

EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Form 990 header section A-M containing organization name (OORAH INC.), EIN (22-3746051), address (1805 SWARTHMORE AVENUE, LAKEWOOD, NJ 08701), and principal officer (ELIYOHU MINTZ).

Part I Summary

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue (Total: 77,977,049), expenses (Total: 49,725,439), and net assets (Total: 183,748,306).

Part II Signature Block

Signature block containing officer signature (ELIYOHU MINTZ, CEO), preparer signature (HESHY KATZ), and firm information (ROTH & COMPANY, LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part 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 ORGANIZATION FOR THE PURPOSE OF IMPARTING EDUCATION, VALUES AND TRADITIONS, AS WELL AS GUIDANCE AND SUPPORT, TO CHILDREN WHO LACK ACCESS TO THESE FUNDAMENTALS. OORAH TAKES A HOLISTIC APPROACH TO ITS MISSION,

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 services? [] 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, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 30,068,674. including grants of \$ 4,728,110.) (Revenue \$ 1,460,437.)
OORAH'S MISSION IS TO GIVE JEWISH CHILDREN AND THEIR FAMILIES OPPORTUNITIES TO BECOME ACTIVE AND PRODUCTIVE MEMBERS OF THEIR COMMUNITIES. WE ACCOMPLISH THIS THROUGH OUR ALL-ENCOMPASSING, YEAR ROUND PROGRAMS, FOCUSING ON EDUCATION, EXTRACURRICULAR ACTIVITIES AND FAMILY ENRICHMENT. OUR FULL SUITE OF PROGRAMS SERVICING ADULTS AND CHILDREN OF ALL BACKGROUNDS INCLUDE MENTORSHIP AND COUNSELING PROGRAMS, SUMMER CAMPS, AFTERSCHOOL AND EXTRACURRICULAR PROGRAMS, HOLIDAY PACKAGES, FAMILY RETREATS AND CULTURAL EVENTS, TUITION ASSISTANCE, LEARNING, AND DISBURSEMENT OF FOOD AND CLOTHING DONATIONS AND EMERGENCY CASH ASSISTANCE. A NETWORK OF HUNDREDS OF VOLUNTEERS PROVIDES THE MANPOWER FOR THESE PROGRAMS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 30,068,674.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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 during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		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?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section 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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
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?		X
16b	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?		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
ELIYOHU MINTZ - 732-730-1000
1805 SWARTHMORE AVENUE, LAKEWOOD, NJ 08701

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

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

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

1a 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.

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							691,381.	115,300.	99,702.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							691,381.	115,300.	99,702.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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) Name and business address	(B) Description of services	(C) Compensation
KUIR CONSTRUCTION CORP 14 GROVE PLACE, STATEN ISLAND, NY 10302	CONSTRUCTION SERVICES	793,358.
BRANDL ELECTRIC 204 ROCKAWAY TPKE, CEDARHURST, NY 11516	MAINTENANCE SERVICES	767,964.
SCOTT SHERMAN TRUCKING AND EXCAVATING 150 RED OAK DR, SCHOHARIE, NY 12157	CONSTRUCTION SERVICES	502,020.
RUFADEL CONCEPT LLC 6011 LIVERPOOL STREET, AUBREY, TX 76227	IT SERVICES	487,398.
COACH AMERICA, 409 JOYCE KILMER AVENUE #111, NEW BRUNSWICK, NJ 08901	TRANSPORTATION SERVICES	486,352.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,574,725.				
	d Related organizations	1d	45,880,385.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,048,190.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			50,503,300.			
Program Service Revenue	2 a <u>CAMP FEES</u>	Business Code					
		611600	1,460,437.	1,460,437.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,460,437.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,969,908.			1,969,908.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal	126,082.			
	b Less: rental expenses ...	6b	35,387.				
	c Rental income or (loss)	6c	90,695.				
	d Net rental income or (loss)			90,695.		90,695.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	3,190,814.			
	b Less: cost or other basis and sales expenses	7b	2,081,806.				
	c Gain or (loss)	7c	1,109,008.				
	d Net gain or (loss)			1,109,008.		1,109,008.	
8 a Gross income from fundraising events (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.					
c Net income or (loss) from fundraising events			-1,384,587.		-1,384,587.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		417,058.				
b Less: cost of goods sold	10b	222,981.					
c Net income or (loss) from sales of inventory			194,077.	194,077.			
Miscellaneous Revenue	11 a <u>INSURANCE REIMBURSEMENT</u>	Business Code					
		611600	2,556,508.			2,556,508.	
	b <u>LITIGATION SETTLEMENT</u>		90,000.			90,000.	
	c <u>GAIN FROM INVESTMENT IN PARTNERSH</u>		900099	71,072.		71,072.	
	d All other revenue						
e Total. Add lines 11a-11d			2,717,580.				
12 Total revenue. See instructions			56,660,418.	1,460,437.	265,149.	4,431,532.	

