	•					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th			
93202	3 09-25-19		16		Sche	edule A (Form 990) or 990-EZ) 2019

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

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

- 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")? // "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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified 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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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
с	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.	11c		
	tion 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	tion 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	tion 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	tion 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).			
а	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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	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.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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	A (Form 990 or 990-EZ) 2019 SHALOM AUSTIN
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
ection 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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 th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
0	and 4c. Breakdown of line 7:			
8				
	Excess from 2015 Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 SHALOM AUSTIN

	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3d line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and Pa (See instructions.)	c, 4b, 4c, 5a, 6, 9a, 9b, 9c nd 3: Part IV. Section E. lin	, 11a, 11b, and 11c; Part IV es 1c. 2a, 2b, 3a, and 3b; I	/, Section B, lines 1 and 2; Part IV Part V. line 1: Part V. Section B. lir	', Section C, ne 1e: Part V.
	(See Instructions.)				
932028 09-25-	9		21	Schedule A (Form 990) or 990-EZ) 2019

Schedule A

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

2019

** Do Not File **
*** Not Open to Public Inspection ***

2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
600,000.	300,000.	200,000.	0.	0
	Amount	Amount Amount	Amount Amount Amount	Amount Amount Amount Amount

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

46	94	65
	46	4694

7

Section:
\fbox 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., burpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

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



Name	of the	organization
Name	or the	organization

ployer	ide	nti	fi	са	tic	on	r	nun	nb	er
_				-	-		-	-		

-

Nam	e of the organization SHALOM AUSTIN			Employer identification number $74 - 1469465$
Pa		d Funds or Oth	er Similar Funds	
	organization answered "Yes" on Form 990, Part IV, lin			
			dvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		ts held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a	-		———
•	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			
Pa				
1	Purpose(s) of conservation easements held by the organization			,
-	Preservation of land for public use (for example, recrea	· ·		f a historically important land area
	Protection of natural habitat	,		f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation co	ntribution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				
b				
с	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rel			
	year 🕨			
4	Number of states where property subject to conservation eas	sement is located	•	
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it	holds?	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violatior	ns, and enforcing con	servation easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, ar	nd enforcing conserva	ation easements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abov	, ,		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its	revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organizat	tion's financial statem	ents that describes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historiaal	Transuran or O	ther Similar Acceto
Fai				the Similar Assets.
4-	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pub			·
L	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public		on, or research in fun	neralice of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			N .
0			ilar acasta for financia	
2	If the organization received or held works of art, historical treating following amounte required to be reported under EASP A	·		ai gain, provide
-	the following amounts required to be reported under FASB A	-		¢
a h	Revenue included on Form 990, Part VIII, line 1			
<u>b</u> I HA	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019
	aper non rieduction Act Notice, see the mat detions			

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Sche	dule D (Form 990) 2019 SHALOM						69465		age 2		
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or Ot	her Si	milar Asset	s _{(contin}	ued)			
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	e signifi	cant use of its					
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's e	exempt p	ourpose in Parl	t XIII.				
5	During the year, did the organization solicit of	r receive donations of	art, historical treas	ures, or other sim	nilar asse	ets					
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia						_	_	_		
	on Form 990, Part X?					L	Yes		No		
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:		г						
					ŀ		Amount	1			
	Beginning balance					1c					
	Additions during the year					1d					
е	Distributions during the year					<u>1e</u>					
f	Ending balance										
	Did the organization include an amount on Fo				-	L	Yes				
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete i						1 () 5				
		(a) Current year	(b) Prior year	(c) Two years bac		Three years back					
	Beginning of year balance	1,453,905.	1,408,410.	1,302,43	•.	1,392,918.	<u> </u>	4J/,	770.		
b	Contributions							199			
	Net investment earnings, gains, and losses	236,436.	88,495.	155,50	5,505. 50,400. 115,10				100.		
d	Grants or scholarships				_						
е	Other expenditures for facilities										
	and programs	29,335.	43,000.	47,53	3	186,946.		5.0	336.		
	Administrative expenses	1,661,006.	1,453,905.	1,408,41		1,302,438.	-		918.		
g	End of year balance	, ,			••	1,302,430.	<u> </u>	<u>, 292</u>	,910.		
2	Provide the estimated percentage of the curr	ent year end balance) neid as:							
	Board designated or quasi-endowment		_%								
b	Permanent endowment > 73.49	%									
С		%									
0-	The percentages on lines 2a, 2b, and 2c should be the percentages of lines 2a, 2b, and 2c should be the percentage of th										
Ja	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	ia administerea to	or the or	ganization	ſ	Vee			
	by:						0-(1)	Yes X	No		
	(i) Unrelated organizations							Λ	x		
L	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tiono liotod oo xoguixo	d an Cabadula D2				3a(ii) 3b				
4	Describe in Part XIII the intended uses of the						. 30				
<u> </u>	t VI Land, Buildings, and Equipm										
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Par	tX line	10					
	Description of property	(a) Cost or ot			c) Accur		(d) Bool	< valu	P		
	Decomption of property	basis (investme	• •		deprec		(u) 2001	(valu			
1 a	Land										
	Buildings		40	6,674.	284	1,500.	122	2,1	74.		
	Leasehold improvements										
	Equipment		1,32	3,625.	941	L,890.	381	1,7	35.		
	Other			5,026. 1		5,399.			27.		
	. Add lines 1a through 1e. (Column (d) must e								36.		
		· · · · · · · · · · · · · · · · · · ·				Schedul	e D (Form				

