			EXTENDED TO AUGUST 15, 202 Return of Organization Exempt Fron	24 Income Tax	OMB No. 1545-0047						
For	_ Q	90			0000						
FUI		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may								
Depa Interr	rtment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late	•	Open to Public Inspection						
AF	or th	e 2022 calend	ar year, or tax year beginning $\operatorname{OCT} 1$, 2022 and ending	SEP 30, 2023							
	heck if	C Name or	organization	D Employer identific	ation number						
c											
Address T'RUAH Name											
	chang Initial	ge Doing b	usiness as	45-046454							
	returr Final	266	and street (or P.O. box if mail is not delivered to street address) Room/s WEST 37TH STREET, SUITE 803	suite E Telephone number 212-845-5							
	returr termi ated	n	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,426,423.						
	Amer	nded NTETAT	YORK, NY 10018	H(a) Is this a group re							
	Appli tion	ca- F Name a	nd address of principal officer: RABBI JILL JACOBS	for subordinates'							
	pend	Ing SAME	AS C ABOVE	H(b) Are all subordinates ind							
1 1	ax-ex	empt status:		527 If "No," attach a	list. See instructions						
	Vebs		TRUAH.ORG	H(c) Group exemption							
			X Corporation Trust Association Other L	Year of formation: 2002	I State of legal domicile: NY						
Pa	art I										
e	1		e the organization's mission or most significant activities: <u>T'RUAH</u> : IGHTS MOBILIZES 2,300 RABBIS AND CANTO								
Governance	2	Check this bo		· · · · · · · · · · · · · · · · · · ·							
verr	3			1.1	19						
ĝ	4										
ა ა	5		of individuals employed in calendar year 2022 (Part V, line 2a)	·····	<u> 18</u> 27						
/itie	6		of volunteers (estimate if necessary)		100						
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.						
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	1 1	0.						
				Prior Year	Current Year						
e	8		and grants (Part VIII, line 1h)	2,572,335.	3,339,470.						
Revenue	9	•	ce revenue (Part VIII, line 2g)	23,924. 1,779.	<u>32,198.</u> 1,299.						
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)	-18,418.	-23,728.						
	11		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,579,620.	3,349,239.						
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.						
	14		to or for members (Part IX, column (A), line 4)	0.	0.						
s	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	1,873,568.	2,349,165.						
nse	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.						
Expenses	b		ng expenses (Part IX, column (D), line 25) 695,688.	831,252.							
ш	17	Other expense	805,402.								
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,704,820.	3,154,567.						
	19	Revenue less	expenses. Subtract line 18 from line 12	-125,200.	<u>194,672.</u>						
Net Assets or		-		Beginning of Current Year 1,132,356.	End of Year						
\ssei Rala	20	Total assets (F		141,880.	<u>1,790,655.</u> 605,507.						
let A	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	990,476.	1,185,148.						
	art II			, , , , , , , , , , , , , , , , , , , ,	1,100,140.						

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.

		💥 8/20/24
Sign	Signature of officer	Date
Here	RÁBBI JILL JACOBS, CHIEF EXECUTIVE OFFICER	
	Type or print name and title	
	Print/Type preparer's name Preparer's gignature	Date Check PTIN
Paid	MARQUS WHITE	08/15/24 self-employed P00053187
Preparer	Firm's name SAX LLP	Firm's EIN 81-2950760
Use Only	Firm's address 389 INTERPACE PARKWAY; STE 3	
	PARSIPPANY, NJ 07054	Phone no. $973 - 472 - 6250$
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)
0		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	T'RUAH: THE RABBINIC CALL FOR HUMAN RIGHTS BRINGS THE TORAH'S IDEALS	
	OF HUMAN DIGNITY, EQUALITY, AND JUSTICE TO LIFE BY EMPOWERING RABBIS	
	AND CANTORS TO BE MORAL VOICES AND TO LEAD JEWISH COMMUNITIES IN	
	ADVANCING DEMOCRACY AND HUMAN RIGHTS FOR ALL PEOPLE IN THE UNITED	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	v
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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.	
4	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		98.
ти	T'RUAH ENGAGES IN THREE STRATEGIES IN OUR WORK:	
	WE ORGANIZE RABBIS, CANTORS AND THEIR COMMUNITIES TO MAKE AN IMPACT	
	THROUGH SPECIFIC HUMAN RIGHTS CAMPAIGNS.	
	WE TRAIN RABBINICAL AND CANTORIAL STUDENTS AND RABBIS AND CANTORS TO B	BE
	POWERFUL HUMAN RIGHTS LEADERS.	
	WE AMPLIFY THE VOICES OF RABBIS AND CANTORS ON THE PRESSING HUMAN	
	RIGHTS CONCERNS OF OUR TIME.	
	PROGRAMS INCLUDE ORGANIZING RABBIS, CANTORS, AND THEIR COMMUNITIES TO	
	WORK FOR CONCRETE CHANGE ON ISSUES IN THE UNITED STATES AND IN ISRAEL	
	AND THE OCCUPIED PALESTINIAN TERRITORIES. IN THE US, THIS WORK INCLUDE	ΞS
	CAMPAIGNS FOR IMMIGRATION JUSTICE, DEMOCRACY AND VOTING RIGHTS, WORKER	R
4.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4d	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,241,503.	
4d 4e	(Expenses \$ including grants of \$) (Revenue \$)) (202

	990 (2022) T'RUAH 45-0464	545	Р	age 3
Pa	t 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)?			
-	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		<u></u>
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Pa	t IV Checklist of Required Schedules (continued)			0
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
	טוויטא א טטופטעוב ט טטוגמאס מ ובסטטאס טו זוטנב נט מוץ וווים וו נוווס רמוג ע		Vce	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a44Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c	х	

