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CLIENT'S COPY

SEPTEMBER 7, 2023

SHALOM FARMS, INC. 1010 WEST LABURNUM AVENUE RICHMOND, VA 23227

SHALOM FARMS, INC.:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

FRANK BARCALOW

Filing Instructions

Pre	oared	for:
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SHALOM FARMS, INC. 1010 WEST LABURNUM AVENUE RICHMOND, VA 23227 Prepared by:

FRANK BARCALOW 1434 DISPATCH STATION ROAD QUINTON, VA 23141

2022 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 8879-TE		IRS e-file Signature A for a Tax Exemp	Authorization	n	OMB No. 1545-0047
	For calendar year 20	22, or fiscal year beginning , 2			0000
	i of calendar year 20	Do not send to the IRS. Keep		, 20	2022
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE for	•	n.	
Name of filer				EIN or SS	ŚN
SHALOM	FARMS, IN	с.		23-7	136747
Name and title of officer or pe	rson subject to tax	DOMINIC BARRETT		•	
		EXECUTIVE DIRECTOR			
Part I Type of	Return and Re	eturn Information			
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents ount on that line fo lank (do not enter	re using this Form 8879-TE and enter th 5. For all other forms, enter whole dollar r the return being filed with this form wa 0-). But, if you entered -0- on the return	s only. If you check the as blank, then leave lin , then enter -0- on the a	e box on line 1a, 2a ne 1b, 2b, 3b, 4b, 5 applicable line belo	a, 3a, 4a, 5a, 6a, 7a, 8a, 9a b, 6b, 7b, 8b, 9b, or 10b, ow. Do not complete more
1a Form 990 check h	nere X	b Total revenue, if any (Form 990,	Part VIII, column (A), li	ine 12)	<u>в 1,281,743.</u>
2a Form 990-EZ che	ck here	b Total revenue, if any (Form 990-I			
3a Form 1120-POL	check here	b Total tax (Form 1120-POL, line 2			
4a Form 990-PF che		b Tax based on investment incon			4b
5a Form 8868 check	here	b Balance due (Form 8868, line 3c			
6a Form 990-T chec	k here	b Total tax (Form 990-T, Part III, lin	e 4)		
7a Form 4720 check	here	b Total tax (Form 4720, Part III, line	ə 1)		7b
8a Form 5227 check		b FMV of assets at end of tax year	r (Form 5227, Item D)		8b
9a Form 5330 check	here	b Tax due (Form 5330, Part II, line	19)		9b
10a Form 8038-CP ch		b Amount of credit payment requ			10b
		ture Authorization of Officer			
Under penalties of perjury	, I declare that $\lfloor X$	I am an officer of the above entity or , (E			
later than 2 business days payment of taxes to receiv personal identification nur PIN: check one box only	prior to the paym ve confidential info nber (PIN) as my s	account. To revoke a payment, I must o ent (settlement) date. I also authorize th rmation necessary to answer inquiries a ignature for the electronic return and, if	ne financial institutions and resolve issues rela	s involved in the pro ated to the paymen ent to electronic fun	ocessing of the electronic t. I have selected a ds withdrawal.
X I authorize FR	ANK BARCA	LOW		to enter my	
		ERO firm name			Enter five numbers, but do not enter all zeros
with a state age on the return's o As an officer or return. If I have	ncy(ies) regulating disclosure consent person subject to indicated within th	22 electronically filed return. If I have in charities as part of the IRS Fed/State p screen. tax with respect to the entity, I will ente is return that a copy of the return is bei my PIN on the return's disclosure const	program, I also authori r my PIN as my signati ng filed with a state ag	ze the aforemention	ned ERO to enter my PIN 2022 electronically filed
Signature of officer or person subje	ect to tax			Da	te
	ition and Auth	entication			
ERO's EFIN/PIN. Enter yo	our six-digit electro	nic filing identification			
number (EFIN) followed by	v your five-digit sel	-selected PIN.	5499242 Do not enter		
		IN, which is my signature on the 2022 e requirements of Pub. 4163, Modernize			
ERO's signature			Date	09/07/23	}
	R	ERO Must Retain This Form			
HA For Privacy Act and		ubmit This Form to the IRS U action Act Notice, see instructions.	niess Requested	To Do So	Form 8879-TE (2022)
-					
202521 12-16-22					

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

-	File a	congrato	application	for each	roturn

Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or	Name of exempt organization or other filer, see instructions. Tax			Taxpayer	r identification r	number (TIN)
print	SHALOM FARMS, INC.			23-7136747		
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
return. See instructior		oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation) THE ORGANIZATIO	07				
• If this box > 1 In the b	the tax year entered in line 1 is for less than 12 months, c	Group Exe and atta NOVEI anization's	emption Number (GEN) I ch a list with the names and TINs or MBER 15, 2023 , to file s return for: d ending	f this is fo f all memb	r the whole gro pers the extension opt organization	on is for.
	Change in accounting period				1	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	e tentative tax, less	3a	\$	0.
	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	entor an	v refundable credits and	Ja	\$ 	0.
	stimated tax payments made. Include any prior year over			3b	\$	0.
_	alance due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	If you are going to make an electronic funds withdrawal				Ţ	E for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 886	8 (Rev. 1-2022)

