

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2025**

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2025 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
**OORAH INC.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1805 SWARTHMORE AVENUE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**LAKEWOOD, NJ 08701**

**D Employer identification number**  
**22-3746051**

**E Telephone number**  
**732-730-1000**

**G Gross receipts \$** **49,054,484.**

**H(a) Is this a group return for subordinates?**  Yes  No  
**H(b) Are all subordinates included?**  Yes  No  
 If "No," attach a list. See instructions

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.OORAH.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other  
**L Year of formation:** **2000** **M State of legal domicile:** **NJ**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **SEE SCHEDULE O**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
<b>5</b> Total number of individuals employed in calendar year 2025 (Part V, line 2a)	<b>5</b>	<b>315</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>8830</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,370,867.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>405,753.</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>40,643,871.</b>	<b>39,931,272.</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,039,283.</b>	<b>2,248,466.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,244,836.</b>	<b>5,631,346.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,525,694.</b>	<b>-718,186.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>48,453,684.</b>	<b>47,092,898.</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,826,346.</b>	<b>9,960,563.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>11,485,370.</b>	<b>13,319,761.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>1,136,474.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>21,500,487.</b>	<b>23,127,848.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>39,812,203.</b>	<b>46,408,172.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>8,641,481.</b>	<b>684,726.</b>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>211,331,682.</b>	<b>218,652,931.</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>1,840,262.</b>	<b>2,518,334.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>209,491,420.</b>	<b>216,134,597.</b>

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: **ELIYOHU MINTZ, CEO**  
 Date: **5-15-26**

**Paid Preparer**  
 Preparer's name: **ZACHARIA WAXLER**  
 Preparer's signature: **ZACHARIA WAXLER**  
 Date: **05/14/26**  
 Check if self-employed:   
 PTIN: **P00502633**

**Preparer Use Only**  
 Firm's name: **ROTH & COMPANY, LLP**  
 Firm's address: **1428 36TH STREET, SUITE 200**  
**BROOKLYN, NY 11218**  
 Firm's EIN: **11-3360065**  
 Phone no.: **718-236-1600**

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

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**Part III Tax and Payments** (continued)

<b>5 a</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5a</b>	0.
<b>b</b>	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15 .....	<b>5b</b>	
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	15,948.
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>	
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>	
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>	
<b>j</b>	Other (see instructions) .....	<b>6j</b>	
<b>k</b>	Section 1062 applicable net tax liability. Enter amount from 1062, line 14 .....	<b>6k</b>	
<b>7</b>	<b>Total payments and section 1062 applicable net tax liability.</b> Add lines 6a through 6k .....	<b>7</b>	15,948.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/> .....	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed .....	<b>9</b>	69,260.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid .....	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2026 estimated tax</b> _____ <b>Refunded</b> _____ For Refunded amount, also complete and attach Form 8050. See instructions.	<b>11</b>	

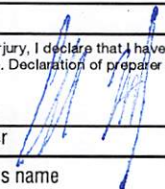
**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. ....		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year _____ \$ _____		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	517000	\$	575,175.
	900099	\$	872,088.
		\$	
		\$	
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

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

Signature of officer:  Date: 5-15-26 Title: CEO

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Enter preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
ZACHARIA WAXLER	ZACHARIA WAXLER	05/14/26		P00502633
Firm's name	Firm's EIN		11-3360065	
ROTH & COMPANY, LLP				
Firm's address	Phone no.		718-236-1600	
1428 36TH STREET, SUITE 200				
BROOKLYN, NY 11218				