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			294	921	38 0	1614 9
			Short Form			OMB No 1545-1150
	990	0-EZ	Return of Organization Exempt From Income	Tax		2047
Form	33	y-L 2	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private		ne)	2017
	ماد		• • • • • • • • • • • • • • • • • • • •		, A	Open to Public
	•		Do not enter social security numbers on this form as it may be made put	DIIC.	CKY.	Inspection
		the Treasury ue Service	► Information about Form 990-EZ and its instructions is at www.irs.gov	/form990.	178	mspection
			r year, or tax year beginning loll 17 , 2017, and ending 4	190/18	- W	, 20
Вс	heck if ap	plicable	C Name of organization	D Employ	er ident	ification number
<u> </u>	ddress ch	ange	Shalom Community Development Corp	46-	04905	90
∐ N	ame chan	nge	Number and street (or PO box, if mail is not delivered to street address) Room/suite	E Telepho	ne numb	ег
∐ı'n	itial retur	٦				
	nal retum	nterminated	200 Arthur Avenue			
二	mended r			F Group I	-	n
	oplication		Scranton, PA 18510	Numbe Check ►		organization is not
		ng Method		required to	_	_
	/ebsite			•		or 990-PF).
		organization:	, , , , , , , , , , , , , , , , , , ,	, 51111 330,	000-LZ,	or 000-1 1 j.
		_	b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total asset	ts		
			are \$500,000 or more, file Form 990 instead of Form 990-EZ		. > \$	92,092
Pa		Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruction		art I)
L			he organization used Schedule O to respond to any question in this Part I			🔽
	1		s, gifts, grants, and similar amounts received		1	7,345
	2	Program sen	vice revenue including government fees and contracts		2	80,682
	3	Membership	dues and assessments		3	
	4	Investment in	ncome · · · · · · · · · · · · · · · · · · ·		4	
	5a	Gross amour	nt from sale of assets other than inventory · · · · · · · · · 5a			
	b	Less cost or	other basis and sales expenses			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	-	fundraising events			
	а		e from gaming (attach Schedule G if greater than		-	
ğ		\$15,000)	6a			
Revenue	D		e from fundraising events (not including \$ of contributions		`	
~			ring events reported on line 1) (attach Schedule G if the gross income and contributions exceeds \$15,000)	4 O.C.E.		
	_		expenses from gaming and fundraising events 6c	4,065		
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
	4					4,065
	7a	•	of inventory, less returns and allowances			1,000
		Less cost of	•			
			or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenu	e (describe in Schedule O)		8	
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	>	9	92,092
	10	Grants and s	ımılar amounts paid (list in Schedule O)		10	
	11	· ·	to or for members		11	
စ္က	12		er compensation, and employee benefits		12	38,094
Expenses	13		fees and other payments to independent contractors		13	6,021
9	14		rent, utilities, and maintenance		14	3,667
யி	15	= -	ications, postage, and shipping		15	1,921
	16	•	ses (describe in Schedule O)		16	35,140
\dashv	17		ses. Add lines 10 through 16		17	84,843
g	18		eficit) for the year (Subtract line 17 from line 9) fund balances at beginning of year (from line 27, column (A)) (must agree with	• • • • •	18	7,249
Net Assets	19		tund balances at beginning or year (πom line 27, column (A)) (must agree with gure reported on prior year's return)		19	20 207
Ţ	20		es in net assets or fund balances (explain in Schedule O)		20	20,297
Ž	21	_	fund balances at end of year Combine lines 18 through 20		21	27 546

Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.