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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
20	Enter the number of employees reported on Form W.2. Transmittel of Wage and Tay Statements		Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 27			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	2.5 3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
-				
	Enter the amount of reserves on hand	14a		x
ы 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14b		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	.5		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_		
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	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	iora INO"	espor	156
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			77
200	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
		10	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a	19		
	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.	10		
b	Enter the number of voting members included on line 1a, above, who are independent 1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			- V
_	officer, director, trustee, or key employee?	2		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 X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
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?	6		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?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	х	
b			X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ		12c		x
13	on Schedule O how this was done Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		X	
	Did the process for determining compensation of the following persons include a review and approval by independent		- 23	
15				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.0	x	
	The organization's CEO, Executive Director, or top management official		X	
D	Other officers or key employees of the organization	<u>15b</u>		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>AK, CA, CO, CT, FL, GA, HI, IL</u> ,	ME, MD	<u>, NV</u>	,MI
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)	availa	ıble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	/, and finar	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20				
20	RABBI JILL JACOBS - 212-845-5201			
20	RABBI JILL JACOBS - 212-845-5201266 WEST 37TH STREET, SUITE 803, NEW YORK, NY 10018			

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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	ı an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	vee Vee	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SARA LITT	2.00	_			-					
CO-CHAIR		х		x				0.	0.	0.
(2) RABBI WILLIAM PLEVAN	2.00									
CO-CHAIR		х		х				0.	Ο.	0.
(3) RABBI DANIEL ZEMEL	2.00									
VICE CHAIR		х		х				0.	Ο.	0.
(4) RABBI CLAUDIA KREIMAN	2.00									
SECRETARY		х		х				0.	Ο.	0.
(5) ERIC SLOAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) RABBI LESTER BRONSTEIN	2.00									
IMMEDIATE PAST CO-CHAIR		Х						0.	0.	0.
(7) RABBI KENNETH CHASEN	2.00									
MEMBER		Х						0.	0.	0.
(8) RABBI MICHAEL LEZAK	2.00									
MEMBER		Х						0.	0.	0.
(9) RABBI LAURA ABRASLEY	2.00									
MEMBER		Х						0.	0.	0.
(10) RACHEL FAULKNER	2.00									
MEMBER		Х						0.	0.	0.
(11) HADAR HARRIS	2.00									
MEMBER		Х						0.	0.	0.
(12) RABBI ESTHER LEDERMAN	2.00									
MEMBER		Х						0.	0.	0.
(13) ALIZA SCHWARTZ	2.00									
MEMBER		Х						0.	0.	0.
(14) KELLY WHITEHEAD	2.00									
MEMBER		Х						0.	0.	0.
(15) MARC DOLLINGER	2.00									
MEMBER		Х						0.	0.	0.
(16) RABBI SANDRA LAWSON	2.00									
MEMBER		Х						0.	0.	0.
(17) NANCY KASTEN	2.00									
MEMBER		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22

Form 990 (2022)

Form 990 (2022) T'RUAH									45-04	64	545 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	(B) (C) Average nours per double to the check more than one box, unless person is both an					an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compensation from the organization and related organizations
(18) RACHEL BEARMAN MEMBER	2.00	x						0.		ο.	0.
(19) RABBI JILL JACOBS CHIEF EXECUTIVE OFFICER	40.00	x		x				138,784.		ο.	47,507.
(20) RACHEL LERNER CHIEF STRATEGY OFFICER	40.00					x		114,347.		0.	
(21) RONIT SCHLAM	40.00										16,584.
CHIEF DEVELOPMENT OFFICER (22) SHIRA DANAN	40.00					X		104,851.		0.	32,646.
CHIEF COMMUNICATIONS OFFICER (23) DANIEL DRACHSLER	40.00					X		109,913.		0.	5,496.
CHIEF OPERATING OFFICER						X		102,336.		0.	18,792.
		-									
1b Subtotal c Total from continuation sheets to Part VI								570,231.		0. 0.	<u>121,025.</u> 0.
d Total (add lines 1b and 1c)								570,231.		0.	121,025.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ac	ove	e) wh	o re	ceived more than \$100,	UUU of reportable		5
3 Did the organization list any former officer,			•	•			•				Yes No 3 X
 line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	ne organization		4 X
 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com 	iccrue compen	isati	on fr	om	any	unre	late	ed organization or individ	lual for services		5 X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	tion from
the organization. Report compensation for t	the calendar ye	ear e	endin	ig w	ith c	or wit	thin	the organization's tax y (B)	ear.		(C)
Name and business	NECTICU	т	AV:	E I	NW			Description of s		C	ompensation
APT #934, WASHINGTON, DC NEW 520 GSH LLC								EMOR			151,500.
125 PARK AVENUE, NEW YORK	<u>, ny 10</u>	01	7				- (OCCUPANCY LE	ASE		122,857.
								· · · · · · ·			
2 Total number of independent contractors (ii \$100,000 of compensation from the organi:	•	ot lin	nitec	1 10 1	thos 2		red	above) who received mo	ore than		Form 990 (2022)
											rum 🕶 (2022)

	<u>990 (</u> t VII					45-0464	5 4 5 Pag
		Check if Schedule O contains a resp	onse or note to anv li	ne in this Part VIII			Г
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ŝ	1 a	Federated campaigns 1a					
unc		Membership dues 1b					
¥m	с	Fundraising events 1c	314,864.				
ar /	d	Related organizations 1d					
imi	е	Government grants (contributions) 1e		_			
r S	f	All other contributions, gifts, grants, and					
and Other Similar Amounts		similar amounts not included above 1f	3,024,606	4			
p	-	Noncash contributions included in lines 1a-1f	\$	2 220 470			
a	h	Total. Add lines 1a-1f	Dusiness Oads	3,339,470.			
	•	PROGRAM SERVICE FEES	Business Code 900099	20,028.	20,028.		
	2 a b	EDUCATIONAL RESOURCES		12,170.	12,170.		
ne				12,170.	12,170.		
ven	c d						
Revenue	e						
		All other program service revenue					
		Total. Add lines 2a-2f		32,198.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		922.			92
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties					
		(i) Rea	()	4			
		Gross rents 6a 31,0		4			
		Less: rental expenses 6b	0.	-			
		Rental income or (loss) 6c 31,0	00.	31,000.			31,00
		Net rental income or (loss) Gross amount from sales of (i) Secur	ities (ii) Other	51,000.			51,00
	<i>i</i> a		77.	-			
	h	Less: cost or other basis	, , •	-			
		and sales expenses	0.				
	с	Gain or (loss) 7c 3	77.	1			
		Net gain or (loss)		377.			37
		Gross income from fundraising events (not					
5		including \$ 314,864. of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses					CF 10
		Net income or (loss) from fundraising eve		-65,184.			-65,18
	9 а	Gross income from gaming activities. See					
	h	Part IV, line 19 Less: direct expenses		-			
		Less: direct expenses Net income or (loss) from gaming activitie	[9b]				
		Gross sales of inventory, less returns					
	10 0	and allowances	10a				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of invento					
			Business Code				
e		HONORARIA		7,250.	7,250.		
enu	b	OTHER INCOME	900099	3,206.			3,20
Revenue	с					ļ	
щ		All other revenue					
		Total. Add lines 11a-11d		10,456.	20.440		0.0 67
	12	Total revenue. See instructions		3,349,239.	39,448.	0.	<u>-29,67</u> Form 990 (2

