Form	990

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.



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Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Open to Public Inspection
AF	or th	e 2022 calend	ar year, or tax year beginning	and	ending			
Ba	Check If	te: C Name o	organization			D Employer ide	ntifica	ntion number
	Name	605	1					
	Initial	mber						
	Final	0-1	000					
	terminated		SWARTHMORE AVENUE own, state or province, country, and ZIP or foreig	n postal code		G Gross receipts \$		60,385,179.
	Amen		WOOD, NJ 08701	in poola oolo		H(a) is this a grou	up refi	
	Applic	^{ca-} F Name a	nd address of principal officer: ELIYOHU M	INTZ		for subordin		
	pendi	^{ng} 1805	SWARTHMORE AVENUE, LAKEW	OOD, NJ	08701	H(b) Are all subording		
11	ax-ex	empt status:		·	or 🛄 527	1		st. See instructions
JV	Vebsi	te: WWW .	OORAH.ORG			H(c) Group exem		
KF	orm of	f organization:	X Corporation Trust Association	Other	L Year			State of legal domicile; NJ
Pa	irt l	Summary						
	1	Briefly describ	e the organization's mission or most significant a	ctivities: SEE	SCHEDU	LE O.		
Activities & Governance								
rne	2	Check this bo	if the organization discontinued its or	perations or dispo	sed of more	than 25% of its n	et asse	ets.
ove	3	Number of vot	ing members of the governing body (Part VI, line				3	6
8	4	Number of inc	ependent voting members of the governing body	(Part VI, line 1b)			4	4
es			of individuals employed in calendar year 2022 (Pa				5	332
iviti	6	Total number	of volunteers (estimate if necessary)				6	6272
Acti	7 a	Total unrelated	I business revenue from Part VIII, column (C), line	ə 12			7a	265,149.
	b	Net unrelated	business taxable income from Form 990-T, Part I,	, line 11			7b	166,672.
						Prior Year		Current Year
Je	8	Contributions	and grants (Part VIII, line 1h)			70,308,26		50,503,300.
Revenue			ce revenue (Part VIII, line 2g)			1,479,99		1,460,437.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d) \dots			4,195,36	2.	3,078,916.
-			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			1,993,42		1,617,765.
			add lines 8 through 11 (must equal Part VIII, col			77,977,04		56,660,418.
			nilar amounts paid (Part IX, column (A), lines 1-3)			3,732,46		4,728,110.
			o or for members (Part IX, column (A), line 4)				0.	0.
ses			compensation, employee benefits (Part IX, colum			8,842,88		9,509,368.
Expenses			indraising fees (Part IX, column (A), line 11e)				0.	0.
, Sta			ng expenses (Part IX, column (D), line 25)	565,1				Andream Annual Annua Annual Annual Annu
-			s (Part IX, column (A), lines 11a-11d, 11f-24e)			15,676,26		20,446,949.
			s. Add lines 13-17 (must equal Part IX, column (A)), line 25)		28,251,61		34,684,427.
- 0	19	Revenue less	expenses. Subtract line 18 from line 12			49,725,43		21,975,991.
Fund Balances						ginning of Current Y		End of Year
Bala	20	Total assets (F	• • • • • • • • • • • • • • • • • • • •		┉┉╞╧	85,130,43		197,739,957.
	21		(Part X, line 26) und balances. Subtract line 21 from line 20		├	1,382,13 83,748,30		<u>1,793,984.</u>
	22	Signature	Block		<u> </u>	03,140,30	0.	195,945,973.
			declare that I have examined the return, including acco	moawing schedule	e and etatam	ante and to the best	of my k	nowledge and belief it in
			Declaration of preparer (other that official is based on				ы шу к	nowieuge and benet, it is
	001100					nas any knowledge.	-20	1-22
Sigr		Signature of of	icer			Date		
Here		ELIYOHU	MINTZ, CEO					
1101	•	Type or print n		<u> </u>				<u> </u>
		Print/Type prep		Inature		Jate Check		I PTIN
Paid		HESHY K			h	1/15/23 sett-e		P00841428
Prep		Firm's name	ROTH & COMPANY, LLP		<u>i+</u>	Firm's EIN	<u>11</u>	-3360065
Use		Firm's address	1428 36TH STREET SUITH	E 200				
	-		BROOKLYN, NY 11218			. Phone no	718	-236-1600
Mav	the IF	RS discuss this	return with the preparer shown above? See inst	ructions				

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2022) OORAH INC.	22-3746051 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	OORAH WAS ESTABLISHED AS A JEWISH OUTREACH ORGANIZATIO	ON FOR THE
	PURPOSE OF IMPARTING EDUCATION, VALUES AND TRADITIONS,	AS WELL AS
	GUIDANCE AND SUPPORT, TO CHILDREN WHO LACK ACCESS TO TH	
	FUNDAMENTALS. OORAH TAKES A HOLISTIC APPROACH TO ITS N	AISSION,
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	· · ·
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a	others, the total expenses, and
	revenue, if any, for each program service reported.	1 460 427
4a		
	OORAH'S MISSION IS TO GIVE JEWISH CHILDREN AND THEIR H	
	OPPORTUNITIES TO BECOME ACTIVE AND PRODUCTIVE MEMBERS	
	COMMUNITIES. WE ACCOMPLISH THIS THROUGH OUR ALL-ENCOME	-
	ROUND PROGRAMS, FOCUSING ON EDUCATION, EXTRACURRICULAR FAMILY ENRICHMENT. OUR FULL SUITE OF PROGRAMS SERVICIN	
	CHILDREN OF ALL BACKGROUNDS INCLUDE MENTORSHIP AND COU	
	SUMMER CAMPS, AFTERSCHOOL AND EXTRACURRICULAR PROGRAMS	•
	PACKAGES, FAMILY RETREATS AND CULTURAL EVENTS, TUITION	
	LEARNING, AND DISBURSEMENT OF FOOD AND CLOTHING DONAT	
	CASH ASSISTANCE. A NETWORK OF HUNDREDS OF VOLUNTEERS H	
	MANPOWER FOR THESE PROGRAMS.	
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$
40		
4c	(Code:) (Expenses \$ including grants of \$) (Ret	evenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 30,068,674.	
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Form 990 (2022) OORAH INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization required to complete schedule b,	2	21	
3	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	3		
4	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	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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	<u> </u>		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10	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,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
N N	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
v	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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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		X
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		X
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form 990 (2022) OORAH 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	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	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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			x
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	27	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 155		103	
b	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			
5	(gambling) winnings to prize winners?	1c	х	
		-		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 332 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country 4a	Yes X X X X	No X X X X X					
filed for the calendar year ending with or within the year covered by this return 2a 332 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country 4a	X X	X X X X					
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 b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country 		X X					
 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country 	X	X X					
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country		X X					
b If "Yes," enter the name of the foreign country		X X					
		X					
Cas instructions for filing requirements for EinOEN Form 114. Depart of Foreign Dept. and Financial Associate (FDAD)		X					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X					
 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 							
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		x					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		x					
any contributions that were not tax deductible as charitable contributions?							
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
were not tax deductible?							
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		х					
 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
to file Form 8282?		х					
d If "Yes," indicate the number of Forms 8282 filed during the year 7d							
e 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?							
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?							
9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?							
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10 Section 501(c)(7) organizations. Enter:							
a 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:							
a Gross income from members or shareholders							
b Gross income from other sources. (Do not net amounts due or paid to other sources against							
amounts due or received from them.)							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a							
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a Is the organization licensed to issue qualified health plans in more than one state?							
Note: See the instructions for additional information the organization must report on Schedule O.							
b Enter the amount of reserves the organization is required to maintain by the states in which the							
organization is licensed to issue qualified health plans							
c Enter the amount of reserves on hand 13c 14c		x					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yea" here it filed a Form 720 to report these payments? If "Ne" around an explanation on Schedule Q 14b		- 23					
b 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 14b	1						
		x					
excess parachute payment(s) during the year? 15 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		x					
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	1						
If "Yes," complete Form 6069.							