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Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)	(-)		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) ENDOWMENTS			1,486,316.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1 400 210
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>.15.)</u>	>	1,486,316.
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 000 Port V line 05	
	JI FOITH 990, Fait IV, IIIIE	The of The See Form 990, Part A, line 25.	(b) Book value
(1) Federal income taxes (2) DEPOSITS			87,866.
(3) ACCRUED COMPENSATION			268,729
(4) ACCRUED EXPENSE			744,877
(4) ACCROUD TAI TROT			, 11,0//0
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		1,101,472.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 SHALOM AUSTIN		74-1469465 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	18.)	
Pa	t XIII Supplemental Information.		

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

PT V LINE 4

JCAA'S ENDOWMENT CONSISTS OF TWO FUNDS ESTABLISHED FOR:

1) CHILDREN'S PERFORMING AND FINE ARTS PROGRAMS AND

2) CAPITAL IMPROVEMENTS, EQUIPMENT, AND MAINENANCE ON THE CAMPUS. ITS

ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS

DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS.

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Schedule D (Form 990) 2019

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities								
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Open to Public Inspection Inspection								
Name of the organization									
SHALOM AUSTIN 74-1469465									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
	· · · ·	ed funds through any of the followin	g activ	rities. (Check all that apply.				
a Mail solicitations e Solicitation of non-government grants									
b Internet and c Phone solicit	email solicitations	s f Solicita g Special			nment grants				
d In-person so		g Opecial	Turiura	using	events				
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or		
		art VII) or entity in connection with pr			•	oo fuu			
compensated at le	•	viduals or entities (fundraisers) pursua organization.	antio	agreei	ments under which tr	ie iur	Iuraiser is to be	3	
	-	-	(iii)	Did		(v)	Amount paid		
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts from activity	tò (o	fundraiser	(vi) Amount paid to (or retained by)	
			or cor contrib	utions?	nom activity		ted in col. (i)	organization	
			Yes	No	-				
Total									
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (exempt from re	gistration	
or incertaing.									
HA For Paperwork B	aduction Act Not	ice, see the Instructions for Form 9	190 or	000 F	7 0	Scho	dule C (Earm (990 or 990-EZ) 2019	
				550-E	č	Jone		00 01 000-LZJ ZU 19	

Schedule G (Form 990 or 990 EZ) 2019 SHALOM AUSTIN

74-1469465 Page 2

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

		of fundraising event contributions and gro	oss income on ⊢orm 990-	± 2 , lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total aventa
			GENERAL		NONE	(d) Total events
			FUNDRAISING			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Iue						
Revenue	4	Gross receipts	729,314.			729,314.
Ве	'		/25/5110			, 25, 5110
	2	Less: Contributions	729,314.			729,314.
	2		125,5140			725,5140
	3	Gross income (line 1 minus line 2)				
	5					-
	4	Cash prizes				
	-					
	5	Noncash prizes				
ŝ	J	Noncash ph2cs				
nse	6	Rent/facility costs				
xpe	0					
Direct Expenses	7	Food and beverages				
irec	'	Food and beverages				
	•	Entortoinmont				
	8 9	Entertainment				
	-	Other direct expenses			`	
	10	Direct expense summary. Add lines 4 through			•	
Pa	11 Irt			990 Part IV line 19 or		
		\$15,000 on Form 990-EZ, line 6a.		550, 1 art IV, inte 15, 6	reported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ВĞ		0				
	1	Gross revenue				
	_	Cash prizes				
ses	2	Cash prizes				
ens	2	Nanaaah arizaa				
Ър	3	Noncash prizes				
Direct Expenses		Dept/facility acate				
Dire	4	Rent/facility costs				
	-	Other direct evenences				
	5	Other direct expenses				
			Yes%	└── Yes %		
	6	Volunteer labor	No No	No No	No	
	_		- · · · · · · · · · · · · · · · · · · ·			
	(Direct expense summary. Add lines 2 through	1 5 IN COIUMN (d)		▶	
		N				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>	·····	
_	_		m	v		
		ter the state(s) in which the organization condu	· · -			
		the organization licensed to conduct gaming ad				Yes X No
b	lf "	No," explain: <u>SEE SCH G, PART</u>	III, LINE 9B	ON PAGE 3		
		ere any of the organization's gaming licenses re			year?	Yes X No
b	If "	Yes," explain:				
						rm 990 or 990-EZ) 2019

Scł	nedule G (Form 990 or 990-EZ) 2019 SHALOM AUSTIN	74 - 1	46946	5 Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	XNo
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	b An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	3:		
	Name NICOLE GILGER, CFO			
	Address > 7300 HART LANE - AUSTIN, TX 78731			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	XNo
I	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt		
	of gaming revenue retained by the third party $ ightarrow$ \$			
(c If "Yes," enter name and address of the third party:			
	Name 🕨			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions:			
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			X No
	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
	organization's own exempt activities during the tax year > \$	uie		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Par	t III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
		0 (Гана	000 0	
9320	83 09-11-19 Schedule	u (Form	1 990 or 9	90-EZ) 2019