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AI	For th	e 2022 calendar year, or tax year beginning and	ending	_	
Β	Check if applicab	le: C Name of organization		D Employer identific	cation number
	Addre	BIALOM FARMS, INC.			
	Name chang	pe Doing business as	23-71367	47	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	1010 WEST LABURNUM AVENUE		80426619	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,281,743.
	Amer	RICHMOND, VA 25227		H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: ANNA IDICATI		for subordinates	? 🗌 Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
Γ.	Tax-ex	empt status: 🔀 501(c)(3) 🛄 501(c) () (insert no.) 🛄 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
K	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1990 N	State of legal domicile: VA
Pa	art I				
ø	1	Briefly describe the organization's mission or most significant activities:	OM FAR	MS, INC. IS	A NON
anc		PROFIT ORGANIZATION WHOSE MISSION IS TO N	WORK I	OGETHER TO	BUILD
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed	sed of more	e than 25% of its net as	
Š	3				14
∞		Number of independent voting members of the governing body (Part VI, line 1b)			14
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			25
iviti	6	Total number of volunteers (estimate if necessary)			0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,301,659.	1,202,066.
ent	9	Program service revenue (Part VIII, line 2g)		80,668.	74,988.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,752.	94.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	4,595.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,396,079.	1,281,743.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		846,068.	969,748.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25) 185, 5			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		326,556.	447,088.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,172,624.	1,416,836.
	19	Revenue less expenses. Subtract line 18 from line 12		223,455.	-135,093.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset 3alaı	20	Total assets (Part X, line 16)	上	1,427,552.	1,210,696.
et A	21	Total liabilities (Part X, line 26)		195,481.	93,668.
		Net assets or fund balances. Subtract line 21 from line 20		1,232,071.	1,117,028.
Pa	art II	Signature Block			

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

Sign	Signature of officer			Date			
	Type or print name and title	-					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	FRANK BARCALOW	FRANK BARCALOW		• oon omproyou	P00446788		
Preparer	Firm's name FRANK BARCALOW			Firm's EIN 45-	5310918		
Use Only	Firm's address 1434 DISPATCH STA						
	QUINTON, VA 23141 Phone no.804-557-5054						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 🗙 🛄 No						
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2022)		
C	<u> ΥΠΕΡΕΙΙΙ Ε Ο ΕΟΡ ΟΡΟΧΝΤΖΆΤΟΝ ΜΤΟΥΤΟΝ ΟΠΑΦΜΕΝΗ ΟΟΝΗΤΝΙΙΑΠΤΟΝ</u>						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

- orm	990 (2022) SHALOM FARMS, INC.	23-7136747	Pag
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[
1	Briefly describe the organization's mission: SHALOM FARMS, INC. IS A NON PROFIT ORGANIZATION WHO	SE MISSION IS TO	5
	WORK TOGETHER TO BUILD HEALTHY COMMUNITIES BY GROWI	NG AND SHARING	
	HEALTHY FOOD. THE ORGANIZATION WAS FORMED IN 2005.		
	CHANGED ITS NAME FROM UNITED METHODIST URBAN MINIST	RIES OF RICHMONI),
2	Did the organization undertake any significant program services during the year which were not listed		_
	prior Form 990 or 990-EZ?	Yes	s X
	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 s	services?Yes	s X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ns to others, the total expenses,	, and
	revenue, if any, for each program service reported.) (Revenue \$ 1,146,	111
4a	(Code:) (Expenses \$ 1,092,991. including grants of \$ THOUSANDS IN RICHMOND LACK ACCESS TO HEALTHY FOOD.		-
	TOOLS AND RESOURCES TO PREPARE AND SHARE IT. THE MI		
	FARMS IS TO WORK WITH COMMUNITIES TO ENSURE ACCESS		ANI
	THE SUPPORT TO LIVE HEALTHY LIVES. WE SEEK TO COLLA		
	THE RICHMOND FOOD SYSTEM SO THAT ALL PEOPLE HAVE AC		
	FOOD THAT IS GOOD FOR OUR BODIES, GOOD FOR THE ENVI		
	FOR OUR COMMUNITIES. THROUGH HANDS-ON EXPERIENCES O		
	THE CITY, SHALOM FARMS AND OUR DIVERSE PARTNERS ARE	E MAKING A DIFFER	REN
	ON DINNER PLATES ALL OVER THE RICHMOND AREA.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4 ~	Other program convises (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)	١	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,092,991.)	
-+0	Total program service expenses 1,092,991.	Form	990 /
32001	2 12-13-22	FUTIT	
.52002	3		
70	907 794671 UNUM 2022.04020 SHALOM FARMS, IN	C. UNU	м
		0110	

Form 990 (2022)

Part IV Checklist of Required Schedules

SHALOM FARMS, INC.

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	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 provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	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		x
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	37	X
	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			v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	10-	х	
h	· · · · · · · · · · · · · · · · · · ·	12a	-23	
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	120		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		1 14		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X (2022)
232003	3 12-13-22	Form	330	(2022)

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4 2022.04020 SHALOM FARMS, INC.

Form	990	(2022)

 Form 990 (2022)
 SHALOM
 FARMS, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		- 23
.0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</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	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
.0	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
82	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			
84	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
7	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	r T		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b (Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ϋ́		
С	(gambling) winnings to prize winners?	1c		
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Form	990 (2022) SHALOM FARMS, INC. 23-7136	747	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 25		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
a	If "Yes," enter the name of the foreign country			
50		5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 00		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
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 contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990 (2022)

SHALOM FARMS, INC.

Check if Schedule O contains a response or note to any line in this Part VI

Х

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, trustees, or key employees to a management company or other person? 3 4 Did the organization baceme aware during the year of a significant diversion of the organization is assets? 5 5 Did the organization have members, stockholders? 6 7 Did the organization have members stockholders? 6 7 Did the organization have members, stockholders? 7 7 Did the organization have members stockholders? 7 7 Did the organization nave members, stockholders? 7 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 8 Did the organization notemporaneously document the meetings held or written actions undertaken during the year by the following: 8 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization nave member operations are onsistent with the organization scenet JII "Sec_1 mode the ander and addresses on Schedule O 9 9 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to nessistent with the organization t			.—	Yes	N
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b Enter the number of voltage members included on line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing			
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		THE ORGANIZATION - 8042661914			
7	32006		Forr	n 990	(20
2022.04020 SHALOM FARMS, INC. UNUM_	_	7			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Em	ployees,	Highest	Compensa	ited
	Employees, and Independe	ent Contrac	ctors					

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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-NEC) 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.