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			X
Sac	Check if Schedule O contains a response or note to any line in this Part VI			Δ
Jec	tion A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		103	
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	~		
3	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u>^</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	12.0		
U	on Schedule O how this was done	12c	х	
10		13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
14		14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	Х	v
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY, NJ, CO, WA, CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finar	ncial	
10	statements available to the public during the tax year.		ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
~ U	ELIYOHU MINTZ - 732-730-1000			

Form 990 (2022)

22-3746051 Page 6

Part VII	Compensation of Officers, I	Directors, Trustees,	Key Employees,	Highest Compensated	
	Employees, and Independent	nt Contractors			

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

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

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

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

(A)	(B) (C) Average Position						(D)	(E)	(F)	
Name and title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ELIYOHU MINTZ CEO AND TRUSTEE	25.00	x		x				0.	115,300.	46,985.
(2) MARC I KORNBLAU	40.00									
CHIEF OPERATING OFFICER				X				141,629.	Ο.	7,478.
(3) YEHOSHUA WEINSTEIN PRESIDENT	40.00			x				142,230.	0.	0.
(4) CHAIM REICHMAN	40.00							,		
KIRUV DEVELOPMENT						x		115,685.	0.	0.
(5) STUART SANDERS	20.00									
ASSOCIATE GENERAL COUNSEL	20.00					х		105,154.	0.	0.
(6) TZVI A YOFFE	40.00									
TUITION COORDINATOR						Х		100,575.	0.	0.
(7) CHAYA R KIRWAN	20.00									
SECRETARY	17.00			х				86,108.	0.	0.
(8) CHAIM MINTZ	25.00								0	45 000
TRUSTEE	10.00	X						0.	0.	45,239.
(9) ABRAHAM BIDERMAN	10.00								0	0
TRUSTEE		X						0.	0.	0.
(10) HESHY FORSTER	2.00	v						0	0	0
TRUSTEE	2.00	X						0.	0.	0.
(11) ELI BOHM TRUSTEE	2.00	x						0.	0.	0.
(12) BENTZION TURIN	17.00	^						0.	0.	0.
(12) BENTZION TURIN GENERAL COUNSEL	20.00			x				0.	0.	0.
(13) AHARON ZAGURY	20.00							0.	•	0.
TREASURER	20.00			x				0.	0.	0.
(14) SIMCHA LONDISNKI	2.00								0.	0.
TRUSTEE		x						0.	0.	0.
		1				L				

(A) (A) (B) (C) (D) (D) (D) (E) (E) (F) Name and title Average hours per weak weak Average hours per weak Position (B) and percent hours and percent hours and hours and percent hours and percent hours and percent hours and percent hours and percent hours and percent percent hours and perc	Form 990 (2022) OORAH IN	с.								22-3	7460	51	Page 8
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rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation KUIR CONSTRUCTION CORP CONSTRUCTION 14 GROVE PLACE, STATEN ISLAND, NY 10302 SERVICES 793,358. BRANDL ELECTRIC 204 ROCKAWAY TPKE, CEDARHURST, NY 11516 MAINTENANCE SERVICES 767,964. SCOTT SHERMAN TRUCKING AND EXCAVATING CONSTRUCTION 150 RED OAK DR, SCHOHARIE, NY 12157 SERVICES 502,020. RUFADEL CONCEPT LLC 6011 LIVERPOOL STREET, AUBREY, TX 76227 IT SERVICES 487,398. COACH AMERICA, 409 JOYCE KILMER AVENUE TRANSPORTATION 486,352. 2 Total number of independent contractors (including but not limited to those listed above) who received more than										-		4 X	2
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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 14 GROVE PLACE, STATEN ISLAND, NY 10302 SERVICES 793,358. BRANDL ELECTRIC 204 ROCKAWAY TPKE, CEDARHURST, NY 11516 MAINTENANCE SERVICES 767,964. SCOTT SHERMAN TRUCKING AND EXCAVATING CONSTRUCTION 502,020. RUFADEL CONCEPT LLC 6011 LIVERPOOL STREET, AUBREY, TX 76227 IT SERVICES 487,398. COACH AMERICA, 409 JOYCE KILMER AVENUE TRANSPORTATION 486,352. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 486,352.	rendered to the organization? If "Yes," con	nplete Schedule	ə J f	or su	ich j	pers	son		-			5	X
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2 Total number of independent contractors (including but not limited to those listed above) who received more than			~ 1 \			-						486	352.
			Ot 18-	mita	d + 2	tha	ee lie	_		ore than		,	
		-	J. III	me	u 10		-			UTE LITAIT			

orm 9 Part		,		INC.					22-3746	051 Pag
art	VII									Г
		Check if Schedule O	conta	ains a respo	nse	or note to any line	e in this Part VIII (A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue exclud from tax unde
								lanotion revenue		sections 512 -
Its	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
Ā	с	Fundraising events		1c		2,574,725.				
ar		Related organizations				45,880,385.				
Ē		Government grants (cont								
ิด		All other contributions, gifts,								
the		similar amounts not included				2,048,190.				
<u>S</u>	q	Noncash contributions included ir								
and	-	Total. Add lines 1a-1f					50,503,300.			
						Business Code	, , ,			
	2 a	CAMP FEES				611600	1,460,437.	1,460,437.		
Revenue	za b						-,100,107.	1,100,107		
all						├				
ivel	c c									
Å	d					├				
	e									
		All other program service revenue					1 460 427			
		Total. Add lines 2a-2f					1,460,437.			
;	3	Investment income (inclue	Ũ	-			1 0 0 0 0 0 0			1 0 0 0
		other similar amounts)					1,969,908.			1,969,9
	4	Income from investment of				F				
	5	Royalties	· · · · · · ·							
				(i) Real		(ii) Personal				
		Gross rents	6a							
	b	Less: rental expenses \dots	6b							
	С	Rental income or (loss)	6c	90,6	95.					
	d	Net rental income or (loss	.) <u></u>				90,695.			90,6
·	7 a	Gross amount from sales of		(i) Securit	es	(ii) Other				
		assets other than inventory	7a	3,190,8	314.					
	b	Less: cost or other basis								
		and sales expenses	7b							
	с	Gain or (loss)	7c	1,109,0	08.					
		Net gain or (loss)					1,109,008.			1,109,0
	8 a	Gross income from fundraisi	ng ev	ents (not						
		including \$ 2,	574	,725. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a	0.				
	b	Less: direct expenses			8b	1,384,587.				
		Net income or (loss) from			nts		-1,384,587.			-1,384,5
		Gross income from gamin		•						
		Part IV, line 19	-		9a					
	b				9b					
		Net income or (loss) from								
1		Gross sales of inventory,	•	0						
		and allowances			10a	417,058.				
	b	Less: cost of goods sold			10b					
		Net income or (loss) from				· · · ·	194,077.		194,077.	
			2410		<i></i>	Business Code	-, •		,	
. 4	1 a	INSURANCE REIMBURSE	MEN	г		611600	2,556,508.			2,556,5
ן אַ	b						90,000.			90,0
s e	0	GAIN FROM INVESTMEN		A PARTNER	SН	900099	71,072.		71,072.	
1 Hevenue	ט ה	All other revenue					, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,	
						<u> </u>	2,717,580.			
		Total. Add lines 11a-11d						1 460 437	265 140	A AD1 F
12	2	Total revenue. See instruction	JUS				56,660,418.	1,460,437.	265,149.	4,431,5

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respor	Dise or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	97,088.	97,088.		·
	Grants and other assistance to domestic individuals. See Part IV, line 22	4,631,022.	4,631,022.		
	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	447,027.	401,788.	45,239.	
	trustees, and key employees	447,027.	401,700.	45,259.	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
		8,404,955.	6,315,585.	1,748,288.	341,082.
	Other salaries and wages Pension plan accruals and contributions (include	0,101,555.	0,515,505.	1,110,200.	541,002
	section 401(k) and 403(b) employer contributions				
	Other employee benefits	40,634.	40,634.		
	Payroll taxes	616,752.	467,692.	105,919.	43,141.
	Fees for services (nonemployees):		,,,,,,		
	Management				
	Legal	290,713.	290,713.		
	Accounting	77,000.	77,000.		
	Lobbying		,		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	358,012.		358,012.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	415,373.	165,622.	249,751.	
12	Advertising and promotion	572,785.	366,960.	200,809.	5,016.
13	Office expenses	5,248,204.	4,865,277.	346,653.	36,274.
14	Information technology	316,263.	231,033.	57,733.	27,497.
	Royalties				
16	Occupancy	1,718,242.	1,568,292.	106,230.	43,720.
17	Travel	1,131,793.	1,131,793.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \ldots				
19	Conferences, conventions, and meetings	3,273,576.	3,118,388.	140,489.	14,699.
	Interest				
	Payments to affiliates				20 112
	Depreciation, depletion, and amortization	3,449,412. 903,169.	2,946,979. 678,792.	465,017. 212,727.	37,416. 11,650.
		903,109.	070,792.	212,/2/•	11,050.
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	REPÁIRS AND MAINTENANCE	2,256,636.	2,238,245.	13,769.	4,622.
b	OUTREACH ACTIVITIES	435,771.	435,771.		
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	34,684,427.	30,068,674.	4,050,636.	565,117.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

_	πΧ	Balance Sneet					
		Check if Schedule O contains a response or note	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			34,507,753.	1	38,044,520.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		З			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in seo	ction 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			1,172,493.	9	361,429.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		108,174,050.			
	b	Less: accumulated depreciation		18,249,830.		10c	89,924,220.
	11	Investments - publicly traded securities			46,777,192.	11	36,128,088.
	12	Investments - other securities. See Part IV, line 1			26,768,859.	12	31,804,689.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets	1 006 112	14			
	15	Other assets. See Part IV, line 11	1,206,113.	15	1,477,011.		
	16	Total assets. Add lines 1 through 15 (must equa	185,130,436.	16	197,739,957.		
	17	Accounts payable and accrued expenses			1,350,428.	17	1,793,984.
	18	Grants payable			21 700	18	0
	19	Deferred revenue			31,702.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form					
bilid		trustee, key employee, creator or founder, subst					
Lia		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D	17-24	. Complete Part X		25	
	26				1,382,130.	25	1,793,984.
	20	Organizations that follow FASB ASC 958, che		e X	1,502,1500	20	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
es		and complete lines 27, 28, 32, and 33.					
anc	27				183,748,306.	27	195,945,973.
Bal	28	Net assets with donor restrictions		28			
pu	20	Organizations that do not follow FASB ASC 9				20	
Ъц		and complete lines 29 through 33.	,				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
ا مد		Total net assets or fund balances			183,748,306.	32	195,945,973.
Vei	32	TOTAL THE ASSETS OF TUTTU DATA ICES			,		

Form **990** (2022)

OORAH INC.