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 response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	97,088.	97,088.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,631,022.	4,631,022.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	447,027.	401,788.	45,239.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,404,955.	6,315,585.	1,748,288.	341,082.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	40,634.	40,634.		
10 Payroll taxes	616,752.	467,692.	105,919.	43,141.
11 Fees for services (nonemployees):				
a Management				
b Legal	290,713.	290,713.		
c Accounting	77,000.	77,000.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	358,012.		358,012.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	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.
15 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				
19 Conferences, conventions, and meetings	3,273,576.	3,118,388.	140,489.	14,699.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,449,412.	2,946,979.	465,017.	37,416.
23 Insurance	903,169.	678,792.	212,727.	11,650.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	2,256,636.	2,238,245.	13,769.	4,622.
b OUTREACH ACTIVITIES	435,771.	435,771.		
c				
d				
e 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	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		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	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	10a 108,174,050.		
	b Less: accumulated depreciation	10b 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 11	26,768,859.	12	31,804,689.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		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 equal line 33)	185,130,436.	16	197,739,957.	
Liabilities	17 Accounts payable and accrued expenses	1,350,428.	17	1,793,984.
	18 Grants payable		18	
	19 Deferred revenue	31,702.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,382,130.	26	1,793,984.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	183,748,306.	27	195,945,973.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	183,748,306.	32	195,945,973.
33 Total liabilities and net assets/fund balances	185,130,436.	33	197,739,957.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,660,418.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,684,427.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,975,991.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	183,748,306.
5	Net unrealized gains (losses) on investments	5	-9,707,252.
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	-71,072.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	195,945,973.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization OORAH INC.	Employer identification number 22-3746051
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	35,774,867.	32,028,599.	48,436,677.	70,304,128.	50,485,700.	237,029,971.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						237,029,971.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	35,774,867.	32,028,599.	48,436,677.	70,304,128.	50,485,700.	237,029,971.
8 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 activities, whether or not the business is regularly carried on				2,519,019.		2,519,019.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			923,043.	601,587.	2,556,508.	4,081,138.
11 Total support. Add lines 7 through 10						250,406,313.
12 Gross receipts from related activities, etc. (see instructions)					12	6,869,212.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	94.66 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.07 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c 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.		
11a		
11b		
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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
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 year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.		Yes	No
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.			
2a			
2b			
3a			
3b			

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

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

Lined area for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

OORAH INC.

Employer identification number

22-3746051

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 \$ _____

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).

Name of organization OORAH INC.	Employer identification number 22-3746051
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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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	OORAH CHARITABLE 189 DELL PARK AVE TORONTO, CANADA	\$ <u>1,174,685.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OORAH INC.	Employer identification number 22-3746051
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization OORAH INC.	Employer identification number 22-3746051
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization OORAH INC. Employer identification number 22-3746051

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, modified easements, states, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,715,491.		6,715,491.
b Buildings	4,719,062.	88,597,611.	13,232,999.	80,083,674.
c Leasehold improvements				
d Equipment		6,647,962.	3,653,932.	2,994,030.
e Other		1,493,924.	1,362,899.	131,025.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				89,924,220.