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		experiese	general expenses	<u>expenses</u>
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	011 115	140.004	10 (10	45 005
	trustees, and key employees	211,417.	149,864.	13,618.	47,935
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	1 660 000	1 000 057	100 200	
7	Other salaries and wages	1,668,299.	1,209,257.	108,386.	350,656
8	Pension plan accruals and contributions (include	71 100		1 770	15 161
~	section 401(k) and 403(b) employer contributions)	74,190. 250,421.	53,950. 182,103.	<u>4,779.</u> 16,131.	<u>15,461</u> 52,187
9 10	Other employee benefits	144,838.	105,324.	9,330.	30,184
10	Payroll taxes	144,030.	105,524.	9,550.	50,104
11	Fees for services (nonemployees):				
	Management				
	Accounting	14,335.	14,335.		
	Lobbying Professional fundraising services. See Part IV, line 17	11,555.	11,555.		
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A), amount, list line 11g expenses on Sch 0.)	175,199.	131,778.	25,719.	17,702
12	Advertising and promotion				
13	Office expenses	15,478.	11,703.	841.	2,934
.e 14	Information technology		,		/ =
15	Royalties				
16	Occupancy	156,590.	112,576.	10,392.	33,622
17	Travel	70,102.	37,720.	17,565.	14,817
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,321.	8,184.	268.	869.
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 0.)				
а	PROGRAM EXPENSE	121,604.	121,604.		
b	PRINTING & COPYING	93,235.	32,398.	1,571.	59,266
c	TELEPHONE AND ELECTRONI	82,475.	60,375.	4,927.	17,173
d	POSTAGE	34,058.	9,300.	3,773.	20,985
	All other expenses	33,005.	1,032.	76.	31,897
25	Total functional expenses. Add lines 1 through 24e	3,154,567.	2,241,503.	217,376.	695,688
26	Joint costs. Complete this line only if the organization	-			•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) T ' RUAH
Part IX Statement of Functional Expenses

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Form 990 (2022)

12

T'RUAH

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					(A) Beginning of year		(B) End of year
					908,012.		665,924
	1	Cash - non-interest-bearing			900,012.	1	005,924
	2	Savings and temporary cash investments			158,425.	2	597,731
	3	Pledges and grants receivable, net			100,440.	3	597,751
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan		_			
		controlled entity or family member of any of these p		5			
	6	Loans and other receivables from other disqualified					
	_	under section 4958(f)(1)), and persons described in				6	
ars	7	Notes and loans receivable, net				7	
0	8	Inventories for sale or use			20 070	8	10 596
1	9			L	38,078.	9	19,576
1	10a	Land, buildings, and equipment: cost or other		470 502			
		basis. Complete Part VI of Schedule D	10a	479,583. 479,583.	0		0
		Less: accumulated depreciation			0.	10c	0
	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line 11				12	
1	13	Investments - program-related. See Part IV, line 11				13	
1	14	Intangible assets			14		
1	15	Other assets. See Part IV, line 11		····· -	27,841.	15	507,424
1	16	Total assets. Add lines 1 through 15 (must equal li			1,132,356.	16	1,790,655
1	17	Accounts payable and accrued expenses			136,510.	17	115,066
1	18	Grants payable		18			
1	19	Deferred revenue			2,870.	19	
	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete Par				21	
ທູ 2	22	Loans and other payables to any current or former	officer, dired	ctor,			
Ě		trustee, key employee, creator or founder, substant		tor, or 35%			
		controlled entity or family member of any of these p		22			
- 2	23	Secured mortgages and notes payable to unrelated	d third partie	s		23	
2	24	Unsecured notes and loans payable to unrelated th				24	
2	25	Other liabilities (including federal income tax, payat	bles to relate	ed third			
		parties, and other liabilities not included on lines 17	7-24). Comp	ete Part X			
		of Schedule D		·····	2,500.		490,441
2	26	Total liabilities. Add lines 17 through 25			141,880.	26	605,507
		Organizations that follow FASB ASC 958, check	here	X			
čě		and complete lines 27, 28, 32, and 33.					
8 2	27	Net assets without donor restrictions			940,476.	27	925,148
8 2	28	Net assets with donor restrictions			50,000.	28	260,000
		Organizations that do not follow FASB ASC 958,	, check here	e 🗌			
Ĕ		and complete lines 29 through 33.					
0 2	29	Capital stock or trust principal, or current funds				29	
les 3	30	Paid-in or capital surplus, or land, building, or equip	pment fund			30	
8 3	31	Retained earnings, endowment, accumulated incom				31	
Net Assets of Fund Balances 60.60.60 N N N N	32	Total net assets or fund balances			990,476.	32	1,185,148
	33				1,132,356.	33	1,790,655

Form 990 (2022)