	1 990 (2022) OORAH INC.	22-	3746	051	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,66		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,68		
3	Revenue less expenses. Subtract line 2 from line 1	3		,97		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	183	,74	8,3	06.
5	Net unrealized gains (losses) on investments	5	- 9	,70	7,2	52.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-7:	1,0	72.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	195	,94	5,9	73.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule (D.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047					
2022					
Open to Public Inspection					
 r identification numbe					

Name of the organization									identification number			
OORAH INC. Part I Reason for Public Charity Status. (All organizations must of						·			2-3746051			
			_		-			IS.				
	organ	ization is not a private found			•							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .										
2		A school described in sect										
3		A hospital or a cooperative					•					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (C										
6		A federal, state, or local go										
7	X	An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in			
		section 170(b)(1)(A)(vi). (C										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)((ix) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-o	grant college of agric	ulture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	e or			
		university:										
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, ai	nd gross receipts from			
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	ts support	from gross investment			
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	-	•	•							
12		An organization organized a										
		more publicly supported or							Check the box on			
		lines 12a through 12d that										
а		Type I. A supporting orga										
		the supported organization			a majority	of the dire	ctors or truste	es of the s	supporting			
		organization. You must o	-									
b		Type II. A supporting org	-				-		-			
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported			
		organization(s). You mus	•									
С		☐ Type III functionally interest.						lly integrate	ed with,			
		its supported organizatio										
d		☐ Type III non-functionally						-				
		that is not functionally int	0	e ,	•		•	a an attent	iveness			
_		requirement (see instruct	,	•	-			U. T				
е		Check this box if the orga					а туре ї, туре	n, rype n				
	Ente	functionally integrated, or er the number of supported of			ing organi	zation.						
1		vide the following information										
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other			
	-	organization		(described on lines 1-10 above (see instructions))	Yes	ng document? No	support (see ir		support (see instructions)			
Tota	ai											

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.")	35,774,867.	32,028,599.	48,436,677.	70,304,128.	50,485,700.	237,029,971.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	35,774,867.	32,028,599.	48,436,677.	70,304,128.	50,485,700.	237,029,971.
	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.						237,029,971.
	tion B. Total Support						, , , -
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	35,774,867.	32,028,599.	48,436,677.	70,304,128.	50,485,700.	
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	569,266.	610,100.	1,244,864.	1,895,724.	2,456,231.	6,776,185.
9	Net income from unrelated business	,		_,,,	_,,	_,,	-,,
5	activities, whether or not the						
	business is regularly carried on				2,519,019.		2,519,019.
10	Other income. Do not include gain				_,,		
10	or loss from the sale of capital						
	-			923,043.	601,587.	2,556,508.	4,081,138.
	assets (Explain in Part VI.)			525,045.	001,007.	2,330,300.	250,406,313.
	Total support. Add lines 7 through 10		200			12 6	,869,212.
	Gross receipts from related activities,			fourth or fifth toy			,000,212.
13	First 5 years. If the Form 990 is for the	-					
Sec	organization, check this box and stor ction C. Computation of Publ		rcentage				·····
	Public support percentage for 2022 (column (f))		14	94.66 %
	Public support percentage for 2022 (Public support percentage from 2021					15	96.07 %
	33 1/3% support test - 2022. If the c						,,,
104		•					
h	stop here. The organization qualifies33 1/3% support test - 2021. If the organization						
U							
17-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		-	-	•	Ū.	
	meets the facts-and-circumstances te	-		• • • •	-	17a and line 15 is	
b	10% -facts-and-circumstances tes	-					IU% Or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs

Schedule A (Form 990) 2022

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	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						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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 f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
	check this box and stop here						
-	ction C. Computation of Publ						
15	Public support percentage for 2022 (ine 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021					16	%
Se	ction D. Computation of Inve						
17						17	%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2022. If the	-					l line 17 is not
	more than 33 1/3%, check this box a						
k	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 t	his box and see in:	structions	

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.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

2

Yes No

			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and							
	11c below, the governing body of a supported organization?	11a						
b	A family member of a person described on line 11a above?	11b						
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide							
	detail in Part VI.	11c						
Section 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.	1						
2	Did the organization operate for the benefit of any supported organization other than the supported							
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in							
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,							

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Section C. Type II Supporting Organizations	

supervised or controlled the supporting organization

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? <i>If "Yes," describe in</i> Part VI <i>the role the organization</i> 's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- 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.*

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

232027 12-09-22

OORAH	INC.
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continue	ed)	
Secti	on D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
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	าร	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	he organization is responsiv	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	Underdistribution Pre-2022	S	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				
а	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:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Part VI	Cumplemental Information Devide the evaluation and the Det II for the Det II for the Det II for the Det III for the
I alt VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

OORAH INC.	22-3746051
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.

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

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Employer identification number

OORAH INC.

22-3746051

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	KARS 4 KIDS INC. 1805 SWARTHMORE AVENUE LAKEWOOD, NJ 08701	\$ <u>45,880,385.</u>	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	
2	OORAH CHARITABLE 189 DELL PARK AVE TORONTO, CANADA	\$1,174,685.	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	
		\$	Person Payroll OKANA COMPLEXITY (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	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

	3 (Form 990) (2022)		Page 3
Name of or	ganization		Employer identification number
OORAH	INC.		22-3746051
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is neede	ed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

Name of organization OORAH INC.				Employer identification number	
				22-3746051	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	try For organizations	that total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		ription of how gift is held	
-		(e) Transfer of gi	ft		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No.			(1)2		
from Part I	(b) Purpose of gift	(c) Use of gift		ription of how gift is held	
-		(e) Transfer of gi	 ft		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4 Relationship of t		Relationship of tra	nsferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Doog	ription of how gift is held	
Part I	(b) Purpose of gift	(c) Use of gift	(a) Desc	ription of now gift is neid	
		(e) Transfer of gi			
-	Transferee's name, address, ar			nsferor to transferee	

(Form 9	90)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

OORAH INC.

Employer identification number 22 - 3746051

I Total number value of extrements to folluring year) (a) Donor advised funds (b) Funds and other accounts I Total number value of contributions to folluring year) (a) Aggregate value of grants from (durng year) (b) Funds and other accounts 3 Aggregate value of grants from (durng year) (c) Aggregate value at end of year (c) Aggregate value at end of year (c) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or advisor, or for any other purpose conferring importantable pivelas benefit? Yes No 6 Did the organization inform all grantees, compster if the organization accounts (c) Funds value of a historically important land areas (c) Forservation of pane space Yes No 7 Arround the comparison of avery comparison of avery comparison of a contribution in the form of a conservation easements in all by the organization (c) Account (c)	Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
1 Total number at end of year		organization answered tes on Form 990, Fait IV, in		(b) Funds and other accounts
2 Aggregate value of contributions to (during year)	1	Total number at end of year	(1)	(-)
3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) b Det the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control? No 6 Det the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(g) or conservation easements held by the organization or education in the form of a conservation easements pace 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included in (c)ex kill that apply). Protection of natural habitat Protection of anxir habitat Protection of actural habitat Protection of conservation easements and the aqualified conservation contribution in the form of a conservation easements included in (a) 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included in (a) 2 Aumber of conservation easements included in (c) excupied after July 25,2006, and not on a historic structure listed in the National Pegister 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization here a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements in tholds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements. 7 Anount of expenses incurred in monitoring, inspecting, handling	-			
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 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				
and section 170(h)(4)(B)(iii)? Yes No 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. Ia 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 or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: (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 amoun	7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
and section 170(h)(4)(B)(iii)? Yes No 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. Ia 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 or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: (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 amoun				
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a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	2	-		a gan, provide
b Assets included in Form 990, Part X \$				\$

	dule D (Form 990) 2022 OORAH I					-		22-37			age 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Oth	er Simil	ar Asse	ts(contii	nued)	
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other record	ls, check	any of the	following the	at make s	significant	use of its			
а	Public exhibition	d	· 🗆 ι	_oan or exc	hange progr	am					
b	Scholarly research	e		Other	inge prog.						
c	Preservation for future generations	-									
4	Provide a description of the organization's co	ollections and explai	n how th	ev further t	he organizat	ion's exe	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o	-		-	-						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran								line 9, o	r	
	reported an amount on Form 990, Pa			•							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contributior	is or other a	ssets not	t included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance								_		
	Did the organization include an amount on F							L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	(a) Current year		rior year	orm 990, Par (c) Two yea			ware hack		r veare	hack
4	Designing of year balance	(a) Current year	(0) -	nor year			(u) mice y		(e) 1 00	ycars	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses Grants or scholarships										
	Other expenditures for facilities										
e											
f	and programs Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1)	n column (a)) held as:						
	Board designated or quasi-endowment		%	9, • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administ	ered for t	the				
	organization by:									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	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr		• •	or other (other)		ccumulate preciation	ed	(d) Boo	k value	e
1a	Land			6,71	5,491.				6,71		
	Buildings		062.	88,59	7,611.	13,	232,9	99.8	0,08	3,6	74.
	Leasehold improvements										
d	Equipment				7,962.		653,9		2,99		
	Other			1,49	3,924.	1,	362,8			1,0	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c.)			8	9,92	4,2	20.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	(-)	(-,
(2) Closely held equity interests	687,210.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) REAL ESTATE INVESTMENTS	18,570,972.	END-OF-YEAR MARKET VALUE
(B) MARKETABLE SECURITIES		
(C) HELD AS COLLATERAL FOR		
(D) LETTER OF CREDIT	12,299,342.	END-OF-YEAR MARKET VALUE
(E) INVESTMENT IN LIFE		
(F) INSURANCE POLICY	247,165.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	31,804,689.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-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 990, Part IV, line	11d. See Form 990, Part X, line 15.
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	
Part X Other Liabilities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	

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.

Sche	dule D (Form 990) 2022 OORAH INC.		22-374605	1 F
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Rever	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		

С	Add lines 4a and 4b	
5	Total expenses, Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	

Part 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.

4c 5

(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Question 6a. Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Open to Public Inspection Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 22-3746051 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events	SCHEDULE G	Suppleme	ental Information Regardin	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
Dependent of the readily Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization OORAH INC. Employer identification number 22-3746051 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants	(Form 990)			2022					
Name of the organization Employer identification number OORAH_INC. 22-3746051 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants									
OORAH INC. 22-3746051 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f			o www.irs.gov/Form990 for instr	uctions	and t	he latest informatio	on.	Employer i	•
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations f Solicitation of government grants	name of the organization		NC.						
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants	Part I Fundrais	ing Activities	Complete if the organization ansv	vered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990	EZ filers are not
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants									
b Internet and email solicitations f Solicitation of government grants		-		-			-		
					•	•			
d In-person solicitations	d 🗌 In-person so	licitations							
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or	e e		v ,	•	Ũ				
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? L Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be	• • •			-		-			
compensated at least \$5,000 by the organization.		-		Suarri tu	agree				o be
			<u> </u>				(1)	A	.
(i) Name and address of individual (ii) Activity (iii) Did fundraiser have custody (iv) Gross receipts (iv) Gross receipts (v) Amount paid to (or retained by) to (or retained by)	.,		(ii) Activity	fundi have c	Did raiser ustodv		tò (o	or retained by	A T (VI) Amount paid
or entity (fundraiser) (i) Activity or control of contributions? from activity listed in col. (i) or ganization	or entity (fund	Iraiser)		or cor contrib	ntrol of utions?	from activity			
Yes No				Yes	No				
				_					
				_					
			1	- 1	I				
Total									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.		ch the organizatio	on is registered or licensed to solici	t contrik	outions	s or has been notifie	d it is	exempt from	n registration

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

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			AUCTION-			col. (c)
e			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	2,574,725.			2,574,725.
	2	Less: Contributions	2,574,725.			2,574,725
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes	425,094.			425,094.
ŝ	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	10,648.			10,648
- 1	8	Entertainment	44,430.			44,430
	9	Other direct expenses	904,415.			904,415
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			1,384,587
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-1,384,587
Pai	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Heve						
1	1	Gross revenue	1	1		1

Re	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No		
	7						
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:				

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

10 a V	Nere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes
b li	f "Yes," explain:	

__ No

Sch	edule G (Form 990) 2022	OORAH	INC. 22	-374	6051	Page 3
11	Does the organization conduct ga	aming activitie	s with nonmembers?	[Yes	No No
			tee of a trust, or a member of a partnership or other entity formed		-	
	to administer charitable gaming?			🗆	Yes	🗌 No
13	Indicate the percentage of gaming					
á	The organization's facility			1 3a	1	%
						%
			prepares the organization's gaming/special events books and records:			
	Name					
	Address					
15a	Does the organization have a con	tract with a th	ird party from whom the organization receives gaming revenue?		Yes	🗌 No
ł	If "Yes," enter the amount of gam					
	of gaming revenue retained by the					
C	: If "Yes," enter name and address	of the third pa	arty:			
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employe	ee Independent contractor			
17	Mandatory distributions:					
â			nake charitable distributions from the gaming proceeds to		Vee	
			watata law ta ba diatributad ta atbay ayamat ayaminatigan ay anant in th		1162	
Ľ	organization's own exempt activit	-	er state law to be distributed to other exempt organizations or spent in the tax year \$	3		
Pa			vide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III	lines 9	9h 10h
<u> </u>			lso provide any additional information. See instructions.	r art m,		00, 100,
	· · · ·					

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Oth overnments, ar lete if the organization	nd Individua	ls in the Ŭn i ' on Form 990, Pa	ted States		OMB No. 1545-0047 2022 Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organization OORAH INC							Employer identification number $22 - 3746051$
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's prime Part II Grants and Other Assistance to 	stance? ocedures for mon	itoring the use of grant	t funds in the Unite	d States.			X Yes No
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II cai (b) EIN	n be duplicated if addi (c) IRC section (if applicable)	tional space is need (d) Amount of cash grant	ded. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGUDATH ISRAEL OF AMERICA 42 BROADWAY 14TH FLOOR NEW YORK, NY 10004	13-5604164	501(C)(3)	36,000.	0.			TO PROMOTE RELIGIOUS EDUCATION
GEMACH ZICHRON CHANA GITTEL 394 MARCY AVENUE BROOKLYN, NY 11206	20-5275806	501(C)(3)	6,116.	0.			TO PROVIDE ASSISTANCE TO FAMILIES
THE TZUR FOUNDATION INC. 418 CLIFTON AVE LAKEWOOD, NJ 08701	83-3109108	501(C)(3)	9,800.	0.			TO PROVIDE ASSISTANCE TO FAMILIES
YESHIVA CHEMDAS HATORAH 950 MASSACHUSETTS AVE LAKEWOOD, NJ 08701	26-0519864	501(C)(3)	12,000.	0.			TO PROMOTE JEWISH EDUCATION
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 							<u> </u>

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

OORAH INC.

22-3746051 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIP FOR STUDENTS	1448	4,574,806.	0.		

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

PART I, LINE 2:

THE ORGANIZATION PERFORMS ONGOING REVIEWS TO ENSURE THAT THE GRANTEES ARE

EXPENDING THE FUNDS ACCORDING TO THE GRANT PURPOSE(S).

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compared Test on Source 1 Yes' on Form 990, Part IV, line 23. Attach for Form 990, Part IV, line 24. Description of Part IV, line 23. Attach for Form 990, Part IV, line 23. Attach for Form 990, Part IV, line 24. Part I Questions Regarding Compensation ORAH TINC. Employer Identification number 22 – 374 6051 Part I Questions Regarding Compensation Oral in directory and provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any orlive and information regarding these terms. Implicit Information regarding these terms. Part I Cuestions Regarding Compensation Taxin dimension and gross-up payments Health or social to duc use on inliation fees Payments for business use of personal residence Health or social to duc use on inliation fees Discretionary spending account Implicit Information fees Payments for business use of personal residence Payments for business use of personal residence Health or social to duc use on piece term reinbursement or provision of all of the expense described above? If 'No.' complete Part III to explain in the organization requires automation tor for imbursing or allowing expenses in currents by all directors, trustees, and offices, inclusing the CEO/Executive Director, but explain IP Art III. Implicit Information in an augument or checking books for methods used by a related organization to establish compensation comultant Implicit Information in a superiment or relationsement or provision of all of the expense descoriffeet above? If 'N	sc	HEDULE J	Compensation Information		OMB No. 1	545-00	47	
Department of the Tanavy Internal Head Procession Complete 1 the organization answered "Yes" on Form 990, Part IV, line 23. Match to Form 990. Depart to the Hubble Inspection Complete 1 the organization Name of the organization ORAH_INC. Employer identification number 2 2 - 37 4 6 0 5 1 Part I Question Regarding Compensation 2 - 37 4 6 0 5 1 Part I Question Regarding Compensation 2 - 37 4 6 0 5 1 Part I Question A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 990, Part VII. Section A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 990. Yes No. Part I or comparison Part Part I for comparison and gross-up payments Health or tocial club dues or initiation fees Description Yes No. Dispectionary spending account Person services (such as maid, chauffeur, chef) Ib Ib <th>(Fo</th> <th>rm 990)</th> <th></th> <th></th> <th colspan="3">2022</th>	(Fo	rm 990)			2022			
Determination Cost ownwr.urs.gov/Form930 for instructions and the latest information. Impection Name of the organization CORAH INC. Employer identification number 22-3746051 Part II Questions Regarding Compensation Yes No Impose of the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding these liters. Yes No Impose of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain Tb 2 Indicate which, if any, of the following the organization callow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain Tb 2 Indicate which, if any, of the following the organization used to establish the companization to establish the compensation ormittee Implement and the explain or the rollowing the organization survey or study 3 Indicate which, if any, of the following the organization used to establish the compensation committee Implement and the explain or the cleaving any compensation and the explain or the cleaving any compensation committee 4 During the year, did any person listed on Form 990, Part VII. Section A, line 1a, with respect to the filing organization or a related organizatio				i.				
Name of the organization Employer identification number 22-3746051 Part I Questions Regarding Compensation Yes No 1 Check the appropriate box(ss) if the organization provided any of the following to or a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1 First-tasis or charter travel Housing above correction for personal use or initiation fees Part II to provide any relevant information regarding these items. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 10 2 Did the organization require substantiation prive to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, tregarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or check any boxes for mathods used by a related organization to establish compensation or check any boxes for mathods used by a related organization to establish compensation and chargement from an equily based compensation arrangement? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 5a <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>IC</th>							IC	
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a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1.a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1.a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1.a. Complete Part III to provide any relevant information regarding these items. Yes No Trav for the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described davor? If 'No,' complete Part III to scylain . 1b Ib 2 Indicate which, if any, of the following the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described davor? If 'No,' complete Part III to scylain . 1b 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or methods used by a related organization to establish compensation committee Write employment contract 1b 2 1 Compensation science of any of any person isted on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to a related organization: 2 2 4 Mry any of ines 4ac, ist the persons and provide the applicable amounts for each Item in Part III. 3b X 3c 5 For perso			OORAH INC.	22-37	4605	1		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 980, Part VII, Section A, line 1.a. Complete Part III to provide any relevant information regarding these items. — First-tisss or charter travel — Travel for companions — Travel for companions and prosup payments — Travel for companions on and other expenses described above? If 'No,' complete Part III to explain To both the organization require substantiation prof to reimburspenses incured by and directors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or the ECO/Executive Director, the explane in Part III. — Compensation committee — Independent compensation consultant — Compensation committee — Unities are direct. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation on the ECO/Executive Director, but explain in Part III. — Compensation committee — Unities are directed organization: = Receive a severance payment or change of control payment? = Receive a severance payment or change of control payment? = Participate in or receive payment form an equity-based compensation arrangement? = Participate in or receive payment form an equity-based compensation pay or accrue any compensation contingent on the reverues of: = Receive a severance payment form an equity-based compensati	Pa	rt I Question	s Regarding Compensation					
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Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 1 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net eamings of: <td< th=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in or receive payment or change of control payment? 4a X b Participate in or receive payment from an equity-based compensation arrangement? 4c X d L X 4b X d Compensation survey or study 4c X b Participate in or receive payment or change of control payment? 4a X d Derive payment from an equity-based compensation arrangement? 4c X d If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X 5b X b Any related organization? 5a X 5b X f" Yes" on line 5a or 5b, describe in Part III. 6a X 5b X f <		establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
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4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. III. III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5a X f" Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X 6b X b Any related organization? 6a <		Independent of	compensation consultant Compensation survey or study					
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Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? ff "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	C							
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6a X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the orga			Tes to any or mes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6a X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the orga		Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
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a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		-						
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	а	-			5a			
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							Х	
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b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		•						
If "Yes" on line 6a or 6b, describe in Part III. Image: constraint of the second s	а	The organization?			6a			
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 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 	7				_		v	
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	8						y	
Regulations section 53.4958-6(c)?	0				ð		-	
	Э				0			
	ТНА					n 990)	2022	

Schedule J (Form 990) 2022

22-3746051

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELIYOHU MINTZ	(i)	0.	0.	0.	0.	24,274.	24,274.	0.
CEO AND TRUSTEE	(ii)	115,300.	0.	0.	0.	22,711.	138,011.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022

Open To Public

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

Name of the organization	OORAH INC	•					-	-	ident 460		on nu	mber
Part I Excess Ben	efit Transactio	ons (section 5	01(c)(3	3), sect	ion 501(c)(4), and se	ction 501(c)(29) orga						
						o, or Form 990-EZ, P						
1	(b) B	elationship bet			ified					(d)	Corre	cted?
(a) Name of disqualified	person	person and o	rganiza	ation	(0) Description of tran	sactio	n		Y	es	No
										_		
2 Enter the amount of tax	incurred by the or	appization mar	agore	or disc	ualified persons du	ring the year under						
		•	Ũ		•			\$				
3 Enter the amount of tax	, if any, on line 2, a	above, reimburs	sed by	the or	anization			↓ \$				
	, , ,	,	,									
Part II Loans to an	nd/or From Inte	erested Per	sons	-								
Complete if the	organization answ	vered "Yes" on	Form §	990-EZ	, Part V, line 38a or F	Form 990, Part IV, lin	e 26;	or if th	ne orga	anizati	on	
reported an am	ount on Form 990,								W X A A	a round		
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or n the	(e) Original principal amount	(f) Balance due	(g) defa		by bo	proved ard or	(i) W agree	ritten
interested person	with organization	orioari	-	zation?	philopalamount				cómm			
			То	From			Yes	No	Yes	No	Yes	No
Total Part III Grants or A	ssistance Ben	ofiting Into	rosto	d Do	\$							
	organization answ	•										

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

OORAH INC.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	ed (c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KITZIA MINTZ	FAMILY MEMBER OF (REASONABLE		X
AVRODEV LTD	35% CONTROLLED EN	FI 124,249	FMV OF SERV	7	X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KITZIA MINTZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CHAIM MINTZ, BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: REASONABLE COMPENSATION

(A) NAME OF PERSON: AVRODEV LTD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

35% CONTROLLED ENTITY OF BENZION TURIN, GENERAL COUNSEL

(D) DESCRIPTION OF TRANSACTION: FMV OF SERVICES PROVIDED

Schedule L (Form 990) 2022

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.



Employer identification number 22 - 3746051

OORAH INC.

990 PART I LINE 1 ORGANIZATION'S MISSION

OORAH IS AN OUTREACH ORGANIZATION WHOSE MISSION IS TO DEVELOP JEWISH

CHILDREN AND FAMILIES BY GIVING THEM OPPORTUNITIES TO CONNECT WITH

THEIR RICH HERITAGE AND TRADITIONS. OORAH TAKES A HOLISTIC APPROACH TO

ITS MISSION, PROVIDING A STRONG, ALL-ENCOMPASSING NETWORK OF PERSONAL

GUIDANCE AND EDUCATIONAL RESOURCES TO DEVELOP YOUTH INTO WELL-BALANCED,

PRODUCTIVE AND ENGAGED MEMBERS OF THE COMMUNITY. OORAH'S YEAR-ROUND

PROGRAMS AIM TO SUPPORT CHILDREN IN EVERY ASPECT OF THEIR LIFE AND

ENVIRONMENT IN ORDER TO HAVE A MAXIMUM IMPACT.

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

UTILIZING JEWISH TRADITION TO ENHANCE EVERY ASPECT OF CHILDREN'S LIVES,

THE MAJORITY OF WHOM ARE AT RISK DUE TO DIVORCE, LOSS OF PARENT,

SERIOUS ILLNESS IN THE FAMILY, UNEMPLOYMENT OR POVERTY. WITH OORAH'S

INTERVENTION, THESE CHILDREN ARE ABLE TO AVOID THE PITFALLS OF

ANTI-SOCIAL AND DESTRUCTIVE BEHAVIOR THAT OFTEN BESET VULNERABLE

CHILDREN.

FORM 990, PART VI, SECTION A, LINE 2:

ELIYOHU MINTZ - PRESIDENT AND TRUSTEE

CHAIM MINTZ - TRUSTEE

FAMILY RELATIONSHIP

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

THE TAX RETURN PREPARER SENDS THE BOARD OF DIRECTORS A DRAFT COPY OF THE

COMPLETE TAX RETURN FOR THEIR REVIEW AND COMMENTS. AFTER THE BOARD OF

DIRECTORS APPROVES THE RETURN, THEY NOTIFY THE PREPARER AND A FINAL VERSION OF THE RETURN IS SENT TO THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR THEN SIGNS THE E-FILE AUTHORIZATION FORM AND RETURNS IT THE RETURN PREPARER. THE PREPARER THEN E-FILES THE RETURN.

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

EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST. FAILURE TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST, OR ENGAGING IN A PRACTICE DETERMINED TO BE A CONFLICT OF INTEREST MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

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

THE EXECUTIVE DIRECTOR'S PERFORMANCE IS EVALUATED ON AN ANNUAL BASIS BY THE BOARD OF DIRECTORS, WHO THEN SET THE DIRECTOR'S SALARY. IN 2018, A COMPENSATION STUDY WAS PERFORMED BY AN ACCOUNTING FIRM USING COMPARATIVE DATA FROM OTHER ORGANIZATIONS OF SIMILAR SIZE AND INDUSTRY TO ENSURE THAT THE DIRECTOR'S SALARY IS NOT EXCESSIVE AND IS IN-LINE WITH COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, THE PUBLIC MAY VIEW THE ORGANIZATION'S GOVERNING DOCUMENTS AND RELATED DOCUMENTS AT THE ADDRESS LOCATED ON PAGE 1 OF FORM 990.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BOOK/TAX DIFFERENCE ON INVESTMENTS

-71,072.

1805 SWARTHMORE AVE

LAKEWOOD, NJ 08701

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

OORAH INC.

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

OUTREACH

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state c	or Total inco	me End-of-yea	r assets	Direct c	ontrolling	9
of disregarded entity		foreign country)				er	itity	
OORAH RETREAT LLC - 20-5032407								
1805 SWARTHMORE AVENUE								
LAKEWOOD, NJ 08701	OUTREACH	NEW YORK				OORAH INC		
OORAH RESORT LLC - 26-4151603								
1805 SWARTHMORE AVENUE								
LAKEWOOD, NJ 08701	OUTREACH	NEW JERSEY				OORAH INC		
MILLENIUM LODGE LLC - 22-3746051								
1805 SWARTHMORE AVENUE								
LAKEWOOD, NJ 08701	REAL ESTATE	NEW JERSEY				OORAH INC		
RUTGER EQUITIES LLC - 22-3746051								
1805 SWARTHMORE AVENUE								
LAKEWOOD, NJ 08701	REAL ESTATE	NEW JERSEY	90	,696. 7	8,399.	OORAH INC		
Part II Identification of Related Tax-Exempt Org organizations during the tax year.	anizations. Complete if the organizat	ion answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or more	e related tax-exe	empt	
(a)	(b)	(c)	(d)	(e)		(f)	(Section	g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	ct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section		entity		tity?
				501(c)(3))			Yes	No
KARS 4 KIDS INC 22-3746050								
1805 SWARTHMORE AVENUE								
LAKEWOOD, NJ 08701	OUTREACH	NEW JERSEY	501(C)(3)	LINE 7				X
CONGREGATION OORAH - 26-4289578								
374 RIDGEWOOD AVENUE								
STATEN ISLNAD, NY 10314	CONGREGATION	NEW YORK	501(C)(3)	LINE 7				X
JUNK FOR JOY INC 85-1751785								

NEW JERSEY

501(C)(3)

LINE 7



Employer identification number 22 - 3746051

Schedule R (Form 990) 2022

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Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PROJECT PROPERTY REHAB - 22-3746051 1805 SWARTHMORE AVENUE					
LAKEWOOD, NJ 08701	REAL ESTATE	NEW JERSEY	170,293.	4,302,558.	OORAH INC
OI ALT INVESTMENTS LLC - 83-2200410					
1805 SWARTHMORE AVENUE					
LAKEWOOD, NJ 08701	INVESTMENT	NEW JERSEY	189,151.	1,052,818.	OORAH INC

(a) Name, address, and EIN	(b) Primary activity	(C) Legal	(d) Direct controlling		(e) nant income	(f) Share of total			(g) are of		ו)	(i) Code V-L	IRI	(j) General	(I or Perce	k)
of related organization	Finaly activity	domicile (state or foreign	(related, unrelated, excluded from tax under sections 512-514)		ler		end-	of-year sets	Disprop alloca	tions?	amount in 20 of Sche	t in box ma		^g owne	ership	
		country)		sections	5512-514)					Yes	No	K-1 (Form 1	065)	Yes N	D	
	-															
	-															
	-															
	7															
															-	
	_															
Part IV Identification of Related Corganizations treated as a	Drganizations Taxable	as a Corpo	oration or Trust. C	omplete if t	he organizat	ion ansv	wered "Yes	s" on Fo	rm 990, Pa	art IV,	line 34	ł, because it	had o	one or	more re	lated
organizations treated as a (a)	corporation or trust dur	ing the tax	year. (b)	complete if t	(d)		(e)	(f))		(g)		(h)		
organizations treated as a	corporation or trust dur	ing the tax	year.	(C) Legal domicile (state or		trolling	(e) Type of (C corp.)) entity S corp,		f total		(g) Share of end-of-year	Per		e 512(lated
organizations treated as a (a) (a) Name, address, and	corporation or trust dur	ing the tax	year. (b)	(c) Legal domicile	(d) Direct cont	trolling	(e) Type of) entity S corp,	(f) Share o	f total		(g) Share of	Per	(h) centag	e 512((i) ction (b)(13) trolled tity?
(a) Name, address, and	corporation or trust dur	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp.)) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centag	e 512(cont ent	(i) ction (b)(13) trolled tity?
(a) Name, address, and	corporation or trust dur	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp.)) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centag	e 512(cont ent	(i) ction (b)(13) trolled tity?
(a) Name, address, and	corporation or trust dur	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp.)) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centag	e 512(cont ent	(i) ction (b)(13) trolled tity?
(a) Name, address, and	corporation or trust dur	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp.)) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centag	e 512(cont ent	(i) ction (b)(13) trolled tity?
(a) Name, address, and	corporation or trust dur	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp.)) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centag	e 512(cont ent	(i) ction (b)(13) trolled tity?
(a) Name, address, and	corporation or trust dur	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp.)) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centag	e 512(cont ent	(i) ction (b)(13) trolled tity?
(a) Name, address, and	corporation or trust dur	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp.)) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centag	e 512(cont ent	(i) ction (b)(13) trolled tity?
(a) Name, address, and	corporation or trust dur	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp.)) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centag	e 512(cont ent	(i) ction (b)(13) trolled tity?

Schedule R (Form 990) 2022 OORAH INC.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
с	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
g		1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
о	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s)	1s		Х

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONGREGATION OORAH	В	6,116.	CASH
(2) KARS 4 KIDS INC	с	45,880,385.	CASH
(3) KARS 4 KIDS INC	0	1,424,852.	ESTIMATED AMOUNT OF TIME
(4) JUNK FOR JOY INC.	D	827,582.	САЅН
(5)			
(6)			

Schedule R (Form 990) 2022 OORAH INC.

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

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

(a)	(b)	(c)	(d)		•)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partner 501 (o orgs	all	Share of	Share of		opor-	Code V-UBI	General	
of entity	· · · · · · · · · · · · · · · · · · ·	(state or foreign	(related, unrelated,	501(0	c)(3)	total	end-of-year	tion alloca	opor- nate tions?	amount in box 20	managir partner	or Percentage
		country)		Yes		income		Yes	No		Yes N	
												+
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Schedule R (Form 990) 2022

Part VII Supplemental Information

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

RENTAL PROPERTIES

RENT 1 C o n Reduction In Date Unadjusted Bus Section 179 Basis For Beginning Current Current Year Ending Asset Line No. Life Description Method No Acquired Cost Or Basis % Expense Basis Depreciation Accumulated Sec 179 Deduction Accumulated Excl Depreciation Expense Depreciation BUILDINGS 78 851 MORRIS- BUILDING 07/01/08 SL 40.00 16 190,097. 190,097, 9,504. 4,752 14,256. 79 942 HEARTHSTONE- BUILDING 07/01/08 SL 40.00 16 195,632, 9,782. 195,632. 4,891 14,673. 80 985 CLARIE DRIVE 07/01/08 SL 40.00 16 180,669 180,669, 9,034. 4,517 13,551. 81 107 RUTGERS- IMPROVEMENTS 07/01/08 SL 40.00 16 1,650 82. 123. 1,650, 41 16 82 119 RUTGERS-IMPROVEMENTS 07/01/08 SL 40.00 16,875, 16,875, 844. 422. 1,266. 83 851 MORRIS- IMPROVEMENTS 16 07/01/08 SL 40.00 32,255, 32,255, 1,612. 806. 2,418. 84 942 HEARTHSTONE-IMPROVEMENTS 16 07/01/08 SL 40.00 2,686. 2,686. 134. 67. 201. 985 CLAIRE DRIVE 01/01/09 SL 16 85 IMPROVEMENTS 40.00 5,391 5,391 270. 135. 405. 86 107 RUTGERS- BUILDING 07/01/08 SL 16 40.00 215,819. 215,819. 10,790. 5,395. 16,185. 87 119 RUTGERS- BUILDING 16 07/01/08 SL 40.00 193,560 193,560, 9,678. 4,839 14,517. 89 218 11TH STREET - BUILDING 01/01/12 SL 40.00 16 739,965, 739,965, 36,998. 18,499 55,497. 218 11TH STREET -16 07/01/12 SL 90 IMPROVEMENTS 40.00 88,749 88,749 4,438. 2,219 6,657. 91 219 11TH ST - IMPROVEMENTS 07/01/13 SL 16 40.00 5,885. 5,885, 294. 147 441. 102 624 VINE 07/01/14 SL 40.00 16 219,789 10,990. 16,485. 219,789 5,495 2,089,022. 2,089,022. 104,450. 52,225. 156,675. * 990 RENTAL TOTAL BUILDINGS LAND 73 107 RUTGERS- LAND 07/01/08 L 38,086 38,086 0

228111 04-01-22

(D) - Asset disposed

RENTAL PROPERTIES

RENT 1 * C o Line n No. v Unadjusted Cost Or Basis Ending Accumulated Reduction In Date Bus Section 179 Basis For Beginning Current Current Year Asset No. Life Description Method Acquired % Expense Basis Depreciation Accumulated Sec 179 Deduction Excl Depreciation Expense Depreciation 74 119 RUTGERS -LAND 07/01/08 L 34,158. 34,158 0 75 851 MORRIS AVENUE 07/01/08 L 33,547. 33,547. 0. 76 942 HEARTHSTONE 07/01/08 L 34,523. 34,523, 0. 77 985 CLARIE DRIVE 07/01/08 L 31,883. 31,883, Ο. 88 218 11TH STREET - LAND 01/01/12 L 123,327. 123,327. Ο. * 990 RENTAL TOTAL LAND 295,524. 295,524 Ο. Ο. Ο. OTHER 112 985 CLAIRE DRIVE 07/01/15 SL 40.00 16 8,875. 8,875. 444. 222. 666. 113 218 11TH STREET - BUILDING 16 07/01/16 SL 40.00 82. 123. 1,640. 1,640. 41 * 990 RENTAL TOTAL OTHER 10,515. 10,515. 526. 263. 789. * GRAND TOTAL 990 RENTAL 2,395,061. 2,395,061. 104,976. 52,488. 157,464. DEPR

228111 04-01-22

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	CAMPUS IMPROV.	07/01/08	SL	40.00		16	16,767.				16,767.	5,673.		419.	6,092.
2	GIBOA IMPROV.	06/01/06	SL	40.00		16	2,803,327.				2,803,327.	867,310.		70,083.	937,393.
6	OUTREACH IMPROV.	08/15/07	SL	40.00		16	460,037.				460,037.	165,266.		11,501.	176,767.
7	OUTREACH IMP.	07/01/08	SL	40.00		16	37,330.				37,330.	12,633.		933.	13,566.
8	GILBOA CAMP IMPROV.	07/01/08	SL	40.00		16	2,416,383.				2,416,383.	817,856.		60,410.	878,266.
9	CENTER IMPROV.	07/01/08	SL	40.00		16	42,007.				42,007.	14,216.		1,050.	15,266.
12	IMPROVEMENTS	07/01/09	SL	40.00		16	54,162.				54,162.	16,943.		1,354.	18,297.
13	IMPROVEMENTS	07/01/09	SL	40.00		16	84,964.				84,964.	26,578.		2,124.	28,702.
14	OUTREACH IMPROVEMENTS	07/01/09	SL	40.00		16	37,318.				37,318.	11,674.		933.	12,607.
20	OFFICE BUILDING	09/28/04	SL	40.00		16	1,800,000.				1,800,000.	694,813.		45,000.	739,813.
22	CAMP IMPROVEMENTS	07/01/09	SL	40.00		16	1,130,761.				1,130,761.	353,725.		28,269.	381,994.
23	CENTER IMPROVEMENTS	07/01/09	SL	40.00		16	48,375.				48,375.	15,130.		1,209.	16,339.
24	SCOTCH VALLEY BUILDING	12/31/09	SL	40.00		16	157,818.				157,818.	47,341.		3,945.	51,286.
25	SCOTCH VALLEY IMPROVEMENTS	12/31/09	SL	40.00		16	105,353.				105,353.	31,607.		2,634.	34,241.
26	DEER RUN BUILDING	12/31/09	SL	40.00		16	950,356.				950,356.	273,228.		23,759.	296,987.
28	DEER RUN IMPROVEMENT	12/31/09	SL	40.00		16	81,956.				81,956.	35,595.		2,049.	37,644.
36	CAMPUS FACILITY	01/01/05	SL	40.00		16	1,423,301.				1,423,301.	586,817.		35,583.	622,400.

228111 04-01-22

(D) - Asset disposed

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	IMPROVEMENTS-1785 SWARTHMORE	07/01/10	SL	40.00	1	L6	45,877.				45,877.	13,190.		1,147.	14,337.
39	IMPROVEMENTS-1805 SWARTHMORE	07/01/10	SL	40.00	1	L6	75,511.				75,511.	21,711.		1,888.	23,599.
41	IMPROVEMENTS-OUTREACH	07/01/10	SL	40.00	1	L6	2,462.				2,462.	711.		62.	773.
42	CAMP IMPROVEMENTS-BOYZONE	07/01/10	SL	40.00	1	L6	11412213.				11412213.	8,281,009.		285,305.	3,566,314.
43	IMPROVEMENTS-CENTER	07/01/10	SL	40.00	1	L6	20,704.				20,704.	5,956.		518.	6,474.
45	IMPROVEMENTS-BOYZONE	12/31/10	SL	40.00	1	16 1	1,236,057.				1,236,057.	339,912.		30,901.	370,813.
46	IMPROVEMENTS-BOYZONE	07/01/10	SL	40.00	1	L6 1	1,683,269.				1,683,269.	483,942.		42,082.	526,024.
49	IMPROVEMENTS - 1785 SWATHMORE	07/01/11	SL	40.00	1	L6	35,973.				35,973.	9,440.		899.	10,339.
50	IMPROVEMENTS - 1805 SWATHMORE	07/01/11	SL	40.00	1	L6	63,576.				63,576.	16,685.		1,589.	18,274.
51	IMPROVEMENTS - GILBOA	07/01/11	SL	40.00	1	L6	4,329.				4,329.	1,135.		108.	1,243.
52	IMPROVEMENTS - DEER RUN	07/01/11	SL	40.00	1	16 2	2,752,318.				2,752,318.	722,484.		68,808.	791,292.
53	EQUIPMENT	07/01/11	SL	5.00	1	L6	19,053.				19,053.	17,148.		0.	17,148.
54	IMPROVEMENTS - SCOTCH VALLEY	07/01/11	SL	40.00	1	L6 1	1,514,185.				1,514,185.	397,477.		37,855.	435,332.
64	IMPROVEMENTS - 1785 SWATHMORE	07/01/12	SL	40.00	1	L6	143,831.				143,831.	34,162.		3,596.	37,758.
65	IMPROVEMENTS - 1805 SWATHMORE	07/01/12	SL	40.00	1	L6 1	1,050,579.				1,050,579.	249,509.		26,264.	275,773.
66	IMPROVEMENTS - CAMP	07/01/12	SL	40.00	1	L6	547,055.				547,055.	129,923.		13,676.	143,599.
70	BUILDING IMPROVEMENTS	07/01/13	SL	40.00	1	L6	911,495.				911,495.	193,690.		22,787.	216,477.
93	BUILDING - FOREST HILL	07/01/14	SL	40.00	1	16	412,777.				412,777.	77,393.		10,319.	87,712.

228111 04-01-22

(D) - Asset disposed

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
96	IMPROVEMENTS - 1785 SWATHMORE	07/01/14	SL	40.00		16	52,606.				52,606.	9,863.		1,315.	11,178.
97	IMPROVEMENTS - 1805 SWATHMORE	07/01/14	SL	40.00		16	44,291.				44,291.	8,303.		1,107.	9,410.
99	IMPROVEMENTS - GILBOA	07/01/14	SL	40.00		16	265,803.				265,803.	49,838.		6,645.	56,483.
	* 990 PAGE 10 TOTAL BUILDINGS						33944179.				33944179.	10039886.		848,126.	10888012.
	FURNITURE & FIXTURES														
4	FURNITURE	07/01/13	SL	7.00		16	39,477.				39,477.	39,477.		٥.	39,477.
11	SIGNS	07/01/09	SL	7.00		16	8,457.				8,457.	8,457.		0.	8,457.
21	FURNITURE	03/01/02	200DB	7.00	HY	17	1,873.				1,873.	1,873.		0.	1,873.
29	FURNITURE	07/01/10	SL	7.00		16	146,904.				146,904.	146,904.		٥.	146,904.
30	FURNITURE	09/01/05	SL	7.00		16	14,921.				14,921.	14,921.		0.	14,921.
31	FURNITURE	07/01/07	SL	7.00		16	164,329.				164,329.	164,329.		٥.	164,329.
32	FURNITURE	07/01/08	SL	7.00		16	9,570.				9,570.	9,570.		0.	9,570.
47	FURNITURE	07/01/11	SL	7.00		16	21,270.				21,270.	21,270.		0.	21,270.
55	SIGNS	12/04/02	SL	7.00		16	1,200.				1,200.	1,200.		0.	1,200.
59	FURNITURE	07/01/12	SL	7.00		16	10,500.				10,500.	10,500.		٥.	10,500.
94	FURNITURE	07/01/14	SL	7.00		16	26,437.				26,437.	26,437.		٥.	26,437.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						444,938.				444,938.	444,938.		0.	444,938.
	MACHINERY & EQUIPMENT														

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(D) - Asset disposed

FORM 990 PAGE 10

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	JU PAGE IU							990		_					
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	COMPUTERS	08/29/02	SL	5.00		16	7,716.				7,716.	7,716.		0.	7,716.
5	LIVESTOCK	07/01/07	SL	7.00		16	23,155.				23,155.	23,155.		0.	23,155.
10	COMPUTERS	07/01/08	SL	5.00		16	11,770.				11,770.	11,770.		0.	11,770.
15	COMPUTERS AND EQUIPMENT	07/01/09	SL	5.00		16	176,547.				176,547.	176,547.		0.	176,547.
33	COMPUTERS	08/01/05	SL	5.00		16	16,117.				16,117.	16,117.		0.	16,117.
34	COMPUTERS	07/01/08	SL	5.00		16	2,528.				2,528.	2,528.		0.	2,528.
35	LIVESTOCK	07/01/09	SL	7.00		16	5,700.				5,700.	5,700.		0.	5,700.
37	COMPUTERS	07/01/10	SL	5.00		16	71,830.				71,830.	71,830.		0.	71,830.
40	LIVESTOCK	01/01/10	SL	7.00		16	14,552.				14,552.	14,552.		0.	14,552.
44	COMPUTERS AND EQUIPMENT	07/01/10	SL	5.00		16	50,361.				50,361.	45,324.		0.	45,324.
48	EQUIPMENT	07/01/11	SL	5.00		16	61,987.				61,987.	61,987.		0.	61,987.
57	TRANSPORTATION EQUIPMENT	07/01/11	SL	5.00		16	164,600.				164,600.	164,600.		0.	164,600.
60	EQUIPMENT	07/01/12	SL	5.00		16	28,889.				28,889.	28,889.		0.	28,889.
61	EQUIPMENT	01/01/12	SL	5.00		16	80,319.				80,319.	72,288.		0.	72,288.
62	TRANSPORTATION EQUIPMENT	07/01/12	SL	5.00		16	87,561.				87,561.	87,561.		0.	87,561.
68	COMPUTERS	07/01/13	SL	5.00		16	44,913.				44,913.	44,913.		0.	44,913.
69	AUTOS	07/01/13	SL	5.00		16	74,976.				74,976.	74,976.		0.	74,976.
71	LIVESTOCK	07/01/13	SL	7.00		16	15,476.				15,476.	15,476.		0.	15,476.

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(D) - Asset disposed

FORM 990 PAGE 10

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0101 9.	90 PAGE 10							990	-						
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
72	COMPUTERS & EQUIPMENT	07/01/13	SL	5.00		16	238,063.				238,063.	238,063.		0.	238,063.
95	AUTOS	07/01/14	SL	5.00		16	153,713.				153,713.	153,713.		0.	153,713.
98	LIVESTOCK	07/01/14	SL	7.00		16	974.				974.	974.		٥.	974.
100	EQUIPMENT	07/01/14	SL	5.00		16	155,475.				155,475.	155,475.		0.	155,475.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,487,222.				1,487,222.	1,474,154.		٥.	1,474,154.
	LAND														
16	LAND	09/28/04	L				1,453,000.				1,453,000.			0.	
17	SCOTCH VALLEY LAND	12/31/09	L				946,911.				946,911.			٥.	
18	LAND	04/30/06	L				3,021,376.				3,021,376.			٥.	
19	LAND	08/15/07	L				71,429.				71,429.			0.	
27	DEER RUN LAND	12/31/09	L				158,393.				158,393.			٥.	
63	LAND - 11TH STREET	07/31/12	L				332,079.				332,079.			0.	
92	LAND - FOREST HILL	07/01/14	L				68,796.				68,796.			٥.	
	* 990 PAGE 10 TOTAL LAND						6,051,984.				6,051,984.	0.		0.	0
	OTHER														
58	CLOSING COSTS	12/31/11	SL	120M		16	39,943.				39,943.	17,975.		333.	18,308
67	CLOSING COSTS	03/01/12	SL	120M		16	424,271.				424,271.	183,853.		3,536.	187,389
103	FURNITURE	07/01/15	SL	7.00		16	12,940.				12,940.	12,018.		922.	12,940

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(D) - Asset disposed

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FORM 91			_					990	_						
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
104	COMPUTERS AND EQUIPMENT	07/01/15	SL	5.00		16	25,933.				25,933.	25,933.		0.	25,933.
105	AUTOS	07/01/15	SL	5.00		16	187,064.				187,064.	187,064.		٥.	187,064.
106	IMPROVEMENTS	05/01/15	SL	40.00		16	1,400.				1,400.	233.		35.	268.
107	IMPROVEMENTS	07/01/15	SL	40.00		16	99,734.				99,734.	16,205.		2,493.	18,698.
108	IMPROVEMENTS	07/01/15	SL	40.00		16	20,280.				20,280.	3,296.		507.	3,803.
109	LIVESTOCK	07/01/15	SL	7.00		16	20,111.				20,111.	18,675.		1,436.	20,111.
110	CAMP IMPROVEMENTS	07/01/15	SL	40.00		16	347,037.				347,037.	56,394.		8,676.	65,070.
111	EQUIPMENT	07/01/15	SL	5.00		16	110,104.				110,104.	110,104.		0.	110,104.
114	FURNITURE	07/01/16	SL	7.00		16	35,740.				35,740.	30,636.		5,104.	35,740.
115	FURNITURE	07/01/16	SL	7.00		16	16,644.				16,644.	14,268.		2,376.	16,644.
116	COMPUTERS & EQUIPMENT	07/01/16	SL	5.00		16	37,302.				37,302.	37,302.		0.	37,302.
117	AUTOS	07/01/16	SL	5.00		16	51,497.				51,497.	51,497.		0.	51,497.
118	AUTOS	07/01/16	SL	5.00		16	47,740.				47,740.	47,740.		0.	47,740.
119	1785 SWATHMORE IMPROVEMENTS	07/01/16	SL	40.00		16	52,196.				52,196.	7,829.		1,305.	9,134.
120	1805 SWATHMORE IMPORVEMENTS	07/01/16	SL	40.00		16	703,573.				703,573.	105,535.		17,589.	123,124.
121	LAND	07/01/16	L				250,739.				250,739.			٥.	
122	GILBOA CAMP IMPROV.	07/01/16	SL	40.00		16	22,090.				22,090.	3,312.		552.	3,864.
123	LIVESTOCK	07/01/16	SL	7.00		16	180.				180.	156.		24.	180.

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(D) - Asset disposed

FORM 990 PAGE 10

FORM 5.	JRM 990 PAGE 10														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
124	CAMP IMPROVEMENTS	07/01/16	SL	40.00		16	449,603.				449,603.	67,440.		11,240.	78,680.
125	EQUIPMENT	07/01/16	SL	5.00		16	181,968.				181,968.	181,968.		0.	181,968.
126	SCOTCH VALLEY BUILDING	07/01/16	SL	40.00		16	1,909.				1,909.	288.		48.	336.
127	218 11TH STREET - BUILDING	07/01/16	SL	40.00		16	1,640.				1,640.	246.		41.	287.
128	CAMP IMPROVEMENTS	07/01/17	SL	40.00		16	7,855.				7,855.	882.		196.	1,078.
129	CAMP IMPROVEMENTS	07/01/17	SL	40.00		16	1,633,117.				1,633,117.	183,726.		40,828.	224,554.
130	FURNITURE	07/01/17	SL	7.00		16	161,029.				161,029.	103,518.		23,004.	126,522.
131	EQUIPMENT	07/01/17	SL	5.00		16	257,241.				257,241.	231,516.		25,725.	257,241.
132	LIVESTOCK	07/01/17	SL	7.00		16	7,461.				7,461.	4,797.		1,066.	5,863.
	* 990 PAGE 10 TOTAL OTHER						5,208,341.				5,208,341.	1,704,406.		147,036.	1,851,442.
	* GRAND TOTAL 990 PAGE 10 DEPR						47136664.				47136664.	13663384.		995,162.	14658546.

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