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

(A)	(B)			(0		npei	ilout	(D)	(E)	(F)
Name and title	Average	B						Reportable	Reportable	Estimated
	hours per					than is bot		compensation	compensation	amount of
	week	<u> </u>	cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or dir	ee Se			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	d ual tr	tional		nploy	st con yee	L_	1099-1420)		organizations
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) DARREN BROUGHTON	2.00	-	_		-					
TREASURER		x		x				0.	0.	0.
(2) SAM DAVIS	2.00									
BOARD MAMBER		x						0.	0.	0.
(3) SHARON BLOUNT	2.00									
BOARD MEMBER		X						0.	0.	0.
(4) ERIC CLAY	2.00									
BOARD MEMBER		X						0.	0.	0.
(5) JOHANNA GATTUSO	2.00									
BOARD CHAIR		X		X				0.	0.	0.
(6) TAMARA YOUNG-ELMORE	2.00									
BOARD MEMBER		X						0.	0.	0.
(7) HELEN RAGAZZI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) STEVE RUSSO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JENNIFER WICKER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) NAN LEAKE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DEVIN LIPAWSKY	2.00									
BOARD MEMBER		х						0.	0.	0.
(12) PATRICIA SAUER	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(13) WHITNEY VAN DER HYDE	2.00									0
BOARD MEMBER		X						0.	0.	0.
				<u> </u>		<u> </u>	 			
		-								
		-					-			
232007 12-13-22										Form 990 (2022)

232007 12-13-22

Form **990** (2022)

8

Form	990 (2022) SHALOM F2	ARMS, INC	2.							23-713	57 4 7 Page 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A)(B)(C)(D)(E)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation fromReportable compensation from relate										(F) Estimated amount of other
									organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
	Subtotal Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but r compensation from the organization	II, Section A		· · · · · · ·	· · · · · · ·	· · · · · · ·			0 • 0 • eceived more than \$100	0 0 0,000 of reportable	. 0.
3 4 5	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or	uch individual um of reportabl 0,000? If "Yes,	 le co " co	ompe mple	ensa ete S	ation Sche	and and	otl J f	her compensation from	the organization	Yes No 3 X 4 X
	rendered to the organization? If "Yes," continue to the organization of the second sec	plete Schedule	e J f	or sı	ıch j	pers	son				5 X
1	Complete this table for your five highest co the organization. Report compensation for (A)	•								. , .	(C)
	Name and business	address	NC	ONE	2				Description of s	services	Compensation
2	Total number of independent contractors (\$100,000 of compensation from the organi	•	ot lii	mite	d to	thos (~	ted	l above) who received n	nore than	Form 990 (2022)

232008 12-13-22

Pa		VII									
			Check if Schedule O	conta	ains a respo	nse	or note to any lir	ie in this Part VIII	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Am (S			Fundraising events								
lar lar			Related organizations								
ini,		е	Government grants (contr	ibuti	ions) 1e		177,501.				
er S		f	All other contributions, gifts,	grant	ts, and						
Ęġ			similar amounts not included	abov			024,565.				
the c		g	Noncash contributions included in	lines	1a-1f 1g \$						
σā		h	Total. Add lines 1a-1f					1,202,066.			
				-			Business Code	74 000			74 000
rice	2	2 a	PROGRAM INCOM	IE:			110000	74,988.			74,988.
ue ș		b									
s na Ven S		с									
gra Re		d									
Program Service Revenue		e f	All other program service	101/0	DU0						
		י מ	Total. Add lines 2a-2f					74,988.			
	3	9 1	Investment income (includ					,			
		•	other similar amounts)	-				94.			94.
	4	ŀ	Income from investment of								
	5	5	Royalties		-						
					(i) Real		(ii) Personal				
	6	i a	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss) <u></u>							
	7	'a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
			assets other than inventory	7a							
0		b	Less: cost or other basis								
Revenue			and sales expenses	7b							
eve			· / ·····	7c							
er B			Net gain or (loss)								
Othe	8	за	Gross income from fundraisi	•	`						
0			including \$ contributions reported on								
			Part IV, line 18		-	8a					
		h	Less: direct expenses			8b					
			Net income or (loss) from								
	9		Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gam	ing activities	s					
	10) a	Gross sales of inventory,	ess	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
	<u> </u>	С	Net income or (loss) from	sale	s of invento	ry					
sn			MTGG THOONE				Business Code				
leo Ue	11		MISC INCOME				900099	4,595.	4,595.		
Miscellaneous Revenue		b									
Be		C A									<u> </u>
Ξ			All other revenue					4,595.			
	12		Total. Add lines 11a-11d Total revenue. See instruction					1,281,743.	4,595.	0.	75,082.
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Form 990 (2022) SHALOM FARMS, INC.

Form 990 (2022) SHA	LOM FARMS,	INC.
Part IX	Statement of Functi	onal Expenses	
Section 50	1(c)(3) and 501(c)(4) organiza	ations must complet	e all columns. All other organi

nizations must complete column (A).