 (containa ca)	
	Schedule G (Form 990 or 990-EZ)

932084 04-01-19

SCHEDULE I (Form 990)											
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the organization Employer identity 34 - 74 - 74 - 74 - 74 - 74 - 74 - 74 -											
Part I General Information on Grants and Assistance											
criteria used to award the grants or as	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes										
Part II Grants and Other Assistance					anization answered "Y	es" on Form 990, Part	IV, line 21, for any				
recipient that received more that	an \$5,000. Part II can	be duplicated if addition	onal space is need	ed.		1					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
AUSTIN JEWISH ACADEMY	74-2572246	501C3	60,000.	0.			TUITION ASSISTANCE PROGRAM				
CHABAD UT	45-2530523	501C3	7,500.	0.			PROGRAMMING (ISRAEL, FRIDAY NIGHT LIVE, JTRIBE, JGRADS)				
ANTI DEFAMATION LEAGUE	13-1818723	501C3	10,000.	0.			NO PLACE FOR HATE SUMMIT				
UNIV OF TEXAS HILLEL	52-1758802	501C3	18,000.	0.			PROGRAMMING (ISRAEL BLOCK PARTY, SHABBAT, TEXANS FOR ISRAEL, ISRAEL FELLOW) & STUDENT				
2 Enter total number of section 501(c)(3) and government ord	ganizations listed in the	e line 1 table								
	, .										

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

SHALOM AUSTIN

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

SELECT COMMITTEE, "GRANTS COMMITTEE", REVIEWS APPLICATIONS FOR CONTEXT,

INTENT AND CONNECT TO GOALS. COMMITTE THEN DEBATES AND AWARDS FUNDS BASED

ON AMOUNT REQURESTED AND AVAILABLE FUNDS. PROCESS IS REPEATED ANNUALLY.

Page 2

Schedule I (Form 990) (2019)
Part III Grants and Othe

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Competend the Component of the Component of the Component of the Competend of t		
Department of the Treasmy Internal Revenue Service		
Department of the transport So to www.irs.gov/Form990 for instructions and the latest information. Depart of Public Pub		
Internal Revenue Sonce Is Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization SHALOM AUSTIN Tate of the organization 74–1469465 Part I Cuestions Regarding Compensation Yes Yes a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes a First-class or charter travel Bousing allowance or residence for personal use Payments for business use of personal residence b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization require substantiation pior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation or the organization to establish compensation comsultant Compensation survey or study a Form 990 of other organization X Approval by the board or compensation committee	Open to Public	
SHALOM AUSTIN 74-1469465 Part1 Questions Regarding Compensation Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. Yes 1a Check the appropriate box(es) if the organization provide any relevant information regarding these items. Yes 1a Check the appropriate box(es) if the organization provide any relevant information regarding these items. Yes 1a Travel for companions Payments for business use of personal residence Indicate which, if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the explanise described above? If "No," complete Part III to explain 1b X 2 Indicate which, if any, of the following the organization used to establish the compensation of the creanization is CEO/Executive Director, but explain in Part III. 2 1b X 3 Indicate which, if any, of the following the organization used to establish the compensation committee X Approval by the board or compensation committee 1b X	•	
Part I Questions Regarding Compensation Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes First-class or charter travel Tave idemnification and grossup payments Discretionary spending account Payments for business use of personal use Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Tustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Su did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization used to establish the compensation to establish compensation committee Compensation committee Compensation committee Compensation committee Tave applemental nonqualified retirement plan? Compensation committee Participate in, or receive payment from, as eupplemental nonqualified retirement plan? 4a X Approval by the board or compensation compensation compensation arrangement? H "Yes" to any of lines 4a-c, list the person and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 4 During the year, did any person and provide	ıber	
1 Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Check the appropriate box(es) if the organization provide any relevant information regarding these items. Image: Check the appropriate box(es) if the organization provide any relevant information regarding these items. Image: Check the appropriate box(es) is the organization and gross-up payments is the atth or social club dues or initiation fees Image: Check the organization and gross-up payments Image: Check the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the expenses described above? If "No," complete Part III to explain 1b X 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III. 2 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: First-class or charter travel Image: Payments for business use of personal use or relidence for personal use or payments or business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companication and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Travel for companication require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, persons alused to establish the compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Image: Travel as a personal used or form	No	
Image: Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Travel indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Travel indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Travel indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Travel indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Travel indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Travel indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Travel indemnification and gross-up payments Image: Travel indemnification as maid, chauffeur, chef) Image: Travel indemnification and gross-up payments Image: Travel indemnification as maid, chauffeur, chef) Image: Travel indemnification and gross-up payments Image: Travel indemnification as maid, chauffeur, chef) Image: Travel indemnification and gross-up payment provision of all of the explain pair to reimbursing or allowing expenses incurred by all directors, travel payment provision of the CEO/Executive Director, but explain in Part III. Image: Travel payment paymen		
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee X Written employment contract 2 Independent compensation consultant Compensation survey or study 2 Form 990 of other organization: Approval by the board or compensation committee 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X b Participate in, or receive payment from, a equity-based compensation arrangement? 4c 4b 5c f H "Yes" t		
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee X Written employment contract 2 Independent compensation consultant Compensation survey or study Form 990 of other organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person and provide the applicable amounts for each item in Part III. 4a X 4 During the issue as everance payment from, a supplemental nonqualified retirement plan? 4b 4c 6 Participate in, or receive payment from, an equity-based compensation rangement? 4c 4b 4c <		
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reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee X Written employment contract 4 Independent compensation consultant Compensation survey or study 4 4 Porm 990 of other organization: X Approval by the board or compensation committee 4 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X B Participate in, or receive payment from, as supplemental nonqualified retirement plan? 4a X C Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: 4c 4c 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5a		
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee X Written employment contract 4 Independent compensation consultant Compensation survey or study 4 4 Porm 990 of other organization: X Approval by the board or compensation committee 4 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X B Participate in, or receive payment from, as supplemental nonqualified retirement plan? 4a X C Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: 4c 4c 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5a		
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trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue an		
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Compensation consultant Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4a 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5 Sont sol1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization?	х	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? 		
establish compensation of the CEO/Executive Director, but explain in Part III.		
Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in, or receive payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6 6 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5a a The organization? 5a 5b 5b		
 Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? 		
Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 1 lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6 6 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 6 6 6 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 6 a The organization? 5a 5 5b		
 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? 		
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 4c lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c 4c Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 5a 5a b Any related organization? 5b		
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 4c lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c 4c Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 5a 5a b Any related organization? 5b		
a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 5a b Any related organization? 5b		
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? dc 4c <l< th=""><td></td></l<>		
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 5b		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 5b	<u>X</u>	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization?	X	
 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? 		
 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? 		
contingent on the revenues of: 5a a The organization? 5a b Any related organization? 5b		
a The organization? 5a b Any related organization? 5b		
b Any related organization? 5b	v	
	<u>x</u> x	
ii fes on line sa or so, describe in Part III.	<u></u>	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the net earnings of:		
	Х	
	x	
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		
 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 		
not described on lines 5 and 6? If "Yes," describe in Part III	х	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8	х	
 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 		
Regulations section 53.4958-6(c)? 9		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990	2019	