APR 2 6 2019 OGDEN, UT Form 990-EZ (2017)

21

27,546

Form 990-EZ (2017)

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For	m 990-EZ (2017) Shalom Community Develor	oment Corp	 .		46-0	0490	1590 Fage
P	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to resp	pond to any question	in this Parl	<u>: II </u>	· · · · · · · · ·		<u> </u>
	•			(A) Be	ginning of year	ļ	(B) End of year
22	Cash, savings, and investments	• • • • • • • • • •			20,297	22	28,807
23	Land and buildings · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • •			0	23	0
24	Other assets (describe in Schedule O)	• • • • • • • • • •			0	24	_0
	Total assets	• • • • • • • • • • •			20,297	25	28,807
	Total liabilities (describe in Schedule O)	• • • • • • • • • •			0	26	1,261
	Net assets or fund balances (line 27 of column (B) must agree w	vith line 21)	• • • • • •		20,297	27	27,546
P	art III Statement of Program Service Accomplishme						Expenses
	Check if the organization used Schedule O to res	spond to any questio	n in this Pa	rt III		(Re	equired for section
Wh	at is the organization's primary exempt purpose? <u>Education</u> of	of Health diet	and life	style		Ι'	(c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplishments for each	of its three largest progr	ram services,			1	anizations, optional for
as	measured by expenses. In a clear and concise manner, describe the	services provided, the r	number of			1 -	ers)
	sons benefited, and other relevant information for each program title					100.	
28	Gardening and Horticulture- Education of H	orticulture,					
	edible gardening and sustainable farming.	On site at					
	Greenhouse and offsite at our community ga	rdens benefits					
	(Grants \$) If this amount inc	cludes foreign grants, ch	neck here	• • • •	<u> ▶ ∐</u>	288	25,728
29	Food, Cooking, Nutrition Teaching a se	lf efficient ar	nd				
	sustainable and healthy lifestyle benefitt	ing 837 people					
			_				
	(Grants \$) If this amount inc	cludes foreign grants, ch	neck here		···· ▶ ∐	298	4,922
30	Active Health Wellness Educational program	s include after	<u>r</u>				
	school programs, various exercise classes,	and film seri	ies				
	that stress a healthy lifestyle benefitting		<u>-</u>			1	
	<u> </u>	cludes foreign grants, ch	eck here		<u></u> ▶ <u>U</u>	30a	29,890
31	Other program services (describe in Schedule O) · · · · · · ·					1	
		cludes foreign grants, ch			· · · · > 📋	318	
_						32	30/340
P	art IV List of Officers, Directors, Trustees, and Key Employ			ensated	- see the instruc	ctions	for Part IV)
	Check if the organization used Schedule O to respond to	any question in this Par	T "				<u> </u>
		(b) Average	(c) Reportal		(d) Health benefits contributions to emp		(e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/109		benefit plans, an	-	other compensation
_		devoted to position	(if not paid, e	nter -0-)	deferred compens	ation	
	ne Risse	40.00	_	- 004			
	ecutive Director	40.00	3	5,004		0	0
	na Clum	5 00		_			
	easurer	5.00		0	l	0	0
	ureen Duffy			•			
	esident	5.00		0		0	0
	th Beauman	5 00		^		_	
	cretary	5.00	 	0	<u> </u>	0	. 0
	ndy Camelı			•		_	
	ard Member	1.00		0		0	0
	deline Levy Cruz	1 00		0		0	o
	ard Member	1.00				<u>U</u>	<u> </u>
	ry Klem	1 00		0		^	_
	ard Member	1.00				0	0
	m Kuchwara			_		_	_
_	ard Member	1.00	 	0	 	0	0
	ll O'Boyle	1 00		^	[_
	ard Member	1.00	 	0	 	9	0_
	ndra Opshinsky	1		_		اہ	_
	ard Member	1.00	 	0	1	0	0
	rk Terwilliger			_		اء	_
<u> </u>	ard Member	1.00	 	0		0	0
	,						
			 				