	Check if Schedule O contains a response de amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	d other assistance to domestic organizations estic governments. See Part IV, line 21		·		·
	and other assistance to domestic als. See Part IV, line 22				
3 Grants a organiza	Ind other assistance to foreign Itions, foreign governments, and foreign als. See Part IV, lines 15 and 16				
	paid to or for members				
	sation of current officers, directors,				
	, and key employees				
	ation not included above to disqualified				
-	as defined under section 4958(f)(1)) and described in section 4958(c)(3)(B)				
	laries and wages	831,532.	631,450.	59,563.	140,519
	blan accruals and contributions (include				
-	01(k) and 403(b) employer contributions)				
	nployee benefits	75,540.	62,608.	1,297.	11,635
	axes	62,676.	47,131.	5,267.	10,278
	services (nonemployees):				
a Manage	ment	50,865.	27,779.	23,086.	
b Legal					
	ing	7,500.		7,500.	
	g				
	nal fundraising services. See Part IV, line 17				
	ent management fees				
column (f line 11g amount exceeds 10% of line 25, A), amount, list line 11g expenses on Sch 0.)				
	ing and promotion	22 21 5		10.040	10 005
	kpenses	33,315.	5,504.	16,946.	10,865
	ion technology				
	s				
		13,635.	13,635.		
	ts of travel or entertainment expenses	15,055.	15,055.		
-	ederal, state, or local public officials				
	nces, conventions, and meetings				
20 Interest		5,464.	5,464.		
	ts to affiliates				
	ation, depletion, and amortization	115,925.	104,332.	11,593.	
23 Insuranc	ce	31,164.	30,401.	763.	
above. (L line 24e a amount, l	enses. Itemize expenses not covered ist miscellaneous expenses on line 24e. If mount exceeds 10% of line 25, column (A), ist line 24e expenses on Schedule 0.)				
-	PROGRAMS	160,328.	160,328.		
-	ELLANEOUS EXPENSE	16,670.	4,359.	12,311.	
c SPEC	IAL EVENTS	12,222.			12,222
d					
	expenses	1 116 026	1 002 001	120 276	105 510
	ctional expenses. Add lines 1 through 24e	1,416,836.	1,092,991.	138,326.	185,519
	ts. Complete this line only if the organization				
-	in column (B) joint costs from a combined nal campaign and fundraising solicitation.				
Check he					
232010 12-13-22					Form 990 (202

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11 2022.04020 SHALOM FARMS, INC.

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Form 990 (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or note to a	nv line in this Part X			
			,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		959,275.	1	530,965.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		23,096.	3	123,420.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or forme				
		trustee, key employee, creator or founder, substantial	contributor, or 35%			
		controlled entity or family member of any of these pers	sons		5	
	6	Loans and other receivables from other disqualified pe				
		under section 4958(f)(1)), and persons described in se		6		
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		22,339.	9	24,342.
	10a	Land, buildings, and equipment: cost or other	I [
		basis. Complete Part VI of Schedule D 10a	1,017,261.			
	b	Less: accumulated depreciation 10b	531,895.	422,842.	10c	485,366.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11	F		12	
	13	Investments - program-related. See Part IV, line 11	F		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		0.	15	46,603.
	16	Total assets. Add lines 1 through 15 (must equal line		1,427,552.	16	1,210,696.
	17	Accounts payable and accrued expenses	64,872.	17	47,065.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
S	22	Loans and other payables to any current or former off				
Liabilities		trustee, key employee, creator or founder, substantial				
abil		controlled entity or family member of any of these pers			22	
Ë	23	Secured mortgages and notes payable to unrelated th			23	
	24	Unsecured notes and loans payable to unrelated third		130,609.	24	0.
	25	Other liabilities (including federal income tax, payables	F			
		parties, and other liabilities not included on lines 17-24				
		of Schedule D	, .	0.	25	46,603.
	26	Total liabilities. Add lines 17 through 25		195,481.	26	93,668.
		Organizations that follow FASB ASC 958, check he				
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		1,232,071.	27	1,082,028.
Ва	28	Net assets with donor restrictions			28	35,000.
pu		Organizations that do not follow FASB ASC 958, ch				
Ę		and complete lines 29 through 33.				
s 0	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipme			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income,			31	
Net	32	Total net assets or fund balances	F	1,232,071.	32	1,117,028.
_	33	Total liabilities and net assets/fund balances		1,427,552.	33	1,210,696.
						Form 990 (2022)

SHALOM FARMS, INC.