932111 10-21-19

74-1469465

Page 2

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

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

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

(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denefits	(B)(i)-(D)	reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2019

Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number 74 - 1469465

OMB No. 1545-0047

Open to Public

Inspection

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SHALOM AUSTIN

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

CHARITABLE, EDUCATIONAL AND OTHER ENDEAVORS.

FORM 990, SECTION B, AMENDED RETURN EXPLANATION

THE 2019 FORM 990 IS BEING AMENDED DUE TO AN AUDIT REPORT THAT WAS

ISSUED AFTER THE INITIAL RETURN WAS ORIGINALLY FILED. THEREFORE, WE ARE

AMENDING THE RETURN TO REPORT DIFFERENCES BETWEEN THE ORIGINALLY FILED

RETURN AND THE AUDITED FINANCIALS. PARTS X, XI AND SCH D, PART X ALL

CHANGED DUE TO THE FOLLOWING ACCOUNTS: PLEDGES RECEIVABLE, ACCOUNTS

PAYABLE, LONG TERM LIABILITIES, AND DEFERRED MEMBERSHIP DUES. PART

VIII STATEMENT OF REVENUE CHANGED DUE TO THE FOLLOWING ACCOUNTS:

MEMBERSHIP DUES, OTHER CONTRIBUTONS, MISCELLANEOUS REVENUE, AND MGAMES

ADMIN. PART IX STATEMENT FUNCTIONAL EXPENSES CHANGED DUE TO THE

MISCELLANEOUS EXPENSE ACCOUNT.

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

CENTER, NEWSLETTERS AND PUBLICATIONS, JEWISH FAMILY SERVICES AND OTHER

PROGRAMS THAT ENHANCE JEWISH LIFE. REVENUE CONSISTS PRIMARILY OF

CONTRIBUTIONS, MEMBERSHIP FEES, TUITION AND PROGRAM FEES.

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

PER THE BY-LAWS, DONORS FOR THE ANNUAL CAMPAIGN ARE MEMBERS. MEMBERS VOTE

ON THE SLATE OF BOARD MEMBERS, BOARD OFFICERS, AND ANY BY-LAW CHANGES.

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

SEE LINE 6 ABOVE.

2019.06030 SHALOM AUSTIN

Name of the organization

SHALOM AUSTIN

Page 2 Employer identification number 74-1469465

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

SEE LINE 6 ABOVE.

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

THE FORM 990 IS FORWARDED BY EMAIL TO THE BOARD OF TRUSTEES PRIOR TO FILING FOR ANY QUESTIONS OR COMMENTS.

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

THE CONFLICT OF INTEREST POLICY IS REQUIRED TO BE SIGNED ANNUALLY, WE

REALLY RELY ON THE TRUSTEES TO NOTIFY SHALOM AUSTIN IF ANYTHING CHANGES

WHICH WOULD CREATE A CONFLICT.

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

WHEN DETERMINING COMPENSATION FOR CEO, CFO, ED AND TOP MANAGEMENT

OFFICIALS, COMPARISON ANALYSIS OF OTHER COMMUNITIES AND OTHER LOCAL

NON-PROFITS OF LIKE SIZE AMD PROGRAMMING IS USED. CEO COMPENSATION IS

REVIEWED BY INDEPENDENT PERSONS. CEO SIGNS A CONTRACT. CEO DETERMINES

COMPENSATION FOR OTHER EXECUTIVE MANAGEMENT.