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Form	1 990 (2022) T'RUAH	45-04	64545	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,349		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,154		
3	Revenue less expenses. Subtract line 2 from line 1	3	194		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	990	,41	76.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,185	,14	<u> 18.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				-
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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X 7

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 40

947(a)(1)) nonex	empt	charita	ble trus
	- F	000 -		000 E7

2022	
Open to Public	

OMB No. 1545-0047

Name of t	the organization	
	T'RUAH	
Part I	Reason for Public Charity	/ Sta

The organization is not a private foundation because

f the Treasury nue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection					
the organizati	on	Employer	identification number					
	T'RUAH 45-0464545							
Reason	for Public Charity Status. (All organizations must complete this part.) See instruction	IS.						
ization is not a	a private foundation because it is: (For lines 1 through 12, check only one box.)							
A church, co	nvention of churches, or association of churches described in section 170(b)(1)(A)(i).							
A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
A medical res	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 stat	e:							
An organizati	on operated for the benefit of a college or university owned or operated by a governmental u	nit describe	ed in					
section 170	(b)(1)(A)(iv). (Complete Part II.)							
A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).							
An organizati	on that normally receives a substantial part of its support from a governmental unit or from the	ne general p	oublic described in					
section 170(b)(1)(A)(vi). (Complete Part II.)							
A community	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
An agricultur	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college							
or university	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or							
university:	iniversity:							
An organizati	on that normally receives (1) more than 33 1/3% of its support from contributions, membersh	in food and	d gross receipts from					

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.)

1 📖 /	An organization	organized and	operated	exclusively to t	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.

а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
	control or management of the supporting organization vested in the same persons that control or manage the supported
	organization(s). You must complete Part IV, Sections A and C.

; [Type III functionally integrated. A supporting org	ganization operated in connection with,	and functionally integrated with,
	its supported organization(s) (see instructions). Yo	ou must complete Part IV, Sections A	, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information	n about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))	103			
 Total						

Schedule A	(Form	990)	2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1608807.	1760730.	2525706.	2572335.	3339470.	11807048.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1608807.	1760730.	2525706.	2572335.	3339470.	11807048.
	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)						829,840.
6	Public support. Subtract line 5 from line 4.						10977208.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1608807.	1760730.	2525706.	2572335.	3339470.	11807048.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		30,028.	30,123.	30,268.	31,922.	122,341.
۵	Net income from unrelated business		5070201	5071250	5072001	51,522.	100/0110
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	12,601.	6,790.			3,206.	22,597.
44	Total support. Add lines 7 through 10	12,001.	0,150.				11951986.
	Gross receipts from related activities,					12	191,725.
	First 5 years. If the Form 990 is for th	,	,	iourth or fifth toy y			191,725.
13	-	-		-			
Sec	organization, check this box and stor ction C. Computation of Publi						·····
	Public support percentage for 2022 (I			column (f))		14	91.84 %
	Public support percentage from 2021					15	94.04 %
	33 1/3% support test - 2022. If the c						
104	stop here. The organization qualifies						V
h	33 1/3% support test - 2021. If the o		•		line 15 is 33 1/3%		
, N	and stop here. The organization qual						
17-	10% -facts-and-circumstances test				13 16a or 16b a		
110	and if the organization meets the fact						
	-			-	-	vinow the organiz	
F	meets the facts-and-circumstances te	-				7a and line 15 is	10% or
a	10% -facts-and-circumstances test	•					1070 01
	more, and if the organization meets the						
10	organization meets the facts-and-circu		•				,
ıð	Private foundation. If the organization	IT UIU HOT CHECK A I	oox on line 13, 16a	a, 100, 17a, 0r 17b	, check this box a		<u>,</u>

Schedule A (Form 990) 2022

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 Schedule A (Form 990) 2022
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 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	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 th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), a	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Invest	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
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	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the	-	-				/3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-09-22						edule A (Form 990) 2022

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche	dule A (Form 990) 2022 T ' RUAH	45-046454	5 Ра	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of c more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's oncers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised or controlled the supporting organization	2

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

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

Section D. All Type in Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of				
	organization's tax year, (i) a written notice describing the type and amount of support provided during t				
	year (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie				

- he prior tax at was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 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.

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).
- The organization satisfied the Activities Test. *Complete* line 2 *below.* а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
-----	--	---	---	---

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.

3b Schedule A (Form 990) 2022

Yes No

Yes No

Yes No

1

3

2a

2b

3a

the

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	All other Type III non-tunctionally integrated supporting organizations mu	st complete a	Sections A through E.	
ect	ion 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		
ect	ion 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):			
а	 Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 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 b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions 3 Minimum Asset Amount (add line 7 to line 6) 	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		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		5		
6				
	· · · · · · · · · · · · · · · · · · ·	6		

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

_	dule A (Form 990) 2022 T'RUAH	(a)(2) Supporting Orga	nizotiono		5-0464545 Page 7
Par		allo Supporting Orga	nizations (continued	<u>d)</u>	• • • • •
	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	a arganization is reasonable		7	
8	Distributions to attentive supported organizations to which th	le organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9 10	
10	Line 8 amount divided by line 9 amount	(1)		10	(:::)
Sect	on 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 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	T'RUAH			45-0464545 _P	age 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I	5a, 6, 9a, 9b, 9c, 11a, 11b V, Section E, lines 1c, 2a,	by Part II, line 10; Part II, line 17a c , and 11c; Part IV, Section B, lines , 2b, 3a, and 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part \	
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Secti	on E, lines 2, 5, and 6. Als	so complete this part for any addition	onal information.	
232028 12-09-2	2				Schedule A (Form 990) 2022

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Schedule of Contributors

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

2022

Employer identification number

45-0464545

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Filer

Form

Form

Name of the organization

T'RUAH

Organization	type	(check one):	
--------------	------	--------------	--

anization type (cneck o	ne):
s of:	Section:
n 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
1 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)			Page 2
Name of or	ganization		Employ	yer identification number
<u>T'RUAH</u>	I		45	-0464545
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$ <u>150,0</u>	00.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$250,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3		\$80,0	00.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4		\$75,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5		\$100,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
<u> </u>		\$100,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Page **2**