Form **990** (2022)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX, column (A), line 25) 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Total expenses (must equal Part IX, column (A), line 25) 2 4 1, 232, 071. 5 Sevenue less expenses. Subtract IIne 2 from line 1 3 6 20, 050. 7 Net unrealized gains (losses) on investments 5 6 20, 050. 7 Investment expenses. 7 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 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)) 1 1,117,028. Part XII Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Yes No Yes No 2 Accrual Other Za X		990 (2022) SHALOM FARMS, INC.	23-71	<u>36747</u>	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1 1 2.81, 743. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 416, 836. 2 1, 416, 836. 3 Revenue less expenses, Subtract line 2 from line 1 3 -135, 093. 4 1, 232, 071. 5 Bevenue less expenses, Subtract line 2 from line 1 6 20, 050. 7 1, 232, 071. 5 Donated services and use of facilities 6 20, 050. 7 7 6 Prior period adjustments 9 0. 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 1, 117, 028. Part XII Financial Statements and Reporting 1 1, 117, 028. 1 1, 117, 028. Part XII Financial Statements are ponse or note to any line in this Part XII 1 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 1 Accounting method used to prepare the form 990: Cash X Accrual Other," explain on Schedule O. 1	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,416,836. 3 Revenue less expenses. Subtract line 2 from line 1 3 -135,093. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,232,071. 5 5 5 5 6 20,050. 7 7 6 20,050. 7 7 7 7 7 7 8 9 0. 9 0. 9 0. 9 0. 1,117,028. Part XII Financial Statements and Reporting 1,117,028. 1,117,028. Part XII Financial Statements compiled or reviewed by an independent accountant? 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis, consolidated basis 2b X 1 Accounting method used to indicate whether the financial statemen		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,416,836. 3 Revenue less expenses. Subtract line 2 from line 1 3 -135,093. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,232,071. 5 5 5 5 6 20,050. 7 7 6 20,050. 7 7 7 7 7 7 8 9 0. 9 0. 9 0. 9 0. 1,117,028. Part XII Financial Statements and Reporting 1,117,028. 1,117,028. Part XII Financial Statements compiled or reviewed by an independent accountant? 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis, consolidated basis 2b X 1 Accounting method used to indicate whether the financial statemen				4		
3 -135,093. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,232,071. 5 Net unrealized gains (losses) on investments 5 6 20,050. 7 Investment expenses 7 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 1 1,117,028. Part XII Financial Statements and Reporting 1 1,117,028. 1 1,117,028. Part XII Financial Statements compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the Form 990: Cash X Accounting other explain on Schedule 0. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X 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, or both: Za X Za X	1		-			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,232,071. 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 20,050. 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,117,028. Part XII Financial Statements and Reporting 10 1,117,028. Check if Schedule O contains a response or note to any line in this Part XII 1 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 O. 2a X 1 Accounting method used to prepare the Form 990: Cash S Accrual Other 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 Both consolidated and separate basis, consolidated basis, or both: 2b X <td>2</td> <td>Total expenses (must equal Part IX, column (A), line 25)</td> <td>_</td> <td></td> <td></td> <td></td>	2	Total expenses (must equal Part IX, column (A), line 25)	_			
5 Net unrealized gains (losses) on investments 5 6 20,050. 6 20,050. 7 6 20,050. 7 8 6 9 0. 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10 1,1117,028. Part XII Financial Statements and Reporting 10 1,1117,028. Check if Schedule O contains a response or note to any line in this Part XII 1 1 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 O. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X 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: 2b X <td< th=""><td>3</td><td></td><td>-</td><td></td><td></td><td></td></td<>	3		-			
6 Donated services and use of facilities 6 20,050. 7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 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 If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X	4		4	1,23	2,0	71.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,1117,028. Part XII Financial Statements and Reporting 1 1,1117,028. Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O. 2a 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 O. 2a X 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: 2b X 5 Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assume	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,1117,028. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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. Or both: X separate basis Consolidated basis. Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: X separate basis Consolidated basis. Both consolidated and separate basis K or compilation of th financial statements audited by an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of th financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? b If "Yes," did the organization undergo the requ	6	Donated services and use of facilities	-	2	0,0	50.
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 (E)) 10 1,1117,028. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Cash X Accrual Other, " explain on Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Dever the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Dever the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Dever the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Consolidated basis. Consolidated basis. Doto consolidated and separate basis Consolidated basis. Consolidated basis. Consolidated basis. Consolidated basis. Det consolidated and separate basis Consolidated basis. Consolidated basis. Consolidated basis. Consolidated basis. Consolidated basis. Consolidated	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1,117,028. Part XII Financial Statements and Reporting 10 1,117,028. Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 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 O. 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: 2a X 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: 2b X 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: 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibilify for oversight of the audit, review, or	8	Prior period adjustments	8			
column (B) 10 1,117,028. Part XII Financial Statements and Reporting Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a X 2a X Image: X Image: X Image: 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: 2a X 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: 2b X 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: 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a X 2a X X Image: 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: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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: 2b X 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: 2b X 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: 2b X 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: 2b X If "Yes,"	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII Yes 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 O. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X If "Yes," did the organization undergo the required audit or audits? If the organization did not u		column (B))	10	1,11	7,0	28.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other Image: Cash in the prepare the form 990: Cash in the prepare the prepare the form of the prepare the prepare the form a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 "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 2b X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Image: Cash intervent of the prepare t	Pa	rt XII Financial Statements and Reporting				
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 O. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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: 2b X 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: 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain o		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? 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: X 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: X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? B If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					Yes	No
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X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 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 audit If the organization did not undergo the required audit If the organization did not undergo the required audit						
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	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		Х
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

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. 1545-004	7
2022	
Open to Public Inspection	2

Nam	e of t	he organization ตุนุงา	OM FARMS, I	NC					identification number 3-7136747
Par	+ 1	Reason for Public			omplete th	nis nart) S			7-1120141
				-					
1	organ	ization is not a private found		. .		•			
1		A church, convention of ch)(a)011 n	I)(A)(I).		
2		A school described in sect							
3		A hospital or a cooperative							
4		A medical research organiz city, and state:	ation operated in co	njunction with a nospital	described	a in sectio	n 170(d)(1)(A)	(III). Enter	the hospital's name,
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	init describ	ned in
5		section 170(b)(1)(A)(iv). (C		lege of university owned		led by a g	overnmentart		
6		A federal, state, or local go		nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma						he aeneral	public described in
		section 170(b)(1)(A)(vi). (C			5			5	ŗ
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research or				ed in coniu	unction with a	land-grant	college
		or university or a non-land-							
		university:	<u></u>			,,	,,		
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributic	ons, membersl	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Con							
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	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 organizatio	n and com	nplete lines	s 12e, 12f, and	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving
		the supported organization							
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org			tion with it	s support	ed organizatio	n(s), by ha	iving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus							
с		Type III functionally inte			in connec	tion with, a	and functional	lly integrate	ed with,
		its supported organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.	, ,	
d		Type III non-functionally						ted organi	zation(s)
		that is not functionally int						-	
		requirement (see instruct	•	e ,	•		•		
е		Check this box if the orga		-				II, Type III	
		functionally integrated, o							
f	Ente	er the number of supported of	organizations	, , , , ,					
g	Pro	vide the following information		ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total									

Schedule A (Form 990) 2022

SHALOM FARMS, INC.