		1	1		1		

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

)	
Page 3	

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		<u> </u>	<u>. 🔲</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		1	ŀ
	detailed description of each activity in Schedule O	33	<u> </u>	Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	l	ĺ	
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	ĺ		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X.
b	Name and the second sec	35b	<u> </u>	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<u> </u>	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	dunng the year? If "Yes," complete applicable parts of Schedule N	36	L	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b	Ĺ	Χ
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	201]		
39	Section 501(c)(7) organizations Enter		1	
а	Initiation fees and capital contributions included on line 9		ł	
b	Gross receipts, included on line 9, for public use of club facilities	1	ĺ	1
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		1	
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction dunng the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		1	
	on organization managers or disqualified persons during the year under sections 4912,		ĺ	
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
0	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of Orna Clum Telephone no 570-9		<u> 568</u>	
	Located at ▶ 23 Baker Drive, Factoryville, PA ZIP+4 ▶ 18419	<u></u>	 -	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b	\rightarrow	<u>X</u>
	If "Yes," enter the name of the foreign country			- 1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			1
	Financial Accounts (FBAR)	425	 -	l
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		^_
••	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	 I	🟲	Ļ.
	and enter the amount of tax-exempt interest received or accrued during the tax year	.1	Yes	No
44 -	Did the expensation montain any depart advised finds during the year? If IVes II Ears 000 must be		162	No
44 a		44a		X
ı.		++a	$\vdash \vdash$	1
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44b	·	X
_	completed instead of Form 990-EZ	44c	 	X
	Did the diguination reserve any payments for indeed terming services earning the year.	440	 	├^
đ	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
AE -	• • • • • • • • • • • • • • • • • • • •	45a	\vdash	Х
45 a	Did the digamentation have a controlled with the meaning of controlled with the	758		┢ᢚ
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		1	1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45b		X
	Form 990-EZ (see instructions)	1750		14

Form 9	90-EZ (201	7) Shalom Community	Development Cor	тр			46-0	490590		Page 4
	`				_			 	Yes	No
46		organization engage, directly or indirectly, in p							_	X
Pai		idates for public office? If "Yes," complete Sc Section 501(c)(3) organizations		· · · · · ·	,	<u> </u>		• • • •	6	
rai		All section 501(c)(3) organizations		ons 47 - 4	49b and 52	2, and c	omplete the	tables	for line:	s
		50 and 51								
		Check if the organization used Sch	nedule O to respond	to any qu	iestion in t	his Part	VI	<u></u>	· · · ·	$\cdot \square$
								_	Yes	No
47		organization engage in lobbying activities or h				K				
	-	"Yes," complete Schedule C, Part II					• • • • • • •	· · 4		X
48		rganization a school as described in section 1			edule E			4		X
49a		organization make any transfers to an exemp		ganization?	• • •			49		X
ه ده		was the related organization a section 527 o te this table for the organization's five highest		(other than	officers dured	tore truete	es and key	49	9B]	1
50		ees) who each received more than \$100,000								
	ciripioy	ses, who each received more than \$100,000					Ith benefits,	Γ		
		(a) Name and title of each employee	(b) Average hours per week	1	portable ensation	contributio	ns to employee	1 ' '	nated amou	
		(1) Name and and a second in project	devoted to position		2/1099-MISC)		pensation	oune	r compensa	lion
							··			
NON	E									
									•	
f	Total nu	imber of other employees paid over \$100,000		[<u> </u>		L		
51		te this table for the organization's five highest		nt contractor	s who each re	eceived m	ore than			
	•	00 of compensation from the organization If t	•							
	4-1) T			-> 0	-4	
	(a)	Name and business address of each independent contract	aur	,,,) Type of service		, ,	c) Compens	auori	
NON	€									
			 .							
		· · · · · · · · · · · · · · · · · · ·					-			
			· · · · · · · · · · · · · · · · · · ·					-		•
d	Total nu	mber of other independent contractors each	receiving over \$100,000		<u> </u>					
52	Did the	organization complete Schedule A? Note: A	ll section 501(c)(3) organi	zations mus	t attach a			_		
	complet	ed Schedule A	· · · · · · · · · · · · · · · · · · ·				<u></u>	► X Y	es 🗌	No
Under	penalties	of perjury, I declare that I have examined this return	m, including accompanying so	chedules and	statements, an	d to the bes	at of my knowledg	e and belie	ef, it is	
true, c	orrect, an	d complete Declaration of preparer (other than of	ficer) is based on all informati	on of which p	reparer has an	/ knowledge)			
c:		Orna Clum On Co								
Sign		Signature of officer				Date				
Her	"	Orna Clum, Treasuer Type or print name and title						 -		
		· · · · · · · · · · · · · · · · · · ·	Preparer's signature		Date		Charle T.	PTIN		
Paic	i	1			04-22-20	10	Check if self-employed	P0103	230E	
	parer		rna Clum		P4-22-20		s EIN	FOT03	<u> </u>	
•	Only	Firm's address Summit Mobile Ta	x and Notary Ser	.VIC		Firm	O CIN P			
	,	Factoryville PA	18419			Phon	eno 570-	677-72	68	
May t	he IRS d	iscuss this return with the preparer shown ab						C-3		No
EEA		,							990-EZ	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