	3 (Form 990) (2022)		Page 2
Name of or	rganization	Emplo	oyer identification number
<u>T'RUAI</u>	ł	4	5-0464545
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
7		\$300,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

ame of or	ganization	En	nployer identification num
'RUAH			45-0464545
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_\$	

223453 11-15-22

Schedule B (Form 990) (2022)

ame of or	ganization		Employer identification number
'RUAH	Ŧ		45-0464545
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	i) through (e) and the following line entr	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea y. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le space is needed.	3SS for the year. (Enter this info. once.)
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, a	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	l
_	Transferee's name, address, a	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	I
-	Transferee's name, address, a	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
F		(e) Transfer of gift	
	Transferee's name, address, a	Relationship of transferor to transferee	
F			
454 11-15-	22		Schedule B (Form 990) (20

27996.01

(Form 990)	For Org	enizatione Exempt From Incom	- Tax Under costion	E01(a) and coation E0	7	2023	2
	-	anizations Exempt From Incom if the organization is described					-
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for ir				Open to Put Inspection	
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lir	ne 46 (Political Campa	aign Activ	ities), then	
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not con	nplete Part I-C.				
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Part	I-B.		
 Section 527 organiza 	ations: Complete	e Part I-A only.					
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, li	ne 47 (Lobbying Activ	vities), the	en	
 Section 501(c)(3) org 	anizations that h	nave filed Form 5768 (election un	der section 501(h)): Co	omplete Part II-A. Do n	ot complet	te Part II-B.	
 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (election	on under section 501(h)): Complete Part II-B.	Do not co	mplete Part II-A.	
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	r Tax) (See separate i	nstructions) or Form	990-EZ, F	Part V, line 35c (F	roxy
Tax) (See separate inst							
	, or (6) organizat	ions: Complete Part III.					
Name of organization						identification n	
	T'RUAH	·				5-0464545	5
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) of	or is a section 52	7 organ	ization.	
1 Provide a description	on of the organiz	ation's direct and indirect politica	I campaign activities in	n Part IV.			
2 Political campaign							
3 Volunteer hours for	political campai	gn activities					
Part I-B Comple	ete if the ora	anization is exempt unde	r section 501(c)(3).			
		incurred by the organization under			\$		
		incurred by organization manage					
		n 4955 tax, did it file Form 4720 f				Yes	No
4a Was a correction m						Yes	
b If "Yes," describe in							
		anization is exempt unde	r section 501(c),	except section 5	01(c)(3).		
-		by the filing organization for sec		-			
		ization's funds contributed to oth			···· •		
exempt function ac			-		\$		
•		. Add lines 1 and 2. Enter here ar					
•	•				\$		
		1120-POL for this year?				Yes	No
		ployer identification number (EIN				filing organization	 n
		tion listed, enter the amount paid		-			
	•	omptly and directly delivered to a					а
		additional space is needed, provi					
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid f	rom (e) Amount of pol	itical
(u) Haine		(a) / (dd1000	(0) 2	filing organization		ntributions receive	
				funds. If none, ente		promptly and dire	
						lelivered to a sepa political organizat	
					'	If none, enter -0	
For Paperwork Reduct	ion Act Notice.	see the Instructions for Form 99	90 or 990-EZ.		Sche	dule C (Form 99	0) 2022

Political Campaign and Lobbying Activities

SCHEDULE C

I

232041 11-08-22

LHA

OMB No. 1545-0047

	T'RUAH				0464545 Page 2
Part II-A Complete if the org section 501(h)).	anization is	exempt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
	tion belongs to a	an affiliated group (and list i	n Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and shar	e of excess lobb	ying expenditures).			
B Check if the filing organiza	tion checked bo	x A and "limited control" pr	ovisions apply.		
Limi	ts on Lobbying litures" means	Expenditures amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opi	nion (grassroots lobbying)			
b Total lobbying expenditures to influ	ience a legislativ	ve body (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	-				
e Total exempt purpose expenditure	s (add lines 1c a	nd 1d)			
f_Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) o	r (b) is: TI	ne lobbying nontaxable an	nount is:		
Not over \$500,000	20	0% of the amount on line 1e			
Over \$500,000 but not over \$1,000),000 \$ ⁻	00,000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$ ⁻	75,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$2	225,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$,000,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1	f)			
h Subtract line 1g from line 1a. If zero		,			
i Subtract line 1f from line 1c. If zero					
i If there is an amount other than zer	-				-
reporting section 4911 tax for this					Yes No
		ar Averaging Period Unde			
(Some organizations the second s		tion 501(h) election do not separate instructions for li		f the five columns b	elow.
	Lobbying	Expenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed d	escription	(;	a)	(t))
of the lobbying activity.		Yes	No	Amo	ount
 During the year, did the filing organization attempt to influence foreign, national local legislation, including any attempt to influence public opinion on a legislation or referendum, through the use of: Nolunteers? 	ive matter	X			
a Volunteers?b Paid staff or management (include compensation in expenses reported on line	\sim 10 through 1i)2	X			
			x		
c Media advertisements?d Mailings to members, legislators, or the public?		X			
		21	x		
	ſ		X		
-		X			3,914.
 g Direct contact with legislators, their staffs, government officials, or a legislative h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any sin 		X		,	560.
		X		c	9,861.
		Δ			1,335.
j Total. Add lines 1c through 1i2a Did the activities in line 1 cause the organization to be not described in section	= E01(a)(2)2		х		<u>, , , , , , , , , , , , , , , , , , , </u>
			Λ		
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for th Part III-A Complete if the organization is exempt under section	n 501(c)(4) section	501(c)(5) or sec	tion	
501(c)(6).			<i>J</i> , 01 360		
				Yes	No
	0			165	
1 Were substantially all (90% or more) dues received nondeductible by members					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or le					
3 Did the organization agree to carry over lobbying and political campaign activi Part III-B Complete if the organization is exempt under sectio				tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and					2 in
answered "Yes."	z, ale allsweleu		(D) Farti	II-A, IIIe	5, 15
1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not inc	ude amounts of politica	al			
expenses for which the section 527(f) tax was paid).					
a Current year					
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible s			3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3,	•				
does the organization agree to carryover to the reasonable estimate of nonder	luctible lobbying and po	litical			
expenditures next year?			4		
5 Taxable amount of lobbying and political expenditures. See instructions		<u></u>	5		
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	art II-A (affiliated group I	ist); Part II-	A, lines 1 a	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information	ion.				
PART II-B, LINE 1, LOBBYING ACTIVITIES:					
T'RUAH: THE RABBINIC CALL FOR HUMAN RIGHTS	BRINGS THE	TORAH	S IDE	ALS OF	1
HUMAN DIGNITY, EQUALITY, AND JUSTICE TO LI	FE BY EMPOWE	RING F	RABBIS	AND	
CANTORS TO BE MORAL VOICES AND TO LEAD JEW	ISH COMMUNIT	IES IN	I ADVA	NCING	
DEMOCRACY AND HUMAN RIGHTS FOR ALL PEOPLE	IN THE UNITE	D STAT	TES, C	ANADA,	
ISRAEL, AND THE OCCUPIED PALESTINIAN TERRI	TORIES.				
			Schedu	le C (Form	990) 2022