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

WE MAKE OUR RECORDS AVAILABLE UPON REQUEST, THE FORM 990 IS ALSO AVAILABLE

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THROUGH VARIOUS WEB SOURCES.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

932212 09-06-19

290,018.

1,932,375.

Schedule O (Form 990 or 990-EZ) (2019)

2019.06030 SHALOM AUSTIN

	<u>O (Form 990</u> he organizat	ion)) M AUS	TIN							Page 2 Employer identification number 74-1469465
FUNDR	AISING											186,023.
TOTAL	EXPEN	SES										2,408,416.
	OTHER		ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	2,408,416.
932212 09-06	6-19						6	52			Sch	edule O (Form 990 or 990-EZ) (2019)

932161 09-10-19 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

SCHEDULE R

(Form 990)

Open to Public Inspection Employer identification number

74-1469465

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

SHALOM AUSTIN

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	cont	512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
DJCC DEVELOPMENT CORPORATION - 74-2893473	DEVELOP A COMMUNITY						
7300 HART LANE	FACILITY FOR THE JEWISH						
AUSTIN, TX 78731	POPULATION	TEXAS	501(C)(3)	LINE 7	NO		х

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

Schedule R (Form 990) 2019

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OMB No. 1545-0047	
2019	

Schedule R (Form 990) 2019 SHALOM AUSTIN

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?				or Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10	
	-											
	-											
	-											
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	1											
	{											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	tion b)(13) rolled tity?
		country)		0				Yes	No

Schedule R (Form 990) 2019 SHALOM AUSTIN

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			_
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	1 p	x	:
Reimbursement paid by related organization(s) for expenses			-
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DJCC DEVELOPMENT CORPORATION - EXPENSES	Р	71,017.	ACTUAL
(2) DJCC DEVELOPMENT CORPORATION - EXPENSES	N	180,714.	ACTUAL
(3) DJCC DEVELOPMENT CORPORATION - EXPENSES	м	1,744,788.	ACTUAL
(4) DJCC DEVELOPMENT CORPORATION - EXPENSES	D	1,580,039.	ACTUAL
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2019 SHALOM AUSTIN

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

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

(a)	(b)	(c)	(d)	(0)	(f)	(g)	(h	۱	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	(U) Predominant income	(e) Are all partners s 501(c)(3 orgs.?	Sec. Share of	Share of) nor-	Code V-UBI	(J) General (
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3	³⁾ total	end-of-year	Dispro tion allocati	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
or onary		country)	excluded from tax under	orgs.?		assets		ons?	of Schedule K-1	partner	
			360110113 3 12-3 14)	Yes N			Yes	No	(1011111003)	Yes No	
										\vdash	+

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

932165 09-10-19

Schedule R (Form 990) 2019

Form				ed Business ot Organizati		946	5 OMB No. 1545-0047
(Wo Depa	rksheet) (and tment of the Treasury ► Go to www.irs	on Inv .gov/F	estment Income for form990W for instruc	Private Foundations) ctions and the latest in the Internal Revenue	FORM 990- Iformation.	т	2020
1	Unrelated business taxable income expected in the tax y	ear				1	
2	Tax on the amount on line 1. See instructions for tax c	omputa	tion			2	
3	Alternative minimum tax for trusts. See instructions					3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instructions					5	
6	Subtract line 5 from line 4					6	
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels. See instructions					9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the of estimated tax payments. Private foundations, see instruct	-		1 1			
b	Enter the tax shown on the 2019 return. See instructions						
	zero or the tax year was for less than 12 months, skip th	is line					
					11,986.		
C	2020 Estimated Tax. Enter the smaller of line 10a or line from line 10a on line 10c		• •			100	12,000.
	from line 10a on line 10c		(a)	(b)	(c)	10c	(d)
			. ,		. ,		. ,
11	Installment due dates. See instructions	11					12/15/20
12	Required installments. Enter 25% of line 10c in						
	columns (a) through (d). But see instructions if						
	the organization uses the annualized income						
	installment method, the adjusted seasonal	10					12,000.
	installment method, or is a "large organization."	12					12,000.
13	2019 Overpayment. See instructions	13					
14	Payment due (Subtract line 13 from line 12)	14					12,000.
1 1 1 4	For Deperwork Deduction Act Nation and instruction						Earm 990-W (2020)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2020)