2017

Open to Public Inspection

Name of the omanization

Internal Revenue Service

Employer identification number 46-0490590 Shalom Community Development Corp Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2017

Shalom Community Development Corp

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

	Part III. If the organization							under
Sec	tion A. Public Support						/	
Caler	dar year (or fiscal year beginning in)	> _	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3 · · · ·	$\cdots \lceil$						
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)	$\cdots igs igs igs igs igs igs igs igs$						
6	Public support. Subtract line 5 from line 4	$\cdots $						
Sec	tion B. Total Support					/		
Caler	dar year (or fiscal year beginning in)	▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 · · · · · · · ·	$\cdot \cdot ackslash$			/	1 T.C.	ļ	
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 carned on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10	. [/				-
12	Gross receipts from related activities, etc.	: (see	instructions)	/			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere		/				▶□
Sec	tion C. Computation of Public						 	
14	Public support percentage for 2017 (line			/)		14	<u>%</u>
15	Public support percentage from 2016 Sci			,			15	<u>%</u>
16a	33 1/3% support test - 2017. If the orga			,		3% or more, check	tnis .	. \Box
	box and stop here. The organization qu							▶ ⊔
b	33 1/3% support test - 2016. If the orga		/			33 1/3% or more,	check	. □
	this box and stop here. The organization		<i>y</i> .	_		. 405		
17a	10%-facts-and-circumstances test - 2							
	10% or more, and if the organization me		,				1	
	Part VI how the organization meets the "I		riu-circumstance	s test i ne organiz	cation qualifies as a	publicly supported		. □
L	organization		the experience					· · · • ⊔
b	10%-facts-and-circumstances test - 2		a a				5	
	15 is 10% or more, and if the organization		,					
	Explain in Part VI how the organization m	ieets ti	ne Tacts-and-circ					⊾ □
40	supported organization	 did ===4	obook a bay as					· · · · ·
18	Private foundation. If the organization of		,					🛌 🗖
	instructions		,, 	<u> </u>				· · · · · ·

90 or 990-EZ) 2017 Shalom Community Development Corp Support Schedule for Organizations Described in Section 509(a)(2) Part III

	, ,, ,
(Complete only if you checked the box on lir	e 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the to	

Se	ction A. Public Support						<u> </u>
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		65,573	8,702	29,261	19,557	123,093
2	Gross receipts from admissions, merchandise		,				
	sold or services performed, or facilities furnished in any activity that is related to the	:					
	organization's tax-exempt purpose · · · · ·		27,870	37,420	48,614	57,893	171,797
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · · ·		93,443	46,122	77,875	77,450	294,890
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6)	,			İ	Ì	294,890
Sec	ction B. Total Support		<u> </u>				234,630
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 · · · · · · · · · ·		93,443	46,122	77,875	77,450	294,890
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on · · · ·						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	0	93,443	46,122	77,875	77,450	294,890
14	First five years. If the Form 990 is for the organization, check this box and stop here		cond, third, fourth, c				▶ 🏻
Sec	ction C. Computation of Public Su	ipport Percent	age		- · · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2017 (line 8, co	• • • • • • • • • • • • • • • • • • • •		• • • • • •	ŀ	15	
16	Public support percentage from 2016 Schedu					16	%
	ction D. Computation of Investme	· · · · · · · · · · · · · · · · · · ·		mp (fl)		17	%
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 Sc		=	mn (t)) - • • •		18	
	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	ation did not check	the box on line 14, a	and line 15 is more	than 33 1/3%, and	l line	▶ □
b	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this l	ation did not check	a box on line 14 or li	ine 19a, and line 1	6 is more than 33 1	1/3%, and	
20	Private foundation. If the organization did n	-	-				▶ 🔲