23-7136747 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	819,267.	980,876.	1059011.	1430026.	1430984.	5720164.
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 \dots						
4	Total. Add lines 1 through 3	819,267.	980,876.	1059011.	1430026.	1430984.	5720164.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						5720164.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	819,267.	980,876.	1059011.	1430026.	1430984.	5720164.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,257.	1,266.	1,265.	1,052.	94.	4,934.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5725098.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor						L
	ction C. Computation of Publ						
	Public support percentage for 2022 (14	99.91 %
	Public support percentage from 2021					15	99.89 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	o or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a		
						Schodulo A	(Earm 990) 2022

Schedule A (Form 990) 2022

232022 12-09-22

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						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1 Gifts, grants, contributions, and	l					
membership fees received. (Do not	ſ					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the propriotice to yourget numbers						
organization's tax-exempt purpose 3 Gross receipts from activities that						
are not an unrelated trade or bus-	l					
iness under section 513	l					
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	ſ					
or expended on its behalf	l					
5 The value of services or facilities						
furnished by a governmental unit to	l					
the organization without charge	ſ					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9 Amounts from line 6						
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	l					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried 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.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) or	ganization,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2022 (line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve						
17 Investment income percentage for 20					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						Id line 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see ins		
232023 12-09-22			16		Sche	edule A (Form 990) 2022

11370907 794671 UNUM

2022.04020 SHALOM FARMS, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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.)

232024 12-09-22

17 2022.04020 SHALOM FARMS, INC.

	A (Form 990) 2022	SHALOM		, INC
Part IV	Supporting Org	anizations (cont	tinued)	

1

2

			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, supervised, or controlled the supporting organization.

Section C.	Type II	Supporting	Organizations	

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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

- 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.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 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.*

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18 2022.04020 SHALOM FARMS, INC. Schedule A (Form 990) 2022

2a

2b

За

3b

Yes No

Schedule A	(Form 990)	2022	SHALOM	FARMS, INC	•
Part V	Type III	Non-	Functionally Inter	arated 509(a)(3)	Supporting Organizations

Part V Type III Non-Functionally Integrated 509(a)(3) Support			
1 Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructio
All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	i
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			
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)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section 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-functional		d Type III supporting or	anization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	1						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns 3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e					
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2022 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
c	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2018							
b	Excess from 2019							
c	Excess from 2020							
d	Excess from 2021							
е	Excess from 2022							

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

23	-71367	147
<u> </u>	-/120/	4/

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	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

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

X 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.

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.

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).

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

Schedule B (Form 990) (2022)

SHALOM FARMS, INC.

Name of organization

Page 2 Employer identification number

23-7136747

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 BON SECOURS RICHMOND HEALTH SYSTEM X Person Payroll 75,000. 5008 MONUMENT AVE Noncash \$ (Complete Part II for RICHMOND, VA 23230 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 THE COMMUNITY FOUNDATION X Person Payroll 3409 MOORE ST 25,000. Noncash (Complete Part II for RICHMOND, VA 23230 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X JACKSON FOUNDATION Person Payroll 104 SHOCKOE SLIP SUITE 2B 35,000. Noncash (Complete Part II for RICHMOND, VA 23219 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 ESTES FOUNDATION Х Person Payroll PO BOX 25612 25,000. Noncash \$ (Complete Part II for RICHMOND, VA 23260 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 HERNDON FOUNDATION X Person Payroll 9030 STONY POINT PKWAY, SUITE 505 30,000. Noncash (Complete Part II for RICHMOND, VA 23235 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 PATRICIA SAUER X Person Pavroll 11 ELLENSVIEW CIRCLE 26,570. Noncash \$ (Complete Part II for RICHMOND, VA 23226 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 23

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2022.04020 SHALOM FARMS, INC.

Schedule B (Form 990) (2022)

Name of organization

Part I

Employer identification number

23-7136747

SHALOM FARMS, INC.

(a) No.	(b)	(c) Total contributions	(d)
<u>7</u>	Name, address, and ZIP + 4 FIFTH GENERATION 1406 SMITH RD, BLDG C AUSTIN, TX 78719	\$25,000.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CAPITAL ONE SERVICES LLC 1500 CAPITAL ONE DRIVE RICHMOND, VA 23238	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	RICHMOND DISTRICT BOARD OF MISSIONS PO BOX 5606 GLEN ALLEN, VA 23058	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	VOLUNTEER FAIRFAX 10700 PAGE AVE, SUITE 101 FAIRFAX, VA 22030	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-1	5-22	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	24		-

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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2022.04020 SHALOM FARMS, INC.

	1 FARMS, INC.		23-7136747
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-15		\$	Schedule B (Form 990) (2

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Schedule B (Form 990) (2022) Name of organization

> 25 2022.04020 SHALOM FARMS, INC.

UNUM___1

Page 3

Employer identification number

	B (Form 990) (2022)			Page 4				
Name of o	rganization			Employer identification number				
SHALO	M FARMS, INC.			23-7136747				
	Exclusively religious, charitable, etc., contribut	ions to organizations described in sec	ion 501(c)(7), (8), or (1					
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,000 or les	for the year. (Enter this in	fo. once.) \$				
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
`fŕom Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held				
			_					
			—					
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
Ī	· · · · ·		-					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held				
Part I								
ľ	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
Part I	(b) Fulpose of girt							
			— ——					
			_					
-		(e) Transfer of gift						
		(c) manorer er gitt						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held				
			_					
			—					
ļ								
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
223454 11-15	5-22			Schedule B (Form 990) (2022)				

11370907 794671 UNUM

26 2022.04020 SHALOM FARMS,INC.

UNUM___1

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



UNUM___1

Department of the Treasury Internal Revenue Service Name of the organization

11370907 794671 UNUM

SHALOM FARMS, INC.