923801 01-20-20

000 T			IDED TO NOVE			ov Doturn	I	OMB No. 1545-0047
Form 990-T		Exempt Organ	nd proxy tax und			ax Return	-	OMB NO. 1545-0047
	For ca	lendar year 2019 or other tax yea		61 26				2010
	FUICA			structio	, and ending	ation	_ ·	2013
Department of the Treasury Internal Revenue Service		Do not enter SSN numbe	•				0	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		Emple	oyer identification number oyees' trust, see ctions.)
B Exempt under section	Print	SHALOM AUST	IN				7.	4-1469465
X 501(c)(3)	or	Number, street, and room		x, see ir	structions.			ated business activity code Instructions.)
408(e) 220(e)		7300 HART L						
408A 530(a) 529(a)		· · · · · ·	78731	r foreig	n postal code		541	800
C Book value of all assets at end of year		F Group exemption numb						Other trust
	4,073,324G Check organization type X 501(c) corporation501(c) trust401(a) trustEnter the number of the organization's unrelated trades or businesses.1Describe the only (or first) unrelated trades							
	-	EE STATEMENT	· ·	1				than one
	-	ice at the end of the previou		rts I an		complete Parts I-V. I M for each additiona		
business, then complete		•		1131411			ii ii auc	UI .
		ooration a subsidiary in an a	affiliated group or a paren	nt-subsi	diary controlled group?	▶□	Ye	s X No
		tifying number of the paren						
		NICOLE GILGE				one number 🕨 🌔		
		de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sal								
 b Less returns and allo Cost of goods cold (c Balance ►	1c 2				
2 Cost of goods sold (3 Gross profit. Subtract		A, line 7)		2				
		h Schedule D)		4a				
		Part II, line 17) (attach Form		4b				
		sts		4c				
		ship or an S corporation (at		5				
6 Rent income (Sched				6				
7 Unrelated debt-finan	ced incor	me (Schedule E)		7				
8 Interest, annuities, ro	yalties, a	nd rents from a controlled o	organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) or	• • • •	9				
		me (Schedule I)		10	414 100	226 7	0.0	DD 111
11 Advertising income (Schedule	э J)		11	414,120.	336,7	09.	77,411.
		ns; attach schedule) ST				336,7	00	87,411.
13 Total. Combine line Part II Deductio	ons No	^{gh 12} ot Taken Elsewher	e (See instructions fo	r limita	424, 120	550,7	•••	07,411.
		be directly connected wi						
14 Compensation of of	fficers, di	rectors, and trustees (Sche	dule K)				14	
							15	
							16	
							17	
		ee instructions)					18	
							19	
20 Depreciation (attack	1 Form 48	562)			20		0.41	
		n Schedule A and elsewhere					21b 22	
22 Depletion23 Contributions to de	ferred co	mpensation plans					22	
							24	
		chedule I)					25	
		hedule J)					26	29,335.
		nedule)					27	
28 Total deductions.	Add lines	14 through 27					28	29,335.
29 Unrelated business	taxable ii	ncome before net operating	loss deduction. Subtract	t line 28	3 from line 13		29	58,076.
		loss arising in tax years beg	-				30	0.
		ncome. Subtract line 30 fro					31	58,076.
923701 01-27-20 LHA F								Form 990-T (2019)

Form 990	. ,	SHALOM AUSTIN				74-	1469465 Page 2
Part		Total Unrelated Business Taxab	ole Income				
32	Total of	f unrelated business taxable income computed	from all unrelated trades or businesses	(see instructions)		32	58,076.
		ts paid for disallowed fringes				33	
34	Charita	ble contributions (see instructions for limitation	n rules)			34	0.
		nrelated business taxable income before pre-20				35	58,076.
		ion for net operating loss arising in tax years be				36	
		unrelated business taxable income before spe				37	58,076.
		c deduction (Generally \$1,000, but see line 38 i				38	1,000.
		ted business taxable income. Subtract line 38	. ,				
	enter th	e smaller of zero or line 37	~	, ,		39	57,076.
Part	IV	Tax Computation					
40	Organia	zations Taxable as Corporations. Multiply line	39 by 21% (0.21)		►	40	11,986.
		Taxable at Trust Rates. See instructions for ta					
			1041)			41	
42	Proxv t	ax. See instructions				42	
		tive minimum tax (trusts only)				43	
44	Tax on	Noncompliant Facility Income. See instructio	ns			44	
		Add lines 42, 43, and 44 to line 40 or 41, which				45	11,986.
Part		Tax and Payments					
		tax credit (corporations attach Form 1118; tru	sts attach Form 1116)	46a			
		redits (see instructions)					
c	Genera	l business credit. Attach Form 3800		46c			
		or prior year minimum tax (attach Form 8801 o					
		redits. Add lines 46a through 46d				46e	
		ct line 46e from line 45				47	11,986.
48	Other ta	axes. Check if from: Form 4255	Form 8611 Form 8697 For	rm 8866 🗍 Otl	her (attach schedule)	48	
		ux. Add lines 47 and 48 (see instructions)				49	11,986.
		et 965 tax liability paid from Form 965-A or For				50	0.
		nts: A 2018 overpayment credited to 2019					
		stimated tax payments				-	
		posited with Form 8868				-	
с Ь	Foreign	organizations: Tax paid or withheld at source ((see instructions)	51d		-	
		withholding (see instructions)				-	
f	Credit f	or small employer health insurance premiums	(attach Form 8941)	51f		-	
		redits, adjustments, and payments:				-	
9			her Total	► 51g			
52		ayments. Add lines 51a through 51g				52	
		ed tax penalty (see instructions). Check if Forn				53	469.
		e. If line 52 is less than the total of lines 49, 50	and CO anter are such assed		•	54	12,455.
		yment. If line 52 is larger than the total of lines				55	
	-	ne amount of line 55 you want: Credited to 202			Refunded ►	56	
Part		Statements Regarding Certain		ation (see ins			
		time during the 2019 calendar year, did the org			•		Yes No
•.		inancial account (bank, securities, or other) in	Ű		5		100 110
		Form 114, Report of Foreign Bank and Financi	• • •	•			
	here						X
58		the tax year, did the organization receive a dist	ribution from or was it the grantor of o	r transferor to a f	oreian trust?		
	-	' see instructions for other forms the organizati					
59		he amount of tax-exempt interest received or ac	•				
-	U	nder penalties of perjury, I declare that I have examined	this return, including accompanying schedules a	and statements, and to	the best of my knowle	edge and bel	ief, it is true,
Sign	co	prrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which p	reparer has any knowl	ledge.		
Here			CFO				discuss this return with shown below (see
		Signature of officer	Date Title				X Yes No
	I	Print/Type preparer's name	Preparer's signature	Date		if PTIN	
Deid			KELLY HOGGARD		self- employed		
Paid			MENDOZA	08/09/2			0233891
-	oarer		MSON + MATZA, LLP		Firm's EIN		-2859143
use	Only	P.O. BOX 3	-				
			78755		Phone no.	512-4	39-8400
923711	01-27-20						Form 990-T (2019)
			70				(2010)