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ONE OF OUR PRIMARY STRATEGIES IS TO ORGANIZE RABBIS, CANTORS AND

COMMUNITIES TO MAKE AN IMPACT THROUGH SPECIFIC HUMAN RIGHTS CAMPAIGNS.

A PART OF OUR ORGANIZING WORK ENTAILS ORGANIZING CLERGY IN LOBBY

EFFORTS WITH ELECTED OFFICIALS MAINLY ON LEGISLATION RELATED TO OUR

CAMPAIGN AREAS: IMMIGRATION, MASS INCARCERATION, WORKER JUSTICE,

DEMOCRACY & VOTING RIGHTS, AND ISRAEL/PALESTINE.

OUR LOBBY ACTIVITIES MAINLY INCLUDE ASKING OUR CLERGY MEMBERSHIP TO

SEND EMAILS TO FEDERAL AND LOCAL STATE LEGISLATORS, ORGANIZING MEETINGS

WITH LEGISLATORS AND THEIR STAFF AND HELPING OUR MEMBERS WRITE

TESTIMONY ON ISSUES RELATING TO OUR CAMPAIGN WORK.

Schedule C (Form 990) 2022

232044 11-08-22

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Department of the Treasury

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.



Internal Revenue Service I

lam	e of the organization T ' RUAH	Employer identification number
Par		
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	t funds
-	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co	
	impermissible private benefit?	Ň m m
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		historically important land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	rganization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
_		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense st	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statemen	ts that describes the
Par	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and	halance sheet works
Ia	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
h	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	<u> </u>
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	
-	the following amounts required to be reported under FASB ASC 958 relating to these items:	,, <u> </u>
а	Revenue included on Form 990, Part VIII, line 1	\$
	Assets included in Form 990. Part X	\$\$

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 T ' RUAH						45-04			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	l Treasures, o	r Othe	r Similar	Assets	conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any o	f the following tha	t make si	ignificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	c	I Loan	or exchange progr	am					
b	Scholarly research	e	e 🔄 Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they fur	her the organization	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historica	l treasures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orgar	nization answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					•		
								Amour	τ	
С	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
Ť	Ending balance									
	Did the organization include an amount on Fe							Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior ye			(d) Three y	ears back	(e) Fou	r vears	back
1a	Beginning of year balance	(u) our one your			are such	(u) 11100 y	ouro suon	(0) + 64	youro	Buon
ia b										
	Contributions									
о А	Grants or scholarships									
ŭ	Other expenditures for facilities									
U										
f	and programsAdministrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a. colu	mn (a)) held as:						
_ a	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_/*							
c		<u></u> /°								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse		ation that are h	eld and administe	red for th	ne				
	organization by:	0							Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line	11a. See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr	• •) Cost or other basis (other)	1	ccumulate	d	(d) Boo	k valu	е
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment			116,133.	:	116,13	33.			0.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B).	line 10c.)						0.

Schedule D (Form 990) 2022

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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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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) RIGHT OF USE ASSETS	479,583.
(2) SECURITY DEPOSIT	27,841.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	507,424.
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 3	25.
1 (a) Description of liability	(b) Book value

1.	(a) Description of hability	(b) BOOK value
(1)	Federal income taxes	
(2)	OPERATING LEASE OBLIGATION	<u>487,941.</u> 2,500.
(3)	SUB LEASE DEPOSIT	2,500.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	490,441.

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 ... X

Schedule D (Form 990) 2022

09120815 795584 27996.0

Sche	dule D (Form 990) 2022 T ' RUAH			45-0	0464545	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With F				0
	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	3,365,	988.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	15,955.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	794.			
е	Add lines 2a through 2d			2e	16,	,749.
3	Subtract line 2e from line 1			3	3,349,	,239.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,349,	,239.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Return	۱.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,171,	,316.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	15,955.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	794.			
е	Add lines 2a through 2d			2e		,749.
3	Subtract line 2e from line 1			3	3,154,	,567.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,154,	,567.
Pa	t 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.

PART X, LINE 2:

THE ORGANIZATION IS A NON-PROFIT CORPORATION, EXEMPT FROM FEDERAL INCOME				
TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN				
CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER				
SECTION 509(A). U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS				
TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE				
ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT				
WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES.				
MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT				
THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE				

ADJUSTMENT TO THE FINANCIALS TO COMPLY WITH THE PROVISIONS OF THIS

232054 09-01-22

Schedule D (Form 990) 2022

794.

794.

GUIDANCE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

Schedule D (Form 990) 2022

232055 09-01-22

09120815 795584 27996.0

09120815	795584	27996.0

b Total from continuation

sheets to Part I Totals (add lines 3a

0

0

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

0

2

36	
2022.06000	T'RUAH

Schedule F (Form 990) 2022

106,205.

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

United States.		o gameator o			
			an be duplicated if additional space is r		(n =
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
YEAR IN ISRAEL				TRAINING NORTH AMERICAN RABBINICAL STUDENTS STUDYING IN ISRAEL TO BE	
RABBINICAL TRAINING		2	SEE PAGE 5, PART V	HUMAN RIGHTS LEADERS.	106,205.
3 a Subtotal	0	2			106,205.

T'RUAH 45-0464545 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?L Yes
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2

232071 10-17-22

and 3b)

С

Ο.

OMB No. 1545-0047
2022
Open to Public Inspection

No

Employer identification number

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Schedule F (Form 990) 2022

T'RUAH

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax										
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities										

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(b) Region

(c) Number of

recipients

(d) Amount of

cash grant

(e) Manner of

cash disbursement

Part III can be duplicated if additional space is needed.

T'RUAH

(a) Type of grant or assistance

(g) Description of

noncash assistance

(f) Amount of

noncash

assistance

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

	Foreign Form	າຣ		
Schedule F	(Form 990) 2022	т	'RUAH	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	XNo

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 T'RUAH

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3, COLUMN D

WE INTRODUCE RABBINICAL STUDENTS TO HUMAN RIGHTS ISSUES AND LEADERS ON

THE GROUND IN ISRAEL AND THE OCCUPIED PALESTINIAN TERRITORIES AND

CONDUCT LEARNING AND REFLECTION SESSIONS AIMED AT HELPING STUDENTS

DEVELOP THEIR OWN RABBINIC VOICE.

232075 10-17-22

09120815 795584 27996.0

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	Complete if the	or if the	2022						
Department of the Treasury Internal Revenue Service		Attach to Form 990 c				_		Open to Public Inspection	
Name of the organization									
	T'RUAH						45-046		
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-E	Z filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Y	es 🗌 No be	
(i) Name and addres or entity (func		(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				1					
		n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from	registration	

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	– col. (c))
1	1 Gross receipts	326,864.			326,864
2	2 Less: Contributions	314,864.			314,864
3	3 Gross income (line 1 minus line 2)	12,000.			12,000
4	4 Cash prizes				
Ę	5 Noncash prizes				
e	6 Rent/facility costs	7,000.			7,000
7	7 Food and beverages				
6 7 8	8 Entertainment				
ę	9 Other direct expenses				70,184
1	10 Direct expense summary. Add lines 4 throu				77,184
	11 Net income summary. Subtract line 10 from				-65,184
rt	rt III Gaming. Complete if the organizatio	n answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.				
		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
				ICI Uner damind	
I 1			bingo/progressive bingo	(c) canor gammig	col. (a) through col. (
			bingo/progressive bingo	(0) 0	col. (a) through col. (
1	1 Gross revenue		bingo/progressive bingo	(0, 0	col. (a) through col. (
1	1 Gross revenue		bingo/progressive bingo		col. (a) through col. (
1			bingo/progressive bingo		col. (a) through col. (
1	Gross revenue Cash prizes		bingo/progressive bingo		col. (a) through col. (
		· · · · · · · · · · · · · · · · · · ·	bingo/progressive bingo		col. (a) through col. (
	 2 Cash prizes 3 Noncash prizes 	·	bingo/progressive bingo		col. (a) through col. (
	2 Cash prizes	·	bingo/progressive bingo	(;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	col. (a) through col. (
3	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	· · · · · · · · · · · · · · · · · · ·	bingo/progressive bingo	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	col. (a) through col. (
3	 2 Cash prizes 3 Noncash prizes 				
3	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 		Yes%	Yes %	
3	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 				
3 4 5	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 		Yes % □ No	Yes %	
3 4 5	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 		Yes%	Yes %	
3 4 9 7	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 	Yes % № No S in column (d)	Yes% No	Yes %	
1 2 3 4 5 7	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	Yes % № No S in column (d)	Yes% No	Yes %	
2 3 4 5 7	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line 	gh 5 in column (d)	Yes% No	Yes %	
- 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conditioned in the organizationed in the organizationed in the organizationed in the organizationed in the organiza	gh 5 in column (d)	Yes% No	Yes% No	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conclust the organization licensed to conduct gaming 	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	<pre>> Yes% > No</pre>		
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conditioned in the organizationed in the organizationed in the organizationed in the organizationed in the organiza	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	<pre>> Yes% > No</pre>		
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conclust the organization licensed to conduct gaming 	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	<pre>> Yes% > No</pre>		
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conclust the organization licensed to conduct gaming 	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	☐ Yes% No	Yes%	. Yes N

232082 10-27-22

Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022	T'RUAH			45-	0464545	Page 3
11	Does the organization conduct	gaming activities with nonr	nembers?			Yes	No
12	Is the organization a grantor, be	eneficiary or trustee of a tru	ist, or a member of a	a partnership or other	entity formed		
13	to administer charitable gaming Indicate the percentage of gami					Yes	No
	a The organization's facility					13a	%
	o An outside facility					13b	%
	Enter the name and address of						
	Name						
	Address						
15a	a Does the organization have a co	ontract with a third party fro	om whom the organ	ization receives gamir	ng revenue?	🗌 Yes	No No
ł	If "Yes," enter the amount of ga of gaming revenue retained by t			\$	and the amount		
Ċ	c If "Yes," enter name and addres						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensatior	ו \$	_				
	Description of services provided	Ł					
	Director/officer	Employee	Independ	ent contractor			
17	Mandatory distributions:						
á	a Is the organization required und		table distributions fr	om the gaming proce	eds to		
	retain the state gaming license?					Yes	No No
ł	b Enter the amount of distribution	•		other exempt organiz	ations or spent in the		
Pa	organization's own exempt activ art IV Supplemental Info	vities during the tax year Drmation. Provide the ex	\$	hy Dort Line 2h and		art III, lines 0, (2h 10h
		as applicable. Also provide				art III, III les 9, s	90, 100,
2320	83 10-27-22				Sche	dule G (Form	990) 2022

Schedule G (Form 990)

232084 04-01-22

SC	SCHEDULE J Compensation Information		I	OMB No. 1	545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Γ	20	22)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		-	
Depar	tment of the Treasury	Attach to Form 990.		Open to Public			
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection yer identification number			
Nam	e of the organization					mber	
Da	rt I Question	T ' RUAH s Regarding Compensation	45-0	46454	5		
Га		s negariting compensation			Vee		
10	Chook the energy	ata hay(aa) if the arganization provided any of the following to ar far a parson listed on Form	000		Yes	No	
1 a		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,				
	First-class or c						
	Travel for com						
		ation and gross-up payments Health or social club dues or initiation fee					
	—	spending account Personal services (such as maid, chauffer					
			,				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	3				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	committee X Written employment contract					
	Independent of	ompensation consultant X Compensation survey or study					
	Form 990 of o	ther organizations X Approval by the board or compensation of	committee				
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а		e payment or change-of-control payment?				X	
b		eive payment from a supplemental nonqualified retirement plan?				X	
С		eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only as ation 501/s						
-)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
э	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	лт				
а	contingent on the r			5a		x	
		ation?				X	
D		r 5b, describe in Part III.		50			
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
Ŭ	contingent on the n						
а	-			6a		x	
		ation?				X	
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3				
		ies 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t					
				8		X	
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in					
	Regulations section		<u></u>	9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2022	

232111 10-18-22

45-0464545

Page **2**

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RABBI JILL JACOBS	(i)	138,784.	0.	0.	0.	47,507.	186,291.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)



45-0464545

T'RUAH

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

10,000 AMERICAN AND CANADIAN JEWS TO BRING A MORAL VOICE TO THE MOST

PRESSING ISSUES OF OUR TIME. WE BRING THE WISDOM OF JEWISH TRADITION,

AND THE POWER OF THE JEWISH COMMUNITY TO THE SACRED WORK OF PROTECTING

THE HUMAN RIGHTS AND DIGNITY OF ALL PEOPLE.

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

STATES, CANADA, ISRAEL, AND THE OCCUPIED PALESTINIAN TERRITORIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

JUSTICE, AND AN END TO MASS INCARCERATION, AS WELL AS FIGHTING FOR

RACIAL JUSTICE AND AGAINST ANTISEMITISM AND OTHER BIGOTRIES. WE

ORGANIZE U.S. RABBIS TO SUPPORT THE HUMAN RIGHTS OF BOTH ISRAELIS AND

PALESTINIANS INCLUDING THROUGH OPPOSING OCCUPATION AND THE EXPANSION OF

SETTLEMENTS, AND FIGHTING FOR DEMOCRACY IN ISRAEL.; OTHER WORK INCLUDES

TRAINING RABBINICAL STUDENTS TO BE HUMAN RIGHTS LEADERS THROUGH A

YEAR-LONG PROGRAM FOR STUDENTS STUDYING IN ISRAEL, AND A FULL-TIME

SUMMER PROGRAM IN NEW YORK; TRAINING RABBIS TO BE HUMAN RIGHTS LEADERS

THROUGH CONVENINGS, TRAININGS, COMMUNITIES OF PRACTICE, AND ONE-ON-ONE

SUPPORT; PRODUCING JEWISH EDUCATIONAL MATERIALS ON HUMAN RIGHTS;

CREATING PRAYERS, RITUALS, AND WEEKLY TORAH COMMENTARIES; AND

AMPLIFYING THE VOICE OF RABBIS AS HUMAN RIGHTS LEADERS THROUGH OP-EDS,

PUBLIC STATEMENTS, AND PUBLIC TESTIMONY. T'RUAH ALSO RUNS EMOR: THE

INSTITUTE FOR BOLD JEWISH THOUGHT, WHICH DIGS DEEP INTO JEWISH WISDOM

TO GRAPPLE WITH THE MOST PRESSING QUESTIONS OF OUR TIME.

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

THE EXECUTIVE DIRECTOR AND DIRECTORS OF OPERATIONS REVIEW FOR CORRECTNESS.

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

BOARD REVIEW

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, CA, CO, CT, FL, GA, HI, IL, ME, MD, NV, MI, MN, MS, NC, NM, NY, UT, WV, OR, PA, RI, SC, TN, VA

WA,WI,MA,NH,ND,OH

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENT

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH ASSUMES RESPONSIBILITY

FOR OVERSIGHT OF THE AUDIT. THIS PROCESS IS UNCHANGED FROM THE PRIOR

YEAR.

232212 10-28-22

09120815 795584 27996.0

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor eacr	n return.

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

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (
print	rint T'RUAH 45-0464545								
filing your	ile by the lue date for Number, street, and room or suite no. If a P.O. box, see instructions.								
return. See			ress, see instructions.						
Enter th	e Return Code for the return that this application is for (file	e a separa	e application for each return)						
Applica	tion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 99	90 or Form 990-EZ	01	Form 1041-A			08			
Form 47	720 (individual)	03	Form 4720 (other than individual)			09			
Form 99	90-PF	04	Form 5227			10			
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	90-T (trust other than above)	06	Form 8870			12			
Form 99	00-T (corporation) RABBI JILL JACC	07							
● If the ● If thi <u>box</u> ▶ 1 II th ↓ 2 If	ohone No. ► 212-845-5201 e organization does not have an office or place of businesss is is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the organization is for the organization named above. The extension is for the organization calendar year or •	Group Exe and atta AUGUS anization's , an heck reaso	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>ST 15, 2024</u> , to file return for: d ending <u>SEP 30, 2023</u> on: Initial return	f this is fo all membe	r the whole gro ers the extensi npt organization	on is for.			
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.			
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and						
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.			
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by						
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.			
Caution instruct LHA	n: If you are going to make an electronic funds withdrawal ions. For Privacy Act and Paperwork Reduction Act Notice,			153-TE and		E for payment 68 (Rev. 1-2022)			

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