Employer identification number 23-7136747

organization aroweed "Yes" on Form 990, Part V, line 6. (a) Donor advised funds (b) Funds and other accounts (c) Donor advised funds (b) Funds and other accounts (c) advised funds (c) advised	Par			s or Accou	Ints.Complete if the
1 Total number at end of year 2 Aggregate value of combutions (during year) 4 Aggregate value of combutions (during year) 4 Aggregate value of antistics 5 Did the organization informal information of exclusive legal control? 5 Part L 5 Conservation Easements hed by the organization answered 'Yes' on Form 990, Part IV, line 7. 7 Purpose(d) of conservation easements hed by the organization or education) 6 Preservation of antistic structure 7 Preservation of land for public use (for example, recreation or education) 7 Preservation of a nistrol habitat 7 Preservation of a antistic habitat 7 Preservation of a antistic structure 7 Preservation of a conservation easements 7 Aggregate value at ease and a contribution in the form of a conservation easement is hed by the organization hed a qualified conservation conservation easements 7 Automer of conservation easements included in (e) caquide after July 25,2006, and not a a 7 houtber of conservation easements included in (e) caquide after July 25,2006, and not a 7 historic structure listed in the National Register 7 Amount of states when property subject to conservation easements included in (e) subjection, handling of 7 violations, and enforcement of the conservation easements is houtida? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easements reported on insecole states when granization new easements in the state of the following the year 9 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement a		organization answered "Yes" on Form 990, Part IV, lir			
2 Aggregate value of contributions to (during year)			(a) Donor advised funds	(b) Fun	ds and other accounts
a) Aggregate value of grants from (during year) b) Aggregate value at end of year b) Child the organization inform all dones and done advisors in writing that the assets held in doner advised funds are the organization inform all dones and doner advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donganization is exclusive legal control? b) Child the organization inform all grantes, concess in writing that grant funds can be used only for charitable purposes and not for the banefit of the donganization answered "Yes" on Form 990, Part IV, Ino 7. b) Part III Conservation Easements held by the organization during where a subscription of a historically important land area b) Preservation of land for public use (for example, recreation or education) b) Preservation of a historically important land area b) Preservation of gene space c) c) Complete thes 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements b) Conservation easements held by (14) equalified conservation contribution in the form of a conservation easements b) Total arceage restricted by conservation easements b) Total arceage restricted by conservation easements c) and b) addition (14) equalified conservation easements c) addition (14) equalified conservation easements c) addition (14) equalified conservation easements houlded (14) equalified conservation easements houlded (14) equalified conservation easements houlded (14) equalified framework (14) equalified conservation easements hould (14) equalified conservation easements houlded (14) equalified conservation easements houlded (14) equalified conservation easements houlded (14) equalified frame (14) equalified (14	1	Total number at end of year			
Aggregate value at end of year Index of the organization inform all donors advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charable purposes and to for the benefit of the donor of a organy of the purpose conforming mopermissible private benefit? Yes No Part I Conservation Easements. Complete if the organization answered Yea' on Form 980, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and to public use (for example, recreation or education) Preservation of a conservation easements held by the organization (check all that apply). Preservation of and to public use (for example, recreation or education) Preservation of a conservation easements Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easements Total number of conservation easements Total acreage restricted by conservation easements Zei Number of conservation easements in a curited historic structure included in (a) Aumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements in cortico motioning, inspection, handling of violations, and enforcement of the conservation easements tools and enforcement of the conservation easements accurity for endersite tools and enforcement of the conservation easements tools and enforcement of the conservation easements tools and enforcement of the conservation easements tools organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation ase	2				
6 Did the organization inform all donors advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's appropriate (Lasse Nega Control 2000) No 6 Did the organization's property, subject to the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or duots or, or or any other purposes conferring impermissible private benefit? Purpose() or conservation assements in charitable or duots or duots on or advised funds a rotat in the lasset in the organization held a qualified conservation contribution in the form of a correservation assements a total number of conservation easements b Total accesse restricted by conservation easements b Total accesse restricted by conservation easements b Total accesse restricted by conservation easements b conservation easements in cluded in (a) auxiber of conservation easements included in (b) acquired after July 25 2006, and not on a historic structure listed in the National Register a Number of conservation easements in cludes auxiber of bacterse and the districe structure included in (a) auxiber or doneservation easements in cludes auxiber or observation easements in cludes auxiber of states where property subject to conservation easements in tocated boes the conserunation ease and the industrice auxiber of c	3				
are the organization's property, subject to the organization's exclusive logal control? Wes No 6 Did the organization inform all grantese, donors, and donor advisor, or for any other purpose conferring memorization inform all grantese, donors, and donor advisor, or for any other purpose conferring memorization inform all grantese, donors, and donor advisor, or for any other purpose conferring memorization for the benefit? No. Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of an torp ublic use (for example, recreation or education) Preservation of a conservation easements held by the organization (check all that apply). Preservation of a for public use (for example, recreation or education) Preservation of a conservation easement is end to the a qualified conservation contribution in the form of a conservation easement is an acritified historic structure included in (a) Destines 2 at noval 2 of at the organization theid a qualified conservation contribution in the form of a conservation easement is notified, instance structure included in (a) Destine addition of a conservation easements in cluded in (b) acquired attruly 2 sQUOB, and not on a historic structure included in (b) acquired attruly 2 sQUOB, and not on a historic attructure included in (b) acquired attruly 2 sQUOB, and not on a set organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements included in (c) acquired attruly 2 sQUOB, and not on a set organization and were inclused at the start of a violations, and enforcing conservation easements during the year 4 Number of states where property subject to conservation easements is located	4				
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 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b As					Yes No
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organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar do be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X 4 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 3 Revenue included on Form 990, Part X 4			-		
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part XIII, line 1 b Assets included in Form 990, Part X E Assets included in Form 990, Part X Schedule D (Form 990) 2022 			C C		
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X S LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 	Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Simil	ar Assets.
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22		Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance s	sheet works
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X k b Assets included in Form 990, Part X k <lik< li=""> <li< th=""><th></th><th>of art, historical treasures, or other similar assets held for pu</th><th>blic exhibition, education, or research in f</th><th>urtherance of</th><th>public</th></li<></lik<>		of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtherance of	public
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$		service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iter	ms.	
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022	b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and	balance shee	et works of
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X CHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 		art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	therance of pu	ublic service,
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 		provide the following amounts relating to these items:			
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X that For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22		(i) Revenue included on Form 990, Part VIII, line 1			\$
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22		(ii) Assets included in Form 990, Part X			\$
a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ 232051 09-01-22	2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provid	le
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ 232051 09-01-22		the following amounts required to be reported under FASB $\ensuremath{\sc A}$	ASC 958 relating to these items:		
LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990.Schedule D (Form 990) 202223205109-01-22					\$
232051 09-01-22					
	LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022
	232051	09-01-22	27		