Form 990-T (2019) SHALOM AUSTIN

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inver	itory valuation 🕨 N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır		6		
2 Purchases	2		7 Cost of goods sold. Su	ubtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section				Yes	No
b Other costs (attach schedule)			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?		,			
Schedule C - Rent Income (From Real	Property and	Personal Property L	ease	d With Real Prop	erty)	
(see instructions)					•	-		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued						
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	` of rent for	and personal property (if the percentage personal property exceeds 50% or if nt is based on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conne Ind 2(b)	cted with the income in (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb		Income (see	instructions)		, , , , ,			
		X	2. Gross income from		3. Deductions directly con to debt-finant			
1. Description of debt-fin	anced property		or allocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	S
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis Illocable to nced property n schedule)	 Column 4 divided by column 5 		 Gross income reportable (column 2 x column 6) 		8. Allocable deduction (column 6 x total of col 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (I	
Totals			•		0			0.
Total dividends-received deductions in				<u> </u>				0.

Form **990-T** (2019)

923721 01-27-20

Form 990-T (2019) SHALOM	AUST	IN							74-14	6946	5 Page 4
Schedule F - Interest, A	nnuitie	s, Royali	ies, an	d Rents	From Co	ntrolle	d Organiza	tions	s (see ins	struction	s)
				Exempt (Controlled O	rganizatio	ons				
1. Name of controlled organizati	on	2. Emp identific num	ation	3. Net unr (loss) (see	3. Net unrelated income (loss) (see instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income			6. Deductions directly connected with income in column 5
(1)											
_(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations									•	
7. Taxable Income		nrelated incom ee instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 tha ng orgar s income	nization's	11 . De with	ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
				-			Add colum Enter here and line 8, c		e 1, Part I, A).		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						►			0.		0.
Schedule G - Investmer (see instr		ne of a S	ection	501(c)(7	'), (9), or ('	17) Org	janization				
	ription of inco	me			2. Amount of	income	3. Deduction directly conner	cted	4. Set-	asides schedule)	5. Total deductions and set-asides
(1)							(attach sched	ule)		,	(col. 3 plus col. 4)
(1) (2)											
(3)											
(4)											
(4)					Enter here and						Enter here and on page 1,
Totals				•	Part I, line 9, co	lumn (A). 0 •					Part I, line 9, column (B).
Schedule I - Exploited I		Activity			Than Adv		g Income				
(see instru	ctions)	r			1						
1. Description of exploited activity	unrelated incom	Gross business e from business	directly of with pro of unr	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
		e and on , Part I, col. (A).	page 1	re and on I, Part I, col. (B).							Enter here and on page 1, Part II, line 25.
Totals 🕒		0.		0.							0.
Schedule J - Advertisir			nstructior	,							
Part I Income From F	Periodic	als Repo	orted or	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising		3. Direct ertising costs	4. Advert or (loss) (control col. 3). If a ga	ol. 2 minus ain, compute	5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more
(4)		income			cols. 5 th						than column 4).
(1) (2) (3) (4)					_						
(2)					_						
(3)					_						
(4)			_								

	0.
Form 990-T	(2019)

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Totals (carry to Part II, line (5))

0.

0.

Form 990-T (2019) SHALOM AUSTIN

74-1469465

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) JEWISH OUTLOOK	414,120.	336,709.	77,411.		2	9,335.	29,335.
(2)							
(3)							
(4)							
Totals from Part I	0.	0.					0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	414,120.	336,709.					29,335.
Schedule K - Compensation	n of Officers, D	Directors, and	Trustees (see ir	nstructions)			
1. Name			2. Title	3. Perce time devo busine	ted to		ensation attributable elated business
(1)					%		

(1)		0
(2)	C	6
(3)	c	6
(4)	c	6
Total. Enter here and on page 1, Part II, line 14		• 0.

Form **990-T** (2019)

Page 5

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SHALOM AUSTIN

74-1469465

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

ADVERTISING INCOME FROM JEWISH OUTLOOK MAGAZINE AND SHALOM AUSTIN GUIDE

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
40020 SPONSORSHIPS		10,000.
TOTAL TO FORM 990-T, PAGE 1	, LINE 12	10,000.

Form	2220
FUIII	

Underpayment of Estimated Tax by Corporations Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

2019

Internal Revenue Service	
Name	

Department of the Treasury

Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number 74-1469465

SHALOM AUSTIN

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment

-							
1	Total tax (see instructions)					1	11,986.
2 8	a Personal holding company tax (Schedule PH (Form 1120), lin	e 26)	included on line 1	2a			
	Look-back interest included on line 1 under section 460(b)(2)						
	contracts or section 167(g) for depreciation under the income	fored	cast method	2b			
c	Credit for federal tax paid on fuels (see instructions)			20			
c	1 Total. Add lines 2a through 2c					2d	
	Subtract line 2d from line 1. If the result is less than \$500, do						
	does not owe the penalty					3	11,986.
4	Enter the tax shown on the corporation's 2018 income tax retu	urn. S	See instructions. Caution	: If the tax is zero			
	or the tax year was for less than 12 months, skip this line and	enter	r the amount from line 3	on line 5	·····	4	14,831.
5	Required annual payment. Enter the smaller of line 3 or line	4. lf	the corporation is require	ed to skip line 4,			11 000
	enter the amount from line 3					5	11,986.
1	Part II Reasons for Filing - Check the boxes belo even if it does not owe a penalty. See instructions.	w tha	at apply. If any boxes are	checked, the corporation	must file Form 222	20	
_	;	mont	mathad				
0	The corporation is using the adjusted seasonal install The corporation is using the annualized income install						
/ 0	The corporation is a "large corporation" figuring its first			on the prior year's tay			
Ĩ	Part III Figuring the Underpayment	ытеч		ni tile prior year s tax.			
			(a)	(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through		(=)	(-/			(=/
	(d) the 15th day of the 4th (Form 990-PF filers ; Use 5th month), 6th, 9th, and 12th months of the						
	corporation's tax year	9	04/15/19	06/15/19	09/15/1	.9	12/15/19
10	Required installments. If the box on line 6 and/or line 7						
	above is checked, enter the amounts from Sch A, line 38. If						
	the box on line 8 (but not 6 or 7) is checked, see instructions						
	for the amounts to enter. If none of these boxes are checked,						
	enter 25% (0.25) of line 5 above in each column	10	2,997.	2,996.	2,99	97.	2,996.
11	Estimated tax paid or credited for each period. For						
	column (a) only, enter the amount from line 11 on line 15.						
	See instructions	11					
	Complete lines 12 through 18 of one column						

12 Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12 13

before going to the next column.

Add amounts on lines 16 and 17 of the preceding column 14

15 Subtract line 14 from line 13. If zero or less, enter -0-

If the amount on line 15 is zero, subtract line 13 from line 16 14. Otherwise, enter -0-

from line 15. Then go to line 12 of the next column

17	Underpayment. If line 15 is less than or equal to line 10,				
	subtract line 15 from line 10. Then go to line 12 of the next				
	column. Otherwise, go to line 18	17	2,997.	2,996.	
18	Overpayment. If line 10 is less than line 15, subtract line 10				

12

13

14

15

16

18

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions. LHA

Form 2220 (2019)

8,990.

2,996.

0.

0.

2,997.

2,997.

0.

5,993.

5,993

2,997.

0.

FORM 990-T

Form 2220 (2019)

Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)	
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19						
20	Number of days from due date of installment on line 9 to the date shown on line 19	20						
1	Number of days on line 20 after 4/15/2019 and before 7/1/2019	21						
2	Underpayment on line 17 x Number of days on line 21 x 6% (0.06) 365	22	\$	\$	\$		\$	
3	Number of days on line 20 after 06/30/2019 and before 10/1/2019	23						
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$		\$	
5	Number of days on line 20 after 9/30/2019 and before 1/1/2020	25						
6	Underpayment on line 17 x Number of days on line 25 x 5% (0.05) 365	26	\$	\$	\$		\$	
7	Number of days on line 20 after 12/31/2019 and before 4/1/2020	27	SEE	ATTACHED W	ORKSHEET			
8	Underpayment on line 17 x Number of days on line 27 x 5% (0.05) 366	28	\$	\$	\$		\$	
9	Number of days on line 20 after 3/31/2020 and before 7/1/2020	29						
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
1	Number of days on line 20 after 6/30/2020 and before 10/1/2020	31						
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
3	Number of days on line 20 after 9/30/2020 and before 1/1/2021	33						
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$	
5	Number of days on line 20 after 12/31/2020 and before 3/16/2021	35						
6	Underpayment on line 17 x Number of days on line 35 x *%	36		\$	\$		\$	
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
8	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns			e 34; or the comparable		38	s 4	69

information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2019)

912802 01-14-20

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

					entifying Number	
					69465	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty	
		-0-				
04/15/19	2,997.	2,997.	61	.000164384	30	
06/15/19	2,996.	5,993.	15	.000164384	15	
06/30/19	0.	5,993.	77	.000136986	63	
09/15/19	2,997.	8,990.	91	.000136986	112	
12/15/19	2,996.	11,986.	16	.000136986	26	
12/31/19	0.	11,986.	136	.000136612	223	
enalty Due (Sum of Colum					469	

* Date of estimated tax payment, withholding credit date or installment due date.

912511 04-01-19