Part VII Investments - Other Securities.

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.

(a) 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 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 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

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

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
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

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.

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	(d) Total events (add col. (a) through col. (c))
		AUCTION- (event type)	(event type)	NONE (total number)	
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)				
Direct Expenses	4 Cash prizes	425,094.			425,094.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	10,648.			10,648.
	8 Entertainment	44,430.			44,430.
	9 Other direct expenses	904,415.			904,415.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,384,587.
11 Net income summary. Subtract line 10 from line 3, column (d)				-1,384,587.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a		%
b An outside facility	13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **OORAH INC.** Employer identification number **22-3746051**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(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) and government organizations listed in the line 1 table **4.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

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
SCHOLARSHIP 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 GRANTEEES ARE EXPENDING THE FUNDS ACCORDING TO THE GRANT PURPOSE(S).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

OORAH INC.

Employer identification number

22-3746051

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- 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

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)?

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

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

Schedule J (Form 990) 2022

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.

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

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Inspection

Name of the organization **OORAH INC.** Employer identification number **22-3746051**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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

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	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KITZIA MINTZ	FAMILY MEMBER OF CH	12,000.	REASONABLE		X
AVRODEV LTD	35% CONTROLLED ENTI	124,249.	FMV OF SERV		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 O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

OORAH INC.

Employer identification number

22-3746051

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

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

Schedule O (Form 990) 2022

Name of the organization

OORAH INC.

Employer identification number

22-3746051

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization OORAH INC.	Employer identification number 22-3746051
---	---

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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
MILLENNIUM 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.	78,399.	OORAH INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						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 1805 SWARTHMORE AVE LAKEWOOD, NJ 08701	OUTREACH	NEW JERSEY	501(C)(3)	LINE 7			X

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

Schedule R (Form 990) 2022

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

232164 09-14-22

2022 DEPRECIATION AND AMORTIZATION REPORT

RENTAL PROPERTIES

RENT 1

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
	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.				195,632.	9,782.		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.				1,650.	82.		41.	123.
82	119 RUTGERS-IMPROVEMENTS	07/01/08	SL	40.00		16	16,875.				16,875.	844.		422.	1,266.
83	851 MORRIS- IMPROVEMENTS	07/01/08	SL	40.00		16	32,255.				32,255.	1,612.		806.	2,418.
84	942 HEARTHSTONE-IMPROVEMENTS	07/01/08	SL	40.00		16	2,686.				2,686.	134.		67.	201.
85	985 CLAIRE DRIVE IMPROVEMENTS	01/01/09	SL	40.00		16	5,391.				5,391.	270.		135.	405.
86	107 RUTGERS- BUILDING	07/01/08	SL	40.00		16	215,819.				215,819.	10,790.		5,395.	16,185.
87	119 RUTGERS- BUILDING	07/01/08	SL	40.00		16	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.
90	218 11TH STREET - IMPROVEMENTS	07/01/12	SL	40.00		16	88,749.				88,749.	4,438.		2,219.	6,657.
91	219 11TH ST - IMPROVEMENTS	07/01/13	SL	40.00		16	5,885.				5,885.	294.		147.	441.
102	624 VINE	07/01/14	SL	40.00		16	219,789.				219,789.	10,990.		5,495.	16,485.
	* 990 RENTAL TOTAL BUILDINGS						2,089,022.				2,089,022.	104,450.		52,225.	156,675.
	LAND														
73	107 RUTGERS- LAND	07/01/08	L				38,086.				38,086.			0.	

2022 DEPRECIATION AND AMORTIZATION REPORT

RENTAL PROPERTIES

RENT 1

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
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.			0.	
88	218 11TH STREET - LAND	01/01/12	L				123,327.				123,327.			0.	
	* 990 RENTAL TOTAL LAND						295,524.				295,524.	0.		0.	0.
	OTHER														
112	985 CLAIRE DRIVE	07/01/15	SL	40.00		16	8,875.				8,875.	444.		222.	666.
113	218 11TH STREET - BUILDING	07/01/16	SL	40.00		16	1,640.				1,640.	82.		41.	123.
	* 990 RENTAL TOTAL OTHER						10,515.				10,515.	526.		263.	789.
	* GRAND TOTAL 990 RENTAL DEPR						2,395,061.				2,395,061.	104,976.		52,488.	157,464.

2022 DEPRECIATION AND AMORTIZATION REPORT

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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
	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.

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38	IMPROVEMENTS-1785 SWARTHMORE	07/01/10	SL	40.00		16	45,877.				45,877.	13,190.		1,147.	14,337.
39	IMPROVEMENTS-1805 SWARTHMORE	07/01/10	SL	40.00		16	75,511.				75,511.	21,711.		1,888.	23,599.
41	IMPROVEMENTS-OUTREACH	07/01/10	SL	40.00		16	2,462.				2,462.	711.		62.	773.
42	CAMP IMPROVEMENTS-BOYZONE	07/01/10	SL	40.00		16	11412213.				11412213.	3,281,009.		285,305.	3,566,314.
43	IMPROVEMENTS-CENTER	07/01/10	SL	40.00		16	20,704.				20,704.	5,956.		518.	6,474.
45	IMPROVEMENTS-BOYZONE	12/31/10	SL	40.00		16	1,236,057.				1,236,057.	339,912.		30,901.	370,813.
46	IMPROVEMENTS-BOYZONE	07/01/10	SL	40.00		16	1,683,269.				1,683,269.	483,942.		42,082.	526,024.
49	IMPROVEMENTS - 1785 SWATHMORE	07/01/11	SL	40.00		16	35,973.				35,973.	9,440.		899.	10,339.
50	IMPROVEMENTS - 1805 SWATHMORE	07/01/11	SL	40.00		16	63,576.				63,576.	16,685.		1,589.	18,274.
51	IMPROVEMENTS - GILBOA	07/01/11	SL	40.00		16	4,329.				4,329.	1,135.		108.	1,243.
52	IMPROVEMENTS - DEER RUN	07/01/11	SL	40.00		16	2,752,318.				2,752,318.	722,484.		68,808.	791,292.
53	EQUIPMENT	07/01/11	SL	5.00		16	19,053.				19,053.	17,148.		0.	17,148.
54	IMPROVEMENTS - SCOTCH VALLEY	07/01/11	SL	40.00		16	1,514,185.				1,514,185.	397,477.		37,855.	435,332.
64	IMPROVEMENTS - 1785 SWATHMORE	07/01/12	SL	40.00		16	143,831.				143,831.	34,162.		3,596.	37,758.
65	IMPROVEMENTS - 1805 SWATHMORE	07/01/12	SL	40.00		16	1,050,579.				1,050,579.	249,509.		26,264.	275,773.
66	IMPROVEMENTS - CAMP	07/01/12	SL	40.00		16	547,055.				547,055.	129,923.		13,676.	143,599.
70	BUILDING IMPROVEMENTS	07/01/13	SL	40.00		16	911,495.				911,495.	193,690.		22,787.	216,477.
93	BUILDING - FOREST HILL	07/01/14	SL	40.00		16	412,777.				412,777.	77,393.		10,319.	87,712.

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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.		0.	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.		0.	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.		0.	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.		0.	10,500.
94	FURNITURE	07/01/14	SL	7.00		16	26,437.				26,437.	26,437.		0.	26,437.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						444,938.				444,938.	444,938.		0.	444,938.
	MACHINERY & EQUIPMENT														

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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
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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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
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.		0.	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.		0.	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.			0.	
18	LAND	04/30/06	L				3,021,376.				3,021,376.			0.	
19	LAND	08/15/07	L				71,429.				71,429.			0.	
27	DEER RUN LAND	12/31/09	L				158,393.				158,393.			0.	
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.			0.	
	* 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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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.		0.	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 IMPROVEMENTS	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.			0.	
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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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.