2022.04020 SHALOM FARMS, INC.

Sche	dule D (Form 990) 2022 SHALOM	FARMS, INC.						23-71	3674	7 _{Pa}	ige 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe					-
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
с	5										
4											
5	During the year, did the organization solicit of								-		1
Der	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
Par	reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
10	Is the organization an agent, trustee, custod		diany for	contribution	s or other as	sects not	included				
Id			•						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII										NO
D		and complete the lo	liowing	lable.					Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo							
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years l	Jack
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur			g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
30	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation the	at are hold a	nd administr	arod for th					
Ja	organization by:	ession of the organiz		at are neiu a					I	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									I	
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere		0, Part IV	/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		cumulate	ed	(d) Boo	k value	;
1a	Land										
	Buildings										
	Leasehold improvements				6,833.		.56,1			0,70	
d	Equipment			51	0,428.		375,7	65.	13	4,60	53.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	0c.)				48	5,36	56.

Schedule D (Form 990) 2022

232052 09-01-22

(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)(E)			
(F)(2)			
(G)			
(H) T : L (0, L (L)) :			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Port IV line	11d Soc Form 000 Part V line 15	
	Description	Thu. See Form 990, Part A, line 13.	(b) Book value
	Description		(b) BOOK value
(1)			
(2)			
(3)			
(4)			
(4)			
(4) (5)			
(4) (5) (6) (7)			
(4) (5) (6)			
(4) (5) (6) (7) (8)	ə 15.)		
(4) (5) (6) (7) (8) (9)	9 15.)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		11e or 11f. See Form 990. Part X. line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Departing of lighting		11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABIL	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABIL (3)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABIL (3) (4)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABIL (3)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABIL (3) (4)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABIL (3) (4) (5)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABIL (3) (4) (5) (6)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABIL (3) (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...

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 SHALOM FARMS , INC .	23-	7136747 Page 4		
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,314,463.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b			32,720.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d	-		2e	32,720.
3	Subtract line 2e from line 1			3	1,281,743.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b	4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,281,743.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With	າ Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.			
1	Total expenses and losses per audited financial statements			1	1,429,506.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	12,670.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	12,670.
3	Subtract line 2e from line 1			3	1,416,836.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b	-		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,416,836.		
				-	
Pa	rt XIII Supplemental Information.				

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Part I

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.

Inspection

Name of the organization

SHALOM FARMS, INC. Types of Property

	Employer identification nui
NC.	23-7136747

		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	lion a	nount	5
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							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
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							
15	Real estate - Residential							
16	Real estate - Commercial	Х	1	10,810.	FMV			
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 (<u>SHED</u>)	Х	1	16,000.	FMV			
26	Other (GRAVEL)	Х	1	4,050.	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	-	• • • • •					
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							

 describe in Part II.

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2022

232141 09-09-22

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.

232142 09-09-22	Schedule M (Form 990) 20

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EX 2022 Open to Public Inspection Employer identification number

23-7136747

OMB No 1545-0047

SHALOM FARMS, INC.

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

HEALTHY COMMUNITIES BY GROWING AND SHARING HEALTHY FOOD. THE

ORGANIZATION WAS FORMED IN 2005. THE ORGANIZATION CHANGED ITS NAME

FROM UNITED METHODIST URBAN MINISTRIES OF RICHMOND, INC. TO SHALOM

FARMS, INC. IN MARCH 2017. THE MAJORITY OF ITS REVENUE AND SUPPORT IS

PROVIDED BY CONTRIBUTIONS AND GRANTS FROM CORPORATIONS, FOUNDATIONS,

BUSINESSES AND INDIVIDUALS.

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

INC. TO SHALOM FARMS, INC. IN MARCH 2017. THE MAJORITY OF ITS REVENUE

AND SUPPORT IS PROVIDED BY CONTRIBUTIONS AND GRANTS FROM CORPORATIONS,

FOUNDATIONS, BUSINESSES AND INDIVIDUALS.

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

THE BOARD, EXECUTIVE DIRECTOR, AND ACCOUNTING PERSONNEL REVIEW THE FORM 990 BEFORE COMPLETION AND FILING.

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

THE BOARD REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE OF

THE CONFLICT OF INTEREST POLICY. THE CONFLICT OF INTEREST POLICY IS PART

OF THE ORGANIZATION'S BYLAWS.

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

THE BOARD PERFORMS AN ANNUAL COMPENSATION REVIEW.

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

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Schedule O (Form 990) 2022

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