46-0490590

Supporting Organizations Part IV

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

Section A.	All Sup	porting	Organizations	
		-		

- 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 histoni and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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	3b		
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	9с		
	10a		
	405		
	10b		

Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			i
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the constitution assess for the bounds of any comparted assessment and they then the comparted			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sec	supervised, or controlled the supporting organizations			
	non o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			. !
	or management of the supporting organization was vested in the same persons that controlled or managed			.
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations	•		—
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			. İ
	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		I	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
		-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			. 1
	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	i	
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	นอกร) .
a b	☐ The organization satisfied the Activities Test Complete line 2 below ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i	netnia	tionel
2	Activities Test Answer (a) and (b) below.	366 11	Yes	No.
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	-10
_	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,		ľ	- 1
	how the organization was responsive to those supported organizations, and how the organization determined	}		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	[}
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Shalom Community Development Corp

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Secti	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		-	
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			· ·
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		•	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		_
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally-	integra	ted Type III supporting	organization (see
instructions)			

Shalom Community Development Corp

	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	
	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exem			
	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		/::\	/:::\
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI) See			
	instructions.	<u> </u>		1 1400 (140 14 15 14 15 14 15 15
3_	Excess distributions carryover, if any, to 2017		and the second second second	
		age agent of the term of the second of the s		\$ 100,000 By Mr 1 M m 4m a (156m)
	From 2013			والمراجع المراجع المرا
	From 2014			र र पश्चिम राक्षा
	From 2015	and the second of the second o	Type Company of the State of th	256 3 5 80 10 92 3 500 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	From 2016	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	77,77 1, 1, 1, 2, 1	in a grant problem in the
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	h- /*	, ,	
	Carryover from 2012 not applied (see instructions)		'	•
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	مهرية في من	+ 111 (6.11)	ا با نام اد اد ا
	Distributions for 2017 from		The state of the s	, , , , , ,
_	Section D, line 7: \$			-
	Applied to underdistributions of prior years Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions.			
	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
	Breakdown of line 7.) o ingh ata at forgangin .	e ciliabates a sittina gistina situari	1. MILL TO THE GIRT OF
	Excess from 2013 ·		and the configuration of the second	
	Excess from 2014	1.		
	Excess from 2015	T. Y Carlon . Water	ு என்ற சுடிக்கில் இவரிய	त्या हिंद । तर प्राप्तिकार र विशेषा
	Excess from 2010	Charles Control to the Market	to to getter the property and	the state of the state of the state of the state of
	Excess from 2017	A SAN TO SAN THE SAME	n r = %	(b , 4, 6/

	n.990 or 990-EZ) 2017
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 2b, 2c, 2c, 2c, 2c, 2c, 2c, 2c, 2c, 2c, 2c
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)
· · ·	
•	
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EEA

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection Employer identification number

Shalom Community Development Corp	46-0490590		
01. Description of other expenses (P	art I, line 16)		
Description	Amount		
Insurance	3,185		
Supplies	24,778		
Office Expense	2,107		
Advertising and Promotion	1,635	<u>, ,</u>	•
Credit Card Fees	348		
Travel Meetings and Conference	1,160		
License	100		
Misc Costs	1,827	, , , , , , , , , , , , , , , , , , ,	
02. Description of total liabilities			
Category	Beginning of Year	End of Year	
Payroll Liabilities	0	1,261	
			_