Т

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), Do not ent

Department of the Treasury Internal Revenue Service Go to ww

| 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) | 20      |
|--|---------|
| ter social security numbers on this form as it may be made public.           | Open to |
| ww irs gov/Form990 for instructions and the latest information               | Inspe   |

OMB No. 1545-0047 <u>'3</u> Public ection

| <u>A</u> I    | For th                   | e 2023 calendar year, or tax year beginning and  | ending             |  |                               |
|---------------|--------------------------|--|--------------------|--|-------------------------------|
|               | Check if<br>applicat     | le: C Name of organization   |                    | D Employer identific                   | ation number                  |
|               | Addr                     | RUAH WOODS   |                    |  |                               |
|               | Name                     |  |                    | 26-222142                              | 21                            |
|               | Initia<br>returr         |  | E Telephone number |  |                               |
|               | Final<br>return<br>termi |  | (513) 407          |  |                               |
|               | 3,907,333.               |  |                    |  |                               |
|               | Amer                     | CINCINNAII, On 45246   |                    | H(a) Is this a group re                |                               |
|               | Appli<br>tion<br>pend    | F Name and address of principal officer: I ON I MARS   |                    | for subordinates?                      | ? Yes X No                    |
|               |                          | SAME AS C ABUVE  |                    | H(b) Are all subordinates inc          |                               |
|               |                          | empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1)$  | or 52              |  | ist. See instructions         |
|               | Vebs                     |  |                    | H(c) Group exemption                   |                               |
|               | orm o<br>art l           | f organization: X Corporation Trust Association Other  | L Yea              | r of formation: 2008 M                 | State of legal domicile: OH   |
| Г             | T                        | Summary  | MOOD               | מ עדד המ אדא א                         |                               |
| e             | 1                        | Briefly describe the organization's mission or most significant activities: RUAH LIVE THