Form 990

EXTENDED TO NOVEMBER 15, 2024 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.

OMB No. 1545-0047

Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number В Address change SHALOM AUSTIN Name change 74-1469465 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 7300 HART LANE 512-735-8000 20,326,168. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended AUSTIN, TX 78731 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: NICOLE GILGER Yes X No for subordinates? 7300 HART LANE, AUSTIN, TX 78731 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.SHALOMAUSTIN.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1971 M State of legal domicile: TX Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO ENHANCE THE QUALITY OF JEWISH 1 Activities & Governance LIFE IN THE GREATER AUSTIN AREA AND AROUND THE WORLD, THROUGH 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 3 Number of voting members of the governing body (Part VI, line 1a) 3 23 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 605 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 0 6 6 -34,455 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 9,612,645. 5,592,377. Contributions and grants (Part VIII, line 1h) 8 Revenue 6,835,187. 13,208,238. 9 Program service revenue (Part VIII, line 2g) -334,713. 364,336. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,043,108. 785,044. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 16,898,163. 20,208,059. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,081,357. 1,645,501. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 8,397,305. 11,538,852. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 745,828. b Total fundraising expenses (Part IX, column (D), line 25) 4,347,857. 5,838,843. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 19,023,196. 13,826,519. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 3,071,644. 1,184,863. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 9,768,640. 11,246,334. 20 Total assets (Part X, line 16)

Part II Signature Block

Total liabilities (Part X, line 26)

Net assets or fund balances. Subtract line 21 from line 20

21

22

let

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.

2,866,611.

6,902,029.

3,159,442.

8,086,892

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 PTIN
Paid	C. BRIAN STREIG	C. BRIAN STREIG	11/14/24 self-emp	loyed P00735757
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. 5	12-439-8400
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
I HA For	Paperwork Reduction Act Notice, see the sepa	arate instructions. 332001 12-21-23		Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2023) SHALOM AUSTIN rt III Statement of Program Service Accomplishments	74-1469465	Page 2
Га			
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: ENHANCE THE QUALITY OF JEWISH LIFE IN THE GREATER AUSTIN	ARFA AND	
	AROUND THE WORLD, THROUGH CHARITABLE, EDUCATIONAL, SOCIAL		
	CULTURAL, RELIGIOUS AND RECREATIONAL ENDEAVORS. SERVICES		
	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	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		d
	revenue, if any, for each program service reported.	-,,,,	-
4a		ue\$ 4,689,7	775.)
	EARLY CHILDHOOD PROGRAM	· · · · · ·	/
	THE EARLY CHILDHOOD PROGRAM (ECP) IS THE PRESCHOOL PROGRA	AM OF SHALOM	
	AUSTIN. IT HAS CHILDREN RANGING FROM AGE OF 6 WEEKS TO 5		[N
	ADDITION TO EARLY CHILDHOOD CARE AND EDUCATION, THE CURR		
	DEVELOPMENTALLY APPROPRIATE LEARNING ABOUT JEWISH HOLIDAY		
	WEEKLY SHABBAT CELEBRATIONS AND FAMILY GATHERINGS. THE EG		
	ENRICHMENT PROGRAMS FOR CHILDREN 3-5 YEARS OF AGE.		
4b	(Code:) (Expenses \$5, 338, 713. including grants of \$) (Revenue)	ue\$ 6,627,8	333.)
	MEMBER EXPERIENCE	··· · ·	/
	MEMBER EXPERIENCE PROVIDES PROGRAMS, SUCH AS MEMBERSHIP I	ENGAGEMENT,	
	WEIGHT TRAINING, FITNESS, FITNESS CLASSES, PERSONAL TRAIN		cs,
	TENNIS, YOUTH SPORTS, AND ADULT SPORTS.		
4c	(Code:) (Expenses \$1,961,214. including grants of \$) (Revenue)	ue\$ 2,066,9	942.)
	YOUTH & CAMP		
	YOUTH & CAMP PROVIDES SUPPORT TO FAMILIES, ENRICH CHILDRI	EN'S LIVES, A	AND
	BUILD COMMUNITY THROUGH PROGRAMS SUCH AS SUMMER CAMP, BRI	EAK CAMPS,	
	AFTERSCHOOL PROGRAMS, AND TEEN YOUTH GROUP.		
4d	Other program services (Describe on Schedule O.)		
		-11,712.)	
4e	Total program service expenses 15,754,860.		
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33200	2 12-21-23		
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Form	990	(2023)
	330	

 Form 990 (2023)
 SHALOM AUSTIN

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 23
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in 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, VII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	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. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
332003	3 12-21-23	Form	990	(2023)

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Form	990	(2023)
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 Form 990 (2023)
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 Part IV
 Checklist of Required Schedules (continued)

T ai	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	Х	
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		v	
04-	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
c c	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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 the 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-		х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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	Х	
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			х
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 124			
b	Enter the number of Forms W-2G included on 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?	1c	Х	
332004	+ 12-21-23	Form	990	(2023)

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Form	990 (2023) SHALOM AUSTIN		74-1469	465	P	age 5			
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	605						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b	Х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		X			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons oi	gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х			
b				7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired						
	to file Form 8282?			7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e	Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f	Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g					
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h	Х				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
-	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.			8					
a									
b									
10	Section 501(c)(7) organizations. Enter:			9b					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		u					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
u	Note: See the instructions for additional information the organization must report on Schedule O.			lou					
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
<u>د</u>	Enter the amount of reserves on hand	13c							
14a		•	1	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14a		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			עדי		<u> </u>			
15				15		x			
	excess parachute payment(s) during the year?			15					
10	If "Yes," see the instructions and file Form 4720, Schedule N.	inco	202	16		х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. mcor	ne?	16					
47	If "Yes," complete Form 4720, Schedule O.	+;,,:+:							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			47					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
00007	If "Yes," complete Form 6069.			Form	990	(2023)			
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	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" ı	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23	4		
	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 0.			
b	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 with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a				
74	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
U		7b	х	
•	persons other than the governing body?		Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	о о ,	<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			x
16a	toychile entity duving the year?	40-		
	taxable entity during the year?	16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a 16b		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure			
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b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure	16b	availal	ble
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	16b	availal	ble
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b Sec 17 18 19	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? exempt status with which a copy of this Form 990 is required to be filed <u>NONE</u> List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	16b		ble
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b 5ec 17 18 19 20	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? extin C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records NICOLE GILGER , CFO - (512) 735-8016	16b s only)		

Form 990 (2023)	SHALOM AUSTIN	74-1469465	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	ees, and Independent Contractors							
Check if Sc	chedule O contains a response or note to any line in this Part V	/II						
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compens	sated Employees						
•	e for all persons required to be listed. Report compensation for anization's current officers, directors, trustees (whether individ	, , ,						

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

CHALOM AUCTIN

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 the 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.

Name and title Average hours per veck used Description mode and interventional biological and a structure interventional biological and a structure interventional form intervention form interventional form intervention form interventintervention form interventintervention form intervent	(A)	(B)	(C)					(D)	(E)	(F)	
hours per vex. box. uses compensation is anound of the organizations with and and curve and and	Name and title	Average	(do		Pos	ition		ne	Reportable	Reportable	Estimated
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(7) ANDREW DOOHER 40.00 SECURITY DIRECTOR X (8) AMY HYMAN 40.00 SENIOR DEVELOPMENT DIRECTOR X (9) MARK PATTIS 40.00 SENIOR MEMBER EXPERIENCE DIRECTOR X (10) WENDY GOODMAN 40.00 SENIOR MARKETING & COMMUNICATIONS DI X (11) MATT PEREZ 40.00 (11) MATT PEREZ 40.00 (12) SETH HALPERN 1.00 (12) SETH HALPERN 1.00 (13) RICK ROSENBERG 1.00 (14) ABBY RAPOPORT 1.00 (15) LISA SHAPIRO 1.00 VICE-CHAIR X (16) KEITH ZIMMERMAN 1.00 VICE-CHAIR X (16) KEITH ZIMMERMAN 1.00 VICE-CHAIR X (16) KEITH ZIMMERMAN 1.00 VICE-CHAIR X X (16) KEITH ZIMMERMAN 1.00 VICE-CHAIR X X (17) ARTHUR ALTMAN 1.00 AT LARGE X 0. 0.	(6) RABBI AMY COHEN	40.00									
SECURITY DIRECTOR X 127,535. 0. 8,200. (8) AMY HYMAN 40.00 X 109,273. 0. 22,528. (9) MARK PATTIS 40.00 X 102,045. 0. 12,417. (10) WENDER EXPERIENCE DIRECTOR X 102,045. 0. 12,417. (11) MATT PEREZ 40.00 X 110,694. 0. 2,810. (11) MATT PEREZ 40.00 X 32,337. 0. 946. (12) SETH HALPERN 1.00 X 32,337. 0. 0. (13) RICK ROSENBERG 1.00 X 0. 0. 0. (14) ABBY RAPOPORT 1.00 X X 0. 0. 0. (16) KEITH ZIMMERMAN 1.00 X X 0. 0. 0. (16) KEITH ZIMMERMAN 1.00 X X 0. 0. 0. (16) KEITH ZIMMERMAN 1.00 X X 0. 0. 0. (17) ARTHUR ALTMAN 1.00	CHIEF SOCIAL SERVICES OFFICER				Х				42,025.	0.	112,273.
(8) AMY HYMAN 40.00 X 109,273. 0. 22,528. (9) MARK PATTIS 40.00 X 102,045. 0. 12,417. (10) WENDY GOOMAN 40.00 X 110,694. 0. 2,810. (11) WARK PATTIS 40.00 X 110,694. 0. 2,810. (11) WARKETING & COMUNICATIONS DI X 110,694. 0. 2,810. (11) MARKETING & COMUNICATIONS DI X 110,694. 0. 2,810. (11) MARK PERZ 40.00 X 32,337. 0. 946. (12) SETH HALPERN 1.00 X X 0. 0. (13) RICK ROSENBERG 1.00 X X 0. 0. 0. (14) ABBY RAPOPORT 1.00 X X 0. 0. 0. (15) LISA SHAPIRO 1.00 X X 0. 0. 0. VICE-CHAIR	(7) ANDREW DOOHER	40.00									
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(9) MARK PATTIS 40.00 X 102,045. 0. 12,417. (10) WENDY GOODMAN 40.00 X 110,694. 0. 2,810. (11) MATT PEREZ 40.00 X 110,694. 0. 2,810. (11) MATT PEREZ 40.00 X 32,337. 0. 946. (12) SETH HALPERN 1.00 X 32,337. 0. 946. (12) SETH HALPERN 1.00 X X 0. 0. 0. (13) RICK ROSENBERG 1.00 X X 0. 0. 0. 0. (14) ABBY RAPOPORT 1.00 X X 0. 0. 0. 0. (15) LISA SHAPIRO 1.00 X X 0. 0. 0. 0. VICE-CHAIR X X 0. 0. 0. 0. 0. 0. (16) KEITH ZIMMERMAN 1.00 X X 0. 0. 0. 0. (17) ARTHUR ALTMAN 1.00 X X 0. 0. 0. 0.	(8) AMY HYMAN	40.00									
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(10) WENDY GOODMAN 40.00 X 110,694. 0. 2,810. (11) MATT PEREZ 40.00 X 110,694. 0. 2,810. (11) MATT PEREZ 40.00 X 32,337. 0. 946. (12) SETH HALPERN 1.00 X 32,337. 0. 946. (12) SETH HALPERN 1.00 X 0. 0. 0. (13) RICK ROSENBERG 1.00 X X 0. 0. 0. (14) ABBY RAPOPORT 1.00 X X 0. 0. 0. 0. (15) LISA SHAPIRO 1.00 X X 0. 0. 0. 0. VICE-CHAIR X X 0. 0. 0. 0. 0. 0. (16) KEITH ZIMMERMAN 1.00 X X 0. 0. 0. 0. 0. 0. (17) ARTHUR ALTMAN 1.00 X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.<	(9) MARK PATTIS	40.00									
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(11) MATT PEREZ 40.00 X 32,337. 0.946. (12) SETH HALPERN 1.00 X X 0.0.0. (13) RICK ROSENBERG 1.00 X X 0.0.0.0. (14) ABBY RAPOPORT 1.00 X X 0.0.0.0. (14) ABBY RAPOPORT 1.00 X X 0.0.0.0. (15) LISA SHAPIRO 1.00 X X 0.0.0.0. VICE-CHAIR X X 0.0.0.0. 0.0. (16) KEITH ZIMMERMAN 1.00 X X 0.0.0.0. VICE-CHAIR X X 0.0.0.0. 0.0. (17) ARTHUR ALTMAN 1.00 X X 0.0.0.0.	(10) WENDY GOODMAN	40.00									
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(12) SETH HALPERN 1.00 X X 0. 0. 0. CHAIR ELECT / CHAIR X X X 0. 0. 0. (13) RICK ROSENBERG 1.00 X X 0. 0. 0. CHAIR / IMMEDIATE PAST CHAIR X X 0. 0. 0. 0. (14) ABBY RAPOPORT 1.00 X X 0. 0. 0. IMMEDIATE PAST CHAIR X X 0. 0. 0. (15) LISA SHAPIRO 1.00 X X 0. 0. 0. VICE-CHAIR X X 0. 0. 0. 0. 0. VICE-CHAIR 1.00 X X 0. 0. 0. 0. VICE-CHAIR X X 0. 0. 0. 0. 0. 0. (17) ARTHUR ALTMAN 1.00 X X 0. 0. 0. 0. AT LARGE X X 0. 0. 0. 0. 0. 0. <td>(11) MATT PEREZ</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(11) MATT PEREZ	40.00									
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(13) RICK ROSENBERG1.00XXX0.0.0.CHAIR / IMMEDIATE PAST CHAIRXXX0.0.0.0.(14) ABBY RAPOPORT1.00XXX0.0.0.IMMEDIATE PAST CHAIRXXX0.0.0.(15) LISA SHAPIRO1.00XX0.0.0.VICE-CHAIRXX0.0.0.0.(16) KEITH ZIMMERMAN1.00XX0.0.0.VICE-CHAIRXX0.0.0.0.(17) ARTHUR ALTMAN1.00X0.0.0.0.AT LARGEXX0.0.0.0.	(12) SETH HALPERN	1.00									
CHAIR / IMMEDIATE PAST CHAIRXXX0.0.0.(14) ABBY RAPOPORT1.00XX0.0.0.IMMEDIATE PAST CHAIRXX0.0.0.(15) LISA SHAPIRO1.00XX0.0.0.VICE-CHAIRXX0.0.0.0.(16) KEITH ZIMMERMAN1.00XX0.0.0.VICE-CHAIRXX0.0.0.0.(17) ARTHUR ALTMAN1.00X0.0.0.0.AT LARGEXX0.0.0.0.			Х		Х				0.	0.	0.
(14) ABBY RAPOPORT1.00XXX0.0.0.IMMEDIATE PAST CHAIRXXX0.0.0.0.(15) LISA SHAPIRO1.00XX0.0.0.0.VICE-CHAIRXX0.0.0.0.0.(16) KEITH ZIMMERMAN1.00XX0.0.0.0.VICE-CHAIRXX0.0.0.0.0.(17) ARTHUR ALTMAN1.00X0.0.0.0.AT LARGEXX0.0.0.0.	(13) RICK ROSENBERG	1.00									
IMMEDIATE PAST CHAIRXXX0.0.0.(15) LISA SHAPIRO1.00XX0.0.0.VICE-CHAIRXX0.0.0.0.(16) KEITH ZIMMERMAN1.00XX0.0.0.VICE-CHAIRXX0.0.0.0.(17) ARTHUR ALTMAN1.00X0.0.0.0.AT LARGEXX0.0.0.0.	CHAIR / IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(15) LISA SHAPIRO 1.00 X X 0. 0. 0. VICE-CHAIR X X 0. 0. 0. 0. 0. (16) KEITH ZIMMERMAN 1.00 X X 0. 0. 0. 0. VICE-CHAIR X X 0. 0. 0. 0. 0. VICE-CHAIR X X 0. 0. 0. 0. 0. (17) ARTHUR ALTMAN 1.00 X 0. 0. 0. 0. AT LARGE X 0. 0. 0. 0. 0. 0.	(14) ABBY RAPOPORT	1.00									
VICE-CHAIR X X X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х		Х				0.	0.	0.
(16) KEITH ZIMMERMAN 1.00 X X 0. <td>(15) LISA SHAPIRO</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>	(15) LISA SHAPIRO	1.00									_
VICE-CHAIR X X 0. 0. 0. (17) ARTHUR ALTMAN 1.00 X 0. 0. 0. 0. AT LARGE X 0. 0. 0. 0. 0.			Х		X				0.	0.	0.
(17) ARTHUR ALTMAN 1.00 X 0. <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1.00									
AT LARGE X 0. 0. 0.			X		X				0.	0.	0.
		1.00								-	<u> </u>
			Х						0.	0.	

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Form 990 (2023)

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Form 990 (2023) SHALOM AUSTIN 74-14694										465	Page 8	
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (ເ				(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Estima	ted
	hours per	box, unless person is both an officer and a director/trustee)					an	compensation	compensation	(amoun	t of
	week			uau	liecto	1/11/13		- from	from related		othe	
	(list any hours for	irecto						the	organizations		compens	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	^{ار}	from t organiza	
	organizations	In dividual trustee or director	Institutional trustee		ee	mpen		1099-NEC)	1000 NEO)		and rela	
	below	dual t	utiona	-	nploy	st col	er				organiza	
	line)	Indivi	In stit	Officer	Key employee	Highest compensated employee	Former				0	
(18) STEVE MEYERS	1.00											
TREASURER		Х		Х				0.		0.		0.
(19) PHIL LOEWY	1.00											
VICE-CHAIR		Х		Х				0.		0.		0.
(20) ALEX ROBINSON	1.00											
VICE-CHAIR		Х		Х				0.		0.		0.
(21) LILY SMULLEN	1.00											
VICE-CHAIR		Х		Х				0.		0.		0.
(22) DAVID GOLDSTEIN	1.00											
VICE-CHAIR		Х		Х				0.		0.		0.
(23) LECIA SUD	1.00											
AT LARGE		Х						0.		0.		0.
(24) LLANA NESHER	1.00											
AT LARGE		Х						0.		0.		0.
(25) JULIE FRANKLIN	1.00											
VICE-CHAIR		Х		Х				0.		0.		0.
(26) NANCY ZIMMERMAN	1.00											
VICE-CHAIR		Х		Х				0.		0.		0.
1b Subtotal								1,430,078.		0.	319,1	
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)				<u></u>	····.			1,430,078.		0.	319,1	L74.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												9
										r	Yes	i No
3 Did the organization list any former officer,	-		•	•	•		Ŭ	• • •				
line 1a? If "Yes," complete Schedule J for se											3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,										4 X	_
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich p	bers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	-	-								ensat	ion from	
the organization. Report compensation for t	he calendar ye	ear e	endin	g w	ith c	or wi	thin		ear.			
(A)	addraaa							(B)	antiaca	~	(C)	~ ~ ~
Name and business		~					_	Description of s	ervices		ompensati	on
HEIGHTS ATHLETICS LLC DBA		GY.	М								405	
7300 HART LN, AUSTIN, TX							_	PROGRAM CONTI	RACTOR		485,4	182.
ABS COMMERCIAL CLEANING,				WH.	ΤT.	E		~				
BLVD STE 240-4424, AUSTIN	, TX 78	74	1				_	CUSTODIAL			336,0)31.
ALL SEASONS LANDSCAPING											4 - 0	
PO BOX 91565, AUSTIN, TX	78709						_	LANDSCAPE COL			172,1	L10.
UBEO LLC		•	~ .					COPIER LEASI	NG &			
PO BOX 790448, ST LOUIS,	MO 6317	9-	04	48			_	SERVICER			103,1	137.
• Tatal as web as a first target in the second seco					Lla -							
2 Total number of independent contractors (ir	-	στ lin	nitec	1 10 1	thos 4		req	above) who received mo	ore than			
SEE PART VII, SECTION		τN	τīδ	ͲΤ			ਸਸ	ETS			Form 990	(2022)
-	11 COINT	- 1 N	54	т т,	~14	0.	ند د .					(2023)
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Form 990 SHALOM Part VII Section A. Officers, Directors,		nplo	vee	s, a	nd H	ligh	est (Compensated Employe	74-146	
(A)	(B)		,		C)			(D)	(E)	(F)
Name and title	Average				ľ		Reportable	Reportable	Estimated	
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or.				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em p		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	istee			n sate		(112) 1000 11100)		and related
	organizations	l trust	nal tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	pul	su	0#	Ke	ĴË	For			
(27) DANIEL CARL AT LARGE	1.00	x						0.	0.	0.
(28) JOEL WAXMAN	1.00	~						0.	0.	0.
AT LARGE	1.00	x						0.	0.	0 .
(29) KAREN KOGUT	1.00								••	
AT LARGE		х						0.	Ο.	0.
(30) SCOTT GROSSFELD	1.00									
AT LARGE		х						0.	0.	0.
(31) CARA KELLY	1.00									
VICE-CHAIR		Х		х				0.	0.	0.
(32) HEATHER KROL	1.00									
AT LARGE	1 00	Х						0.	0.	0 .
(33) KIM LINDAUER	1.00	v						0	0	0
AT LARGE (34) BRETT MERFISH	1.00	Х						0.	0.	0.
AT LARGE	1.00	x						0.	0.	0.
(35) LAWRENCE MAZE	1.00	~						0.	0.	0.
AT LARGE	1.00	x						0.	0.	0.
(36) NORA LIEBERMAN	1.00									
ELECTED DIRECTOR		х						0.	0.	0.
(37) JEFF NEWBURG	1.00									
ELECTED DIRECTOR		Х						0.	Ο.	0.
(38) MARCIA SILVERBURG	1.00									
ELECTED DIRECTOR		Х						0.	0.	0.
(39) BRUCE ZIMMERMAN	1.00									
ELECTED DIRECTOR	1.00	х						0.	0.	0.
(40) MATT SMITH	1.00	77						0	0	0
ELECTED DIRECTOR		Х						0.	0.	0.
		1								
		-								
		I								

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	VII			M AUST					74-1469		Pa
		Check if Schedule O	conta	ains a respor	ise	or note to any line	e in this Part VIII				[
							(A)	(B)	(C)		<u>D)</u>
							Total revenue	Related or exempt	Unrelated	Revenue	
								function revenue	business revenue	from ta sections	
										Sections	512.
and Other Similar Amounts		Federated campaigns									
no		Membership dues									
AII		Fundraising events				3,084.					
ar	d	Related organizations		1d							
Ē	е	Government grants (contr	ibuti	ons) 1e		348,776.					
2	f	All other contributions, gifts,	grant	ts, and							
ne		similar amounts not included	l abov	/e 1f		5,240,517.					
b	q	Noncash contributions included in				314,539.					
anc	-	Total. Add lines 1a-1f					5,592,377.				
						Business Code	<u> </u>				
	。	TUITION AND FEES				611710	8,216,474.	8,216,474.			
1	2a					900099	, ,	4,571,884.			
e	b	MEMBERSHIP DUES					4,571,884.	, ,			
en	С	FITNESS TRAINERS				713940	419,880.	419,880.			
ev	d				_						
Kevenue	е										
	f	All other program service	reve	nue							
	g					13,208,238.					
	3	Investment income (includ									
		other similar amounts)	•	-			364,336.			3	64,
	4	Income from investment of									,
	5			•	•	F					
	5	Royalties		(i) Real		(ii) Personal					
	_	a			1 77	(ii) Feisonai					
		Gross rents	6a	436,6							
		Less: rental expenses	6b		0.						
	С	Rental income or (loss)	6c	436,6	17.						
	d	Net rental income or (loss) <u></u>				436,617.			4	36,
•	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other					
		assets other than inventory	7a								
	b	Less: cost or other basis			_						
	-	and sales expenses	7b								
	~	Gain or (loss)	7c								
			-			· · · · · · · · · · · · · · · · · · ·					
.		Net gain or (loss)									
1	оa	Gross income from fundraisi									
		including \$									
		contributions reported on		,							
		Part IV, line 18			8a	69,797.					
	b	Less: direct expenses			8b	118,109.					
	с	Net income or (loss) from	fund	raising event	s		-48,312.			-	48,
		Gross income from gamin									
		Part IV, line 19			9a	10,000.					
	h				9b						
		Net income or (loss) from					10,000.				10,
							_0,000.				,
יר	υa	Gross sales of inventory, I									
	_	and allowances			10a						
		Less: cost of goods sold			10b						
	С	Net income or (loss) from	sales	s of inventor	/						
						Business Code					
a 1	1 a	OTHER INCOME				900099	507,816.			5	07,
'n	b	ADVERTISING OUTLOOK	REV	ENUE	_	541800	136,987.		-34,455.	1	71,
eve	с				_						
1 Hevenue		All other revenue			_						
1		Total. Add lines 11a-11d					644,803.				
	~						044 00.2				

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Form **990** (2023)

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).

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do	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	1,423,685.	1,423,685.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	221,816.	221,816.		
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,				
Ŭ	trustees, and key employees				
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	9,899,662.	8,214,859.	1,191,725.	493,078.
7	Other salaries and wages	5,055,002.	0,217,039.	±,±J±,14J•	
8	Pension plan accruals and contributions (include	89,265.	55,789.	28,662.	/ 21/
~	section 401(k) and 403(b) employer contributions)	813,978.	720,771.	40,597.	<u>4,814</u> . 52,610.
9	Other employee benefits	735,947.	547,722.	161,545.	26,680.
10	Payroll taxes	133,941.	547,722.	101,343.	20,000.
11	Fees for services (nonemployees):				
-	Management				
b	Legal	22 470		22 470	
	Accounting	33,470.		33,470.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		1 455 806		44 120
	column (A), amount, list line 11g expenses on Sch 0.)	1,828,157.		328,299.	44,132. 12. 107,673.
12	Advertising and promotion	69,062.	6,541.	62,509.	12.
13	Office expenses	1,931,948.	1,638,265.	186,010.	107,673.
14	Information technology				
15	Royalties				
16	Occupancy	442,665.	405,252.	34,012.	3,401.
17	Travel	92,725.	58,158.	27,419.	7,148.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,366.	18,726.	7,640.	
20	Interest	15,080.	13,998.	1,082.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	314,706.	290,824.	22,552.	1,330.
23	Insurance	334,388.	3,596.	330,792.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	FACILITY MAINTENANCE AN	405,312.	363,226.	38,260.	3,826.
b	EQUIPMENT LEASE & PURCH	248,332.	219,274.	27,934.	1,124.
с	BAD DEBT EXPENSE	96,632.	96,632.		
d		•			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	19,023,196.	15,754,860.	2,522,508.	745,828.
26	Joint costs. Complete this line only if the organization	-,,,,,,		, ,	,•_•
	reported in column (B) joint costs from a combined				
	. , , .				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

		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			4,801,107.	1	5,559,288.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			1,133,645.	3	1,543,735. 205,269.
	4	Accounts receivable, net			798,807.	4	205,269.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			121,560.	9	134,314.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,171,605.			
	b	Less: accumulated depreciation	10b	1,439,069.	1,037,615.	10c	1,732,536.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 7	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,875,906.	15	2,071,192.	
	16	Total assets. Add lines 1 through 15 (must equa			9,768,640.	16	11,246,334.
	17	Accounts payable and accrued expenses	994,798.	17	2,159,149.		
	18	Grants payable				18	
	19	Deferred revenue			817,913.	19	804,917.
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	1 050 000		105 056
		of Schedule D		······ -	1,053,900.	25	<u>195,376.</u> 3,159,442.
	26				2,866,611.	26	3,159,442.
ß		Organizations that follow FASB ASC 958, che	ck here	• X			
ő		and complete lines 27, 28, 32, and 33.			4 110 764	_	4 501 400
alar	27		······ -	4,113,764.	27	4,591,423.	
Ä	28	Net assets with donor restrictions			2,788,265.	28	3,495,469.
ŭ		Organizations that do not follow FASB ASC 9	58, che	ck here			
ц Б		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			6 002 020	31	0 006 000
ž	32				6,902,029.	32	8,086,892.
	33	Total liabilities and net assets/fund balances	<u></u>		9,768,640.	33	<u>11,246,334.</u>
	00				5770070100	00	Form 990 (2023)

Form **990** (2023)

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Form 990 (2023) Part X Balance Sheet

SHALOM AUSTIN

Form	990 (2023) SHALOM AUSTIN	74	-1469465	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	20,208	8,0	59.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,023	3,1	96.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,184	.,8	63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,902	2,0	29.
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	8,086	5,8	92.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the o	organization
---------------	--------------

Nan	ie of	the organization	OM ATCOUTN							
Da	rt I	Reason for Public (OM AUSTIN	(All exceptions must a	omploto th	ic nort) C	oo inotruction		4-1469465	
								5.		
	organ	nization is not a private found					4\(A \(;)			
1 2	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
2	H					(L)(1)(A)(;;	::)			
4	\square	A hospital or a cooperative	· •					(iii) Entor	the hospital's name	
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
5		city, and state: An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ad in	
5		section 170(b)(1)(A)(iv). (C		lege of university owned		cu by a ge				
6		A federal, state, or local gov		optal unit described in	soction 17	70/6//1//A)	(14)			
7	H	An organization that norma	-					e general r	ublic described in	
'		section 170(b)(1)(A)(vi). (C	•	Initial part of its support in	on a gove	minentai		e general j		
8		A community trust describe			E III)					
9	H	An agricultural research org				d in coni	inction with a	land-arant	college	
5		or university or a non-land-g								
		university:	frank conogo or agrio			lame, enj	, and state of	and bolloge		
10	X	·	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from	
		activities related to its exer								
		income and unrelated busir								
		See section 509(a)(2). (Co		(, 3			
11		An organization organized a		vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	-	•	•			ry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 5	509(a)(3).	Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	ctors or trustee	es of the su	ipporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	d with,	
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness	
		requirement (see instructi	,	• •						
е		Check this box if the orga					Type I, Type I	I, Type III		
		functionally integrated, or		nally integrated supportion	ng organiz	ation.				
f		ter the number of supported of	•							
g		ovide the following information (i) Name of supported	i about the supporte	d organization(s).	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
	organization (described on lines 1-10 in your governing document? support (see instructions)							support (see instructions)		
above (see instructions)) Yes No export (see instructions))										
Tota	al									

<u> </u>	(F	~~~~	
Schedule A	(⊢orm	990	2020

SHALOM AUSTIN

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				()		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.)						_
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th	•					
Ser	organization, check this box and stor ction C. Computation of Publi	o nere	rcentage				
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022 (in Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the						
108	stop here. The organization qualifies						
F	33 1/3% support test - 2022. If the o		•		h line 15 is 33 1/30		
	and stop here. The organization qual						
17-	10% -facts-and-circumstances test				0 13 162 or 16b		
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
F	10% -facts-and-circumstances test	-				17a and line 15	is 10% or
í.	more, and if the organization meets the	-	-				
	organization meets the facts-and-circl						
18	Private foundation. If the organization		-				ons
			200 01 110 10, 10	<u>., 100, 170, 01 17</u>	2, 5110011 (1110 00/ 0		Δ (Form 990) 2023

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

SHALOM AUSTIN

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

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

Section A. Public Support (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 5221093 5499639. 6826583. 9612645. 5592377.32752337. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 2637020. 4263669. 6835187.13208238.32744087. 5799973. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 8136659.11090252.16447832.18800615.65496424. 11021066. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0 65496424. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 11021066. 8136659.11090252.16447832.18800615.65496424. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 147,812. 293,373.-334,713. 800,953. 236,436. 1143861. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 236,436. 147,812. 293,373. -334,713. 800,953. 1143861. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 46,685. 87,412. 46,897. 180,994. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 785,044. 2877267. 2659315. 1684284. 606,491. 8612401. assets (Explain in Part VI.) 14222181.10990683.13114594.16898163.20208059.75433680. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 86.83 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 82.99 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.52 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 17 .63 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23 17

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^{2023.05000} SHALOM AUSTIN

Yes No

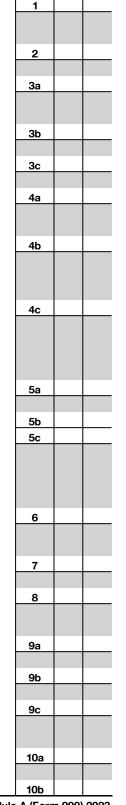
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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 line 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.)

332024 12-21-23



Schedule A (Form 990) 2023

Schedule A				AUSTIN
Part IV	Suppor	ting	Organizations (con	tinued)

1

2

Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	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 officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type	I Supporting Orga	anizations

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

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the c	organization used to satisf	v the Integral Part Test du	ing the year (see instructions)
-		gamzalion used to salisi	y the milegran art rest du	

- a 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 governmental entity (see instruction <u>s).</u>
-----	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

332025 12-21-23

19 2023.05000 SHALOM AUSTIN

1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	Г
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functiona	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

 Schedule A (Form 990) 2023
 SHALOM
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Schedule A (Form 990) 2023

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Part V Type III Non-Functionally Interest Section D - Distributions	grated 509(a)(3) Su	upporting Orga	nizations (continu	ied)	
Section D - Distributions					
					Current Year
1 Amounts paid to supported organizations to a	ccomplish exempt purpo	oses		1	
Amounts paid to perform activity that directly furthers exempt purposes of supported					
organizations, in excess of income from activ	ty			2	
3 Administrative expenses paid to accomplish	exempt purposes of supp	orted organizations	3	3	
4 Amounts paid to acquire exempt-use assets				4	
5 Qualified set-aside amounts (prior IRS approv	al required - provide deta	ails in Part VI)		5	
6 Other distributions (describe in Part VI). See	•			6	
7 Total annual distributions. Add lines 1 throu	gh 6.			7	
8 Distributions to attentive supported organizat	ons to which the organiz	ation is responsive			
(provide details in Part VI). See instructions.				8	
9 Distributable amount for 2023 from Section C	, line 6			9	
10 Line 8 amount divided by line 9 amount				10	
Section E - Distribution Allocations (see instructi	ons) Exces	(i) ss Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C	, line 6				
2 Underdistributions, if any, for years prior to 20	23 (reason-				
able cause required - explain in Part VI). See	nstructions.				
3 Excess distributions carryover, if any, to 2023					
a From 2018					
b From 2019					
c From 2020					
d From 2021					
e From 2022					
f Total of lines 3a through 3e					
g Applied to underdistributions of prior years					
h Applied to 2023 distributable amount					
i Carryover from 2018 not applied (see instruct	ons)				
j Remainder. Subtract lines 3g, 3h, and 3i from	line 3f.				
4 Distributions for 2023 from Section D,					
line 7: \$					
a Applied to underdistributions of prior years					
b Applied to 2023 distributable amount					
c Remainder. Subtract lines 4a and 4b from line	4.				
5 Remaining underdistributions for years prior t					
any. Subtract lines 3g and 4a from line 2. For					
than zero, explain in Part VI. See instructions					
6 Remaining underdistributions for 2023. Subtr					
and 4b from line 1. For result greater than zer					
Part VI. See instructions.					
7 Excess distributions carryover to 2024. Ad	lines 3i				
and 4c.					
8 Breakdown of line 7:					
a Excess from 2019					
b Excess from 2020					
c Excess from 2021					
d Excess from 2022					
e Excess from 2023					

Schedule A	(Form 990) 2023	SHALOM	AUSTIN		74-1469465 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, lines 2 and 3; l	4c, 5a, 6, 9a, 9b, 9c, 11a, 11b Part IV, Section E, lines 1c, 2a	by Part II, line 10; Part II, line 17a o b, and 11c; Part IV, Section B, lines , 2b, 3a, and 3b; Part V, line 1; Part V so complete this part for any additio	r 17b; Part III, line 12; I and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)				
332028 12-21-2	23		22		Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

74-1469465

Section:
X 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), 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.

J 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 (entering "N/A" in column (b) instead of the contributor name and address), 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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 Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

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

Employer identification number 65

	SHALOM AUSTIN		74-1469465						
Par			r Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 6.							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	l funds						
	are the organization's property, subject to the organization's	0							
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?								
Par		ganization answered "Yes" on Form 990, Pa							
1	Purpose(s) of conservation easements held by the organization								
	Preservation of land for public use (for example, recrea		historically important land area						
	Protection of natural habitat		certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last						
_	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b									
c	Number of conservation easements on a certified historic stru								
d	Number of conservation easements included on line 2c acqui								
u	on a historic structure listed in the National Register		2d						
3	Number of conservation easements modified, transferred, rele								
U	year								
4	Number of states where property subject to conservation eas	ement is located							
5	Does the organization have a written policy regarding the per								
J	violations, and enforcement of the conservation easements it		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,								
U		handing of violations, and emotoring conser	valion casements during the year						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year						
'	Amount of expenses meaned in monitoring, inspecting, nand		in casements during the year						
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section $170(h)(A)$)(B)(i)						
U	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation								
5	balance sheet, and include, if applicable, the text of the footn	•							
	organization's accounting for conservation easements.								
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.						
	Complete if the organization answered "Yes" on Form								
1 a	If the organization elected, as permitted under FASB ASC 95		balance sheet works						
	of art, historical treasures, or other similar assets held for pub								
	service, provide in Part XIII the text of the footnote to its finar								
b	If the organization elected, as permitted under FASB ASC 95		ance sheet works of						
	art, historical treasures, or other similar assets held for public								
	provide the following amounts relating to these items.								
	(i) Revenue included on Form 990, Part VIII, line 1		\$						
2	If the organization received or held works of art, historical trea	asuras, or other similar assets for financial o							
2	-		מווו, אוטאועב						
~	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	-	2						
a h	Revenue included on Form 990, Part VIII, line 1								
<u>b</u>		for Form 990							
	For Paperwork Reduction Act Notice, see the Instructions) IUI L'UIIII 220.	Schedule D (Form 990) 2023						
332051	09-28-23	61							

2023.05000 SHALOM AUSTIN

Sche	chedule D (Form 990) 2023 SHALOM AUSTIN 74-1469465 Page 2								
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simi	lar Asset	s (conti	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt pur	pose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simil	ar assets				_
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pai	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets no	ot include	d			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		_				
							Amoun	t	
с	Beginning balance				10	;			
d	Additions during the year				10	t l			
е	Distributions during the year				10	•			
f	Ending balance				1	<u>ا</u> ا	_		
	Did the organization include an amount on Fe					L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if						(-) [au		heeli
		(a) Current year	(b) Prior year	(c) Two years back	_	e years back			
	Beginning of year balance	1,875,903.	2,250,617.	1,593,979		,486,316.	1	,200,	353.
b	Contributions	14,828. 230,461.	10,000.	416,654 293,374		147 664		224	707
с	Net investment earnings, gains, and losses	230,401.	-334,713.	293,374	•	147,664.		234,	797.
d	Grants or scholarships								
е	Other expenditures for facilities	50,000.	50,000.	53,390		40 001		22	834.
	and programs	50,000.	50,000.	55,590	•	40,001.		55,	054.
	Administrative expenses	2,071,192.	1,875,903.	2,250,617	1	,593,979.	1	186	316.
g	End of year balance				• •	, 555, 575.	-	, 400,	510.
2	Provide the estimated percentage of the curr	44.0730) neiù as.					
a h	Board designated or quasi-endowment Permanent endowment 55.9260	%	_%						
с С		% %							
U	The percentages on lines 2a, 2b, and 2c sho								
30	Are there endowment funds not in the posse	•	ion that are held ar	d administered for	the				
oa	organization by:				uic			Yes	No
	(i) Unrelated organizations?						3a(i)	Х	
							3a(ii)		x
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part 2	K, line 10				
	Description of property	(a) Cost or ot basis (investm	• •		Accumul lepreciati		(d) Boo	k valu	е
1a	Land								
	Buildings		81	6,067.	195,	349.	62	0,7	18.
	Leasehold improvements								
	Equipment		82	3,147.	290,	379.	53	2,7	68.
	Other			2,391.	953,			9,0	
	Add lines 1a through 1e. (Column (d) must e				-		1,73		
						0.1.1.1			

Schedule D (Form 990) 2023

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Complete if the organization answered "Yes"			
(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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
			or year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets		·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) ENDOWMENTS			2,071,192.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			2,071,192.
	<u>. (B))</u>		
Part X Other Liabilities			
		11e or 11f. See Form 990, Part X, line 25.	
Part X Other Liabilities Complete if the organization answered "Yes" (11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X Other Liabilities Complete if the organization answered "Yes" (11e or 11f. See Form 990, Part X, line 25.	
Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) OPERATING LEASE		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X Other Liabilities Complete if the organization answered "Yes" of the organization answered "Yes" of the organization of liability 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) OPERATING LEASE (4)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X Other Liabilities Complete if the organization answered "Yes" of the organization answered "Yes" of the organization of		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) OPERATING LEASE (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.	
Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) OPERATING LEASE (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) OPERATING LEASE (4) (5) (6) (7) (8) (8)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) OPERATING LEASE (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value

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 ... X

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 SHALOM AUSTIN			74-	1469465 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per F	leturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	23,604,089.
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	3,435,920	•	
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	3,435,920.
3	Subtract line 2e from line 1			3	20,168,169.
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	39,890	•	
с	Add lines 4a and 4b			4c	39,890.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	20,208,059.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	ith Expenses per	Retur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	22,419,226.
1 2					22,419,226.
-	Total expenses and losses per audited financial statements		3,435,920		22,419,226.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			22,419,226.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	3,435,920	• -	22,419,226.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		• -	
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	3,435,920	• -	3,396,030.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	3,435,920	• 	
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	3,435,920	• 	3,396,030.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	3,435,920	• 	3,396,030.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	3,435,920	• 	3,396,030.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	3,435,920	• 	3,396,030. 19,023,196. 0.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	3,435,920	• • 2e 3	3,396,030.

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

PART X, LINE 2:

INCOME TAXES:

SHALOM AUSTIN IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE

CODE SECTION 501(C)(3).

FINANCIAL ACCOUNTING STANDARDS BOARDS ("FASB") ACCOUNTING STANDARDS

CODIFICATION ("ASC") 740-10, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES"

("ASC 740-10") CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS. ASC 740-10 PRESCRIBES

A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL

STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED

TO BE TAKEN IN A TAX RETURN. ASC 740-10 REQUIRES THAT A COMPANY RECOGNIZE

332054 09-28-23

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Schedule D (Form 990) 2023

IN ITS FINANCIAL STATEMENTS THE IMPACT OF TAX POSITIONS THAT MEET A "MORE LIKELY THAN NOT" THRESHOLD, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION SHOULD BE BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN FIFTY PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

THE PROVISIONS OF ASC 740-10 WERE APPLIED TO ALL TAX POSITIONS. SHALOM AUSTIN BELIEVES ALL OF ITS TAX POSITIONS TO BE HIGHLY CERTAIN.

SHALOM AUSTIN'S OPEN TAX YEARS AS OF DECEMBER 31, 2022 ARE 2019, 2020, AND 2021 AND ARE SUBJECT TO EXAMINATION BY THE TAX AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NETTED FUNDRAISING AND SCHOLARSHIPS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

NETTED FUNDRAISING AND SCHOLARSHIPS

PT V LINE 4

SHALOM AUSTIN'S ENDOWMENT CONSIST OF FUNDS ESTABLISHED FOR A VARIETY OF

PURPOSES AND INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS

DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS.

Schedule D (Form 990) 2023

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65 2023.05000 SHALOM AUSTIN

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				r 19 ,	or if the	2023
5 · · · // · ·	C	rganization entered more than \$15 Attach to Form 990 o						Open to Public
Department of the Treasury Internal Revenue Service	epartment of the freasury							
								lentification number
Part Eundrais	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.							
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 								
		art VII) or entity in connection with pr riduals or entities (fundraisers) pursua			•	1e fur	ndraiser is to I	
compensated at le	ast \$5,000 by the	organization.						
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is (evernet from (
or licensing.					or has been notified		exemptition	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ots greater than \$5,000.
			(a) Event #1 GENERAL	(b) Event #2	(c) Other events NONE	(d) Total events
			FUNDRAISING		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
Ide			())	((
Revenue	1	Gross receipts	72,881.			72,881.
	2	Less: Contributions	3,084.			3,084.
	3	Gross income (line 1 minus line 2)	69,797.			69,797.
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
Sense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	48,142.			48,142
ā	8	Entertainment	35,873.			35,873
	9	Other direct expenses	24 004			34,094
	10	Direct expense summary. Add lines 4 through	9 in column (d)			118,109
	11		ne 3, column (d)			-48,312
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue	10,000.			10,000
s	2	Cash prizes				
enses						

9 Enter the state(s) in which the organization conducts gaming activities: \mathbf{TX}

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

4 Rent/facility costs

a Is the organization licensed to conduct gaming activities in each of these states? ______ X Yes ___ No b If "No," explain: ______

%

Yes

No

%

Yes

No

%

Yes

X No

332082 09-13-23

Direct Expe

3 Noncash prizes

6 Volunteer labor

5 Other direct expenses

Schedule G (Form 990) 2023

10,000.

X No

Sch	nedule G (Form 990) 2023 SHALOM AUSTIN	74-1	469465	Page 3
-	Does the organization conduct gaming activities with nonmembers?		X Yes	No
	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	X No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	o An outside facility		13ы Д 0 0	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	S:		
	Name NICOLE GILGER, CFO			
	Address 7300 HART LANE - AUSTIN, TX 78731			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
I	o If "Yes," enter the amount of gaming revenue received by the organization \$	ount		
	of gaming revenue retained by the third party \$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Coming manager information:			
10	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	X No
I	Denter 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 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Par	t III, lines 9, 9	9b, 1 0b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
3320	83 09-13-23	Schedu	ıle G (Form	990) 2023
0020	68 68	Joneul		2007 2020

	A I I I A /F
332084 04-01-23	Schedule G (Form 990)

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69 2023.05000 SHALOM AUSTIN

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations,		C	MB No. 1545-0047	
(Form 990)	orm 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury	Comp	ete il the organizatio	Attach to Form	•	(IV, III e 2 I 0I 22.		C	2023 Open to Public	
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest informa	ation.			Inspection	
Name of the organization SHALOM AU	STIN							tification number -1469465	
Part I General Information on Grants a	nd Assistance								
1 Does the organization maintain records t		-			-				
criteria used to award the grants or assis	stance?						X	Yes No	
2 Describe in Part IV the organization's pro							h IV / line Of ferre		
Part II Grants and Other Assistance to recipient that received more than S	•				anization answered "Y	es" on Form 990, Part	t IV, line 21, for a	ny	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of grant sistance	
AUSTIN JEWISH ACADEMY	74-2572246	501C3	93,873.	0.			TUITION ASSI PROGRAM	STANCE	
TEXAS HILLEL FOUNDATION	52-1758802	501C3	25,625.	0.			PROGRAMMING	VARIOUS	
ANTI DEFAMATION LEAGUE	13-1818723	501C3	12,829.	0.			PROGRAMMING	VARIOUS	
CHABAD OF AUSTIN (HEWBREW PREP SCHOOL)	45-2763577	501C3	18,605.	0.			PROGRAMMING	VARIOUS	
CAMP YOUNG JUDAEA	74-6063430	501C3	16,000.	0.			PROGRAMMING	VARIOUS	
CHABAD UT	45-2530523		14,083.	0.			PROGRAMMING		
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations		•	e line 1 table				······ <u> </u>	13.	

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

Schedule I (Form 990) 2023

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REENE FAMILY CAMP	13-1663143	501C3	16,000.	0.			PROGRAMMING VARIOUS
EXAS A&M HILLEL	74-1398514	501C3	10,235.	0.			PROGRAMMING VARIOUS
OISHE HOUSE	26-2599786	501C3	8,200.	0.			PROGRAMMING VARIOUS
JEWISH FEDERATION OF NORTH AMERICA	13-1624240	501C3	267,059.	0.			MISC OVERSEAS DISTRIBUTIONS
DJCC DEVELOPMENT CORPORATION	74-2893473	501C3	709,652.	0.			CAPITAL CAMPAIGN CONTRIBUTION
CONGREGATION AGUDAS ACHIM	74-6052767	501C3	6,900.	0.			PROGRAMMING -VARIOUS
AUSTIN JEWISH FILM FESTIVAL	74-2725320	501C3	194,474.	0.			PROGRAMMING -VARIOUS

Schedule I (Form 990)

SHALOM AUSTIN

Schedule I (Form 990)

74-1469465 Page 1

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					REDUCTION IN MEMBERSHIP DUES
SCHOLARSHIPS	142	157,999.	0.		AND PROGRAM TUITION.
					ASSISTANCE WITH FOOD, HOUSING,
EMERGENCY FINANCIAL ASSISTANCE	60	63,817.	٥.		UTILITY & OTHER ITEMS

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.

SCHEDULE J Compensation Information		OMB No.	1545-004	47
Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2023		
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV	line 23	20	Z J)
Department of the Treasury Attach to Form 990.	, 1110 20.	Open to		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest inform			ection	
Name of the organization	-	yer identificati		mber
SHALOM AUSTIN Part I Questions Regarding Compensation	14	4-146946	5	
			N.	N
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed	d on Form 000		Yes	No
Part VII, Section A, line 1a. Complete Part III to provide any of the following to or for a person lister				
First-class or charter travel				
Travel for companions				
Tax indemnification and gross-up payments				
Discretionary spending account Personal services (such as maid				
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding paym	ent or			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to expla		1b	х	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all di				
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	,	2		X
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization used to establish the compensation used to establish the compensation of the organization used to establish the compensation used to establish the comp	anization'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 I Compensation survey or study				
X Form 990 of other organizations X Approval by the board or comp	ensation committe	e		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filir	ng			
organization or a related organization:				
a Receive a severance payment or change-of-control payment?		4a		<u> </u>
b Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		X
c Participate in or receive payment from an equity-based compensation arrangement?		4c		X
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 co	mpensation			
contingent on the revenues of:		_		v
a The organization?				X X
b Any related organization? If INCOME an line for an fine for an intervention in Dark III.		<u>5b</u>		
If "Yes" on line 5a or 5b, describe in Part III.	magnation			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any co	mpensation			
contingent on the net earnings of:		6a		x
a The organization?b Any related organization?				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	navments			
not described on lines 5 and 6? If "Yes," describe in Part III		7	х	
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was su 		······		
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part II	-	8		x
 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 				
Regulations section 53.4958-6(c)?				

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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-MIS0 compensation	C and/or 1099-NEC	(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			reported as deferred on prior Form 990
(1) RABBI DANIEL SEPTIMUS	(i)	226,509.	18,100.	0.	21,544.	96,177.	362,330.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JANET ELAM	(i)	167,868.	13,750.	0.	3,558.	3,055.	188,231.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES RUSSELL	(i)	150,560.	2,250.	0.	1,415.	18,715.	172,940.	0.
TENNIS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICOLE GILGER	(i)	159,651.	7,250.	0.	3,263.	2,500.	172,664.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RACHEL STERN	(i)	154,481.	5,750.	0.	1,568.	8,205.	170,004.	0.
CHIEF STRATEGY & IMPACT OFFICER	(ii)		0.	0.	0.	0.	0.	0.
(6) RABBI AMY COHEN	(i)	38,275.	3,750.	0.	23,386.	88,887.	154,298.	0.
CHIEF SOCIAL SERVICES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

ΖU

Name of the organization

SHALOM AUSTIN

	SHALOM AUSTI	N			74-1	4694	165	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termini	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	1	18,818.	KELLY BLUE	BOOK	ζ	
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	18	295,721.	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	•						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			Vee	
20-	During the year did the exception receive h	v oontrikuti-	n onu pronotti	orted in Dort I. lines 1 through	b 29 that it		Yes	No
30a	During the year, did the organization receive b must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period	-		•		30a		x
h	If "Yes " describe the arrangement in Part II	•				30a		

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

31

32a

LHA 332141 09-11-23 Х

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Schedule M (Form 990) 2023 SHALO	M AUSTIN
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 09-11-23	Schedule M (Form 990) 2023

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



74-1469465

SHALOM AUSTIN

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

CHARITABLE, EDUCATIONAL AND OTHER ENDEAVORS.

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

CENTER, NEWSLETTERS AND PUBLICATIONS, JEWISH FAMILY SERVICE,

FACILITATION OF PHILANTHROPIC GIVING FOR ANNUAL, CAPITAL, AND PLANNED

GIVING NEEDS, AS WELL AS OTHER PROGRAMS THAT ENHANCE JEWISH LIFE.

REVENUE CONSISTS PRIMARILY OF CONTRIBUTIONS, GRANTS, MEMBERSHIP FEES,

TUITION AND PROGRAM FEES.

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

ANY JEWISH PERSON, MEMBER OF A JEWISH HOUSEHOLD, OR CURRENT DUES-PAYING

MEMBERS OF THE SHALOM AUSTIN JEWISH COMMUNITY CENTER (OR WHO MAKES A

SUBSTANTIALLY EQUIVALENT CONTRIBUTION TO THE SHALOM AUSTIN ANNUAL

CAMPAIGN), WHO IS 18 YEARS OR OLDER, AND CONNECTED TO THE GREATER AUSTIN

METROPOLITAN AREA DURING ANY PART OF A FISCAL YEAR, SHALL BE A MEMBER OF

SHALOM AUSTIN FOR THE CURRENT FISCAL YEAR.

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

SEE LINE 6 ABOVE.

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

SEE LINE 6 ABOVE.

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

THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO BEING FILED

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211
 11-14-23

Name of the organization

SHALOM AUSTIN

FOR ANY QUESTIONS OR COMMENTS.

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

THE CONFLICT OF INTEREST POLICY IS REQUIRED TO BE SIGNED ANNUALLY BY THE

BOARD. POTENTIAL CONFLICTS ARE MONITORED BY SHALOM AUSTIN.

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

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

COMPARISON ANALYSIS OF OTHER COMMUNITIES AND OTHER LOCAL NON-PROFITS OF

LIKE SIZE AND PROGRAMMING IS USED. THE BOARD OF DIRECTORS IS RESPONSIBLE

FOR DETERMINING THE CEO COMPENSATION. 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

THROUGH VARIOUS WEB SOURCES.

FORM 990, PART XII, LINE 2C:

PROCESS WAS NOT CHANGED FROM PRIOR YEAR.

332212 11-14-23

Schedule O (Form 990) 2023

SCHEDULE R	ł
(Form 990)	

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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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 74 - 1469465

Department of the Treasury Internal Revenue Service

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

Name of the organization

SHALOM AUSTIN

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
SA SECURITY SERVICES, LLC					
7300 HART LN	PROVIDE SECURITY & SERVICES				
AUSTIN, TX 78731	TO JEWISH ORGANIZATIONS	TEXAS	0.	0.	SHALOM AUSTIN

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

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DJCC DEVELOPMENT CORPORATION - 74-2893473							
7300 HART LANE	PROVIDE FACILITIES TO						
AUSTIN, TX 78731	ENCHANCE JEWISH LIFE	TEXAS	501(C)(3)	LINE 7	NO		х
	_						
	-						
	-						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 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)	
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	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	I or Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
										+	

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	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

Schedule R (Form 990) 2023 SHALOM AUSTIN

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-I	√?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1	
o Gift, grant, or capital contribution to related organization(s)		, X	ζ
Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		ı X	ζ
Loans or loan guarantees by related organization(s)		\square	_
Dividends from related organization(s)	1f		+
g Sale of assets to related organization(s)	19	i L	
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)		ı 📃	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			
Reimbursement paid to related organization(s) for expenses	1 p	,	
Reimbursement paid by related organization(s) for expenses			2
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s	,	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DJCC DEVELOPMENT CORPORATION - EXPENSES	Q	128,364.	ACTUAL
(2) DJCC DEVELOPMENT CORPORATION - EXPENSES	D	10,695,465.	ACTUAL
(3) DJCC DEVELOPMENT CORPORATION - EXPENSES	В	709,652.	ACTUAL
<u>(4)</u>			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2023 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)	10		(f)	(g)	/	n)	(i)	(j)	(k)																				
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant incomo	(e Are partners 501(c orgs	all	(I) Share of	(9) Share of		• 7	UI Code V-UBI	(J) General c																					
of entity	Frimary activity	(state or foreign	(related, unrelated,	501(c	s sec. ;)(3)	total	end-of-year	tion	ropor- nate	amount in box 20	managin	ownership																				
or onacy		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs		income	assets		tions?	of Schedule K-1	partner?																					
			Sections 512-514)	Yes	No			Yes	No	(FUITI 1003)	Yes NO	2																				
												ļ																				
				+																												
												1																				
				+					<u> </u>			<u> </u>																				

Schedule R (Form 990) 2023

Part VII Supplemental Information

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

Schedule R (Form 990) 2023

332165 09-28-23

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name SHALOM AUSTIN	Employer Identificatio 74-146946	on Number 6 5
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - ADVERTISING IN	ICOME FR	36,495.

Ν	lame:	SHALOM AUSTIN	I								FEIN:	74-1469465
		and Entity: ADV 382 Annual Limitation	VERTISING INCO	ME FRO POST-20 Section 382 Carryove		DETAIL C	ARRYOVER SCH	IEDULE				
(r	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C D E F	2022 2023	2,039. 34,456.										
DE												
G H												
I J K												
L M N												
O P												
O Q R S T												
T U V												
W		E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
	Detail Type	S Used for B	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
A B												
A B C D E F G												
F G H												
I J K												
L M												
N O P												
Q R S												
T U												
V W												

	rksheet) (and	e foi on Inv	on Unrelate Tax-Exemp estment Income for ords. Do not send to	ot Organizat Private Foundations)	FORM 990-1		2024
1	Unrelated business taxable income expected in the tax y	vear				1	
2	Tax on the amount on line 1					2	
3	Alternative minimum tax for trusts					3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits					5	
6	Subtract line 5 from line 4					6	
7	Other taxes					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels					9	
	Subtract line 9 from line 8. Note: If less than \$500, the estimated tax payments Enter the tax shown on the 2023 return. Caution: If zero or the tax year was for less than 12 months, skip th and enter the amount from line 10a on line 10c 2024 Estimated Tax. Enter the smaller of line 10a or line from line 10a on line 10c	nis line ne 10b. l	f the organization is requ	10a 10b ired to skip line 10b, ent	er the amount	10c	
	from line 10a on line 10c		(a)	(b)	(C)	100	(d)
11	Installment due dates	11					
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12					
13	2023 Overpayment	13					
14	Payment due (Subtract line 13 from line 12)	14					F 990 W

Form **990-W**

ESTIMATED TAX 6,820. 0. OVERPAYMENT APPLIED AMOUNT DUE

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Part I - Id	lentification					
Type or Print	Name of exempt organization, employer, or other file	r, see instru	uctions.	Taxpayer	identification numb	er (TIN)
	SHALOM AUSTIN				74-1469465	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 7300 HART LANE	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for AUSTIN, TX 78731	oreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			07
Applicati			Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
 After yo 	ou enter your Return Code, complete either Part II or Par	t III. Part II	I, including signature, is applicable c	only for an	extension of	
time to file	e Form 5330.					
 If this a 	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
Plai	n Name					
Plai	n Number					
Plai	n Year Ending (MM/DD/YYYY)					
Part II - Au	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
The bo	poks are in the care of <u>NICOLE GILGER</u> , (
	7300 HART LANE -	AUSTI	IN, TX 78731			
Teleph	one No. <u>(512) 735-8016</u>		Fax No			
	organization does not have an office or place of business					
 If this i 	s for a Group Return, enter the organization's four-digit	Group Exe	mption Number (GEN)	If this is for	r the whole group, c	heck this
box[If it is for part of the group, check this box					
1 Irea	quest an automatic 6-month extension of time until $\ \underline{\mathbf{N}}$	OVEMBI	<u>ER 15</u> , 20 <u>24</u> , to file	e the exem	pt organization retu	Irn for
the	organization named above. The extension is for the organization	anization's	return for:			
Х	calendar year 20 23 or					
] tax year beginning	, 20	, and ending		, 20)
_						
2 If th	he tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0
	nonrefundable credits. See instructions.		· · · · · · · · ·	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069			0	e 6	,820.
	mated tax payments made. Include any prior year overp			3b	\$ 0	,040.
	ance due. Subtract line 3b from line 3a. Include your page EETRS (Electronic Ecderal Tax Payment System). See	-		20	¢	0.
usir	ng EFTPS (Electronic Federal Tax Payment System). See		115.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 990-T	EXTENDED TO NOVEMBER 15, 2024 Exempt Organization Business Income Tax Retu	rn	OMB No. 1545-0047				
	(and proxy tax under section 6033(e)) For calendar year 2023 or other tax year beginning , and ending		2023				
	Go to www.irs.gov/Form990T for instructions and the latest information.	·					
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3	J).	Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed	Check box if Name of organization (Check box if name changed and see instructions.)						
B Exempt under section	Print SHALOM AUSTIN		4-1469465				
X 501(C)(3) 408(e) 220(e			oup exemption number e instructions)				
408A 530(a	AUSTIN, TX 78731	F	Check box if				
	C Book value of all assets at end of year 11, 246, 334.		an amended return.				
G Check organization	n type X 501(c) corporation 501(c) trust 401(a) trust Other trust 6417(d)(1)(A) Applicable entity	State	college/university				
H Check if filing only	to claim 🛛 Credit from Form 8941 🔄 Refund shown on Form 2439 💭 Elective payı	<u>ment amc</u>	ount from Form 3800				
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>					
J Enter the number of	of attached Schedules A (Form 990-T)		<u>1 </u>				
	r, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? name and identifying number of the parent corporation		Yes X No				
L The books are in c		(512) 735-8016				
Part I Total Ur	related Business Taxable Income						
1 Total of unrelate	ed business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.				
2 Reserved		. 2					
3 Add lines 1 and	2	. 3					
4 Charitable cont	ributions (see instructions for limitation rules)	. 4	0.				
5 Total unrelated	business taxable income before net operating losses. Subtract line 4 from line 3	5					
6 Deduction for n	et operating loss. See instructions	6					
7 Total of unrelate	ed business taxable income before specific deduction and section 199A deduction.						
Subtract line 6							
8 Specific deduct	ion (generally \$1,000, but see instructions for exceptions)	8	1,000.				
9 Trusts. Section	199A deduction. See instructions	. 9					
10 Total deductio	ns. Add lines 8 and 9	. 10	1,000.				
	ness taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.				
Part II Tax Cor	nputation						
1 Organizations	taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.				
2 Trusts taxable	at trust rates. See instructions for tax computation. Income tax on the amount on						
Part I, line 11, f	om: Tax rate schedule or Schedule D (Form 1041)	2					
3 Proxy tax. See	instructions	. 3					
4 Other tax amou	nts. See instructions	. 4					
5 Alternative mini	mum tax	. 5					
6 Tax on noncon	npliant facility income. See instructions	6					
	3 through 6 to line 1 or 2, whichever applies	7	0.				
	d Payments						
	dit (corporations attach Form 1118; trusts attach Form 1116)	_					
b Other credits (s		_					
	ss credit. Attach Form 3800 (see instructions)	_					
	/ear minimum tax (attach Form 8801 or 8827) 1d	-					
	Add lines 1a through 1d		0				
	from Part II, line 7	. 2	0.				
3a Amount due fro		_					
b Amount due fro		_					
d Amount due fro		_					
	due (see instructions)	-					
	due. Add lines 3a through 3e	<u>3f</u>	0.				
	ines 2 and 3f (see instructions). Check if includes tax previously deferred under		_				
	Enter tax amount here		0.				
	tax liability paid from Form 965-A, Part II, column (k)	5	0.				
LHA For Paperwork	Reduction Act Notice, see instructions. 323701 11-20-23		Form 990-T (2023)				

90 2023.05000 SHALOM AUSTIN

Form 9	90-T (2023)					Page 2
Part	III Tax and Payments (continued)					
6 a	Payments: Preceding year's overpayment credited to the current year	. 6a	6,820.			
b	Current year's estimated tax payments. Check if section 643(g) election					
	applies	6b				
с	Tax deposited with Form 8868	<u>6c</u>				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	. 6d				
е	Backup withholding (see instructions)	<u>6e</u>				
f	Credit for small employer health insurance premiums (attach Form 8941)	. 6f				
g	Elective payment election amount from Form 3800	. <u>6g</u>				
h	Payment from Form 2439	6h				
i	Credit from Form 4136	6i				
j	Other (see instructions)	6j				
7	Total payments. Add lines 6a through 6j		······	7	6,8	20.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8		
9				9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp			10	6,8	20.
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		320. Refunded	11		0.
Part	IV Statements Regarding Certain Activities and Other Informat	ion (s	ee instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in or	a signa	ture or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-	•			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name	of the foreign country			
	here					<u> </u>
2	During the tax year, did the organization receive a distribution from, or was it the gran					
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year				_	
4	Enter available pre-2018 NOL carryovers here \$ Do not					
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a	•				
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017		•			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for				_	
	Business Activity Code		ailable post-2017 NOL			
		\$		2,039).	
		\$			_	
		\$			_	
	·	\$				
6 a	Reserved for future use					
b	Reserved for future use					
Part	V Supplemental Information					

Provide any additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other that				ledge and belief, it is true,
Here		CFO			May the IRS discuss this return with the preparer shown below (see
	Signature of officer	Date Title			instructions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Paid				self-employed	1
Preparer	. C. BRIAN STREIG	C. BRIAN STREIG	11/14/24		P00735757
Use Only		MSON + MATZA, LLF)	Firm's EIN	74-2859143
	P.O. BOX 3	30044			
	Firm's address AUSTIN, TX	\$ 78755		Phone no.	512-439-8400
					000 T

323711 11-20-23

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)

OMB No. 1545-0047

1

spection for

1

(3).	Open to Public Inspection for
5).	501(c)(3) Organizations Only

1

of

B Employer identification number

74-1469465

D Ir

Α

Ε

Name of the organization				
SHALOM	AUSTIN			

C Unrelated business activity code (see instructions)

541800

Describe the unrelated trade or business ADVERTISING INCOME FROM JEWISH OUTLOOK MAGAZI

D Sequence:

Pa	rt I Unrelated Trade or Business Income		(A) Inc	ome	(B) Expen	ses	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
с	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11	11 136,986.			442.	-34,456.
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	130	5,986.	171,	442.	-34,456.
ra	rt II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in		- miniatio				
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses		·····			6	
7	Depreciation (attach Form 4562). See instructions			7			
8	Less depreciation claimed in Part III and elsewhere on return		l	8a		8b	
9	Depletion					9	
10	Contributions to deferred compensation plans						
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						^
15	Total deductions. Add lines 1 through 14					15	0.
16	Unrelated business income before net operating loss deduction. Su	ubtract li	ne 15 from	Part I, line	13,		
	column (C)					16	-34,456.

18 Unrelated business taxable income. Subtract line 17 from line 16 For Paperwork Reduction Act Notice, see instructions.

column (C)

Deduction for net operating loss. See instructions

Schedule A (Form 990-T) 2023

16

17

18

LHA 323741 01-19-24

17

0.

-34,456.

epartment of the Treasury	
nternal Revenue Service	

							1
Sched Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter meti	nod of inventory valua	ation			Pa	age 2
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	nere and in Part I, line	2		8		
9	Do the rules of section 263A (with respect to property p		<u> </u>	<u>u</u>		Yes	No
Part					:y)		
1	Description of property (property street address, city, s	tate, ZIP code). Chec	k if a dual-use. See instru	uctions.			
	B						
	D	•					
•	Dept received or ecorried	Α	В	C		D	
2	Rent received or accrued						
а	From personal property (if the percentage of rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
с	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
5 Part 1	Description of debt-financed property (street address, o	ee instructions)					0.
	B						
	D						
		Α	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
-	financed property (attach statement)						
6	Divide line 4 by line 5	Q	%		%		%
7	Gross income reportable. Multiply line 2 by line 6	Fatault : =					0.
8	Total gross income (add line 7, columns A through D)	. ∟nter nere and on P	art I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here a	nd on Part I. line 7. colum	nn (B)	I		0.
11	Total dividends-received deductions included in line						0.
323721 ((Form 990-T)	2023
		0.2				-	

												1
Schedu	ule A (Form 990-T) 2023	3 										Page 3
Part	VI Interest, Annu	lities, Ro	yalties, and Re	ents Fro	m Contro		<u> </u>	,	ee instruct	,		
	4 Nouse of controller				Exempt Contro		•		0.04			
	 Name of controlled organization 	a	 Employer identification 		unrelated ne (loss)		al of specified nents made		art of colui s included			ductions directly nnected with
	organization		number		istructions)		nents made	controlling organiza-				me in column 5
(1)					,				s gross inc	come		
(2)												
(3)												
(4)												
<u></u>			No	nexempt C	Controlled O	ganizati	ions	1		•		
7	. Taxable Income	8. N	let unrelated		otal of specif	-	10. Part			11.	Deduc	ctions directly
		ind	come (loss)	pa	yments mad	е	that is inc				conne	ected with
		(see	instructions)					incom		income in column 10		n column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here					nns 6 and 11. and on Part I,
							line 8, c		· ·			column (B).
Totolo									0.			0.
Totals Part	VII Investment I	Income (of a Section 50	1(c)(7)	9) or (17)	Organ	l nization (a	oo inot	tructions)			0.
		cription of ir			2. Amou		3. Deductio		/	asides	5.	Total deductions
					incon		directly conn		(attach st		nt) a	and set-asides
							(attach state	ment)			(a	dd cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou							Add amounts in column 5. Enter
					here and o	n Part I,						ere and on Part I,
					line 9, colu	-					lin	ne 9, column (B).
Totals Part				<u> </u>		0.						0.
			ctivity Income	, Other I	nan Adve	ertisinę	g income	(see in	structions)			
1	Description of exploite					D		(•)				
2	Gross unrelated busine									2		
3	Expenses directly con									2		
4	line 10, column (B) Net income (loss) from									3		
4			trade of business.							4		
5	Gross income from act									5		
6	Expenses attributable									6		
7	Excess exempt expense											
	4. Enter here and on P								<u></u>	7		
									_			

Schedule A (Form 990-T) 2023

323731 01-19-24

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	ule A (Form 990-T) 2023				Page 4
Part	U U				
1	Name(s) of periodical(s). Check box if reporting tw	o or more periodicals on a c	onsolidated basis.		
	A JEWISH OUTLOOK				
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the corre	esponding column.			
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part	I, line 11, column (A)			136,986.
а					
3	Direct advertising costs by periodical	171,442.			
а	Add columns A through D. Enter here and on Part	I, line 11, column (B)			171,442.
		T			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greate				0.
Part	Part II, line 13 X Compensation of Officers, Direct	ore and Trustees (· · · · · · · · · · · · · · · · · · ·		0.
I UIT				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	1. Name	2. 1110		to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				/0	
<u></u>				,,,	
Total	. Enter here and on Part II, line 1				0.
Part		tructions)		I	
	••				
_					
_					

323732 01-19-24

Schedule A (Form 990-T) 2023

1

FORM 990-T	DESCRIPTION OF ORGANIZATION'S	UNRELATED	STATEMENT 1
SCHEDULE A	BUSINESS ACTIVIT	Y	

ADVERTISING INCOME FROM JEWISH OUTLOOK MAGAZINE AND SHALOM AUSTIN GUIDE

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-2017	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	2,039.	0.	2,039.	2,039.
NOL CARRYOV	VER AVAILABLE THIS Y	/EAR	2,039.	2,039.



Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

2023

Nam	e				Emplo	yer identifica	ition number			
	SHALOM AUSTIN				5	74-1469	9465			
A	Is the corporation filing this form a member of a controlled group treated as a single	employ	ver under sections 59(k)	1)(D) and 52?		Yes	X No			
	f "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial									
	statement income or loss for each member of the controlled group treated	nto								
	account in the determination of "applicable corporation" under section 59(k)(1)(D)								
в										
	If "Yes," the corporation must complete Part V listing the names, EINs, and		, -		()					
	statement income or loss for each member of the FPMG under section 59(•								
Pa	Irt I Applicable Corporation Determination (Report all an	nounts	in U.S. dollars.)							
	If you have already determined in current or prior years you are an a	applical	ble corporation, skip I	Part I and contin	iue to F	Part II.				
			(a) First Preceding	(b) Second Pr	ecedinç	g (c) Third	Preceding			
			Year Ended	Year End	ed	Year	Ended			
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):									
а	Consolidated net income or loss per the AFS of the corporation	1a								
b	Include AFS net income or loss of other includible entities (add									
	net income and subtract net loss)	1b								
С	Exclude AFS net income or loss of excludible entities (add net									
	loss and subtract net income)	1c								
d	Adjustment for certain consolidating entries (see instructions)	1d								
е	Specified additional net income or loss item B. Reserved for future use	1e								
f	AFS net income or loss of all entities in the test group before									
	adjustments. Combine lines 1a through 1d	1f								
2	Adjustments:									
а	Financial statements covering different tax years	2a								
b	Corporations that are not included on the taxpayer's consolidated									
	return (see instructions)	2b								
с	Pro-rata share of net income from controlled foreign corporations for									
	which the corporation is a U.S. shareholder. If zero or less, enter -0-									
	(see instructions for special rules if completing this form for an FPMG)	2c								
d	Amounts that are not effectively connected to a U.S. trade or business									
	(see instructions for special rules if completing this form for an FPMG)	2d								
е	Certain taxes (see instructions)	2e								
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f								
g	Alaska native corporations	2g								
h	Certain credits (see instructions)	2h								
i	Mortgage servicing income	2 i								
i	Tax-exempt entities (organizations subject to tax under section 511)	2j								
k	Depreciation	2k								
Т	Qualified wireless spectrum	21								
m		2m								
n		2n								
0	Certain insurance company adjustments	20								
p	Adjustment P - Reserved for future use	2p								
q	Adjustment Q - Reserved for future use	2q								
r	Adjustment R - Reserved for future use	2r								
s	Adjustment S - Reserved for future use	 2s								
z	Other (see instructions)	2z								
3	Specified adjustment. Reserved for future use	3								
4	Total adjustments. Combine lines 2a through 2z	4				1				
5	AFSI. Combine lines 1f and 4	5				1				
6	AFSI of first, second, and third preceding tax years. Combine columns (a)		nd (c) of line 5	1	6	1				
7	3-vear average annual AFSI (see instructions)	, (~,, ai			7	1				

LHA For Paperwork Reduction Act Notice, see separate instructions.

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2023.05000 SHALOM AUSTIN

97

Form 4	626 (2023)				Page 2
Part	Applicable Corporation Determination (Report all amou	unts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?		,	,	
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section 5	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10a			
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13		<u> </u>	
14	AFSI of first, second, and third preceding tax years. Combine columns (a	a), (b), and ((c) of line 13	14	
15	3-year average annual AFSI for purposes of the \$100 million test				
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				

	4626 (2023)		Page 3
Pa	rt II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	-35,456.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	. 1 b	
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)		
d	Adjustment for certain consolidating entries (see instructions)		
е	Specified additional net income or loss item D. Reserved for future use		25 45 6
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-35,456.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
С	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
е	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7		
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	2 i	
j	Certain credits (see instructions)	2j	
k	Mortgage servicing income	2k	
I	Covered benefit plans described in section 56A(c)(11)(B)	21	
m	Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	Depreciation	2n	
ο	Qualified wireless spectrum	2o	
р	Covered transactions		
q	Adjustments related to bankruptcy and insolvency		
r	Certain insurance company adjustments	2r	
S	AFSI adjustment S - Reserved for future use		
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	
z	Other (see instructions)	2z	
3	Total adjustments. Combine lines 2a through 2z	3	
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-35,456.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	. 8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	
10	Regular tax liability (see instructions)	10	
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	
Pa	rt III Adjustment for Certain Taxes Under Section 56A(c)(5)	_	
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6 a	Adjustment A - Reserved for future use	6a	
k	Adjustment B - Reserved for future use	6b	
c	Adjustment C - Reserved for future use	6c	
c	Adjustment D - Reserved for future use	6d	
e	Adjustment E - Reserved for future use	6e	
	Adjustment F - Reserved for future use	6f	
	Adjustment G - Reserved for future use	6g	
-	Adjustment H - Reserved for future use	6h	
	Income taxes in other places	6z	
	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	
	<u> </u>		Form 4626 (2022)

99 2023.05000 SHALOM AUSTIN ~

Form	14626 (2023)				Page 4
Pa	rt IV Alternative Minimum Tax - Corporations Foreign Tax Credi	t			
Sec	tion I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
с	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
с	Total CFC AMT foreign income taxes. Add lines 3a and 3b			Зc	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			Зf	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part	II, line 8		6	

Form 4626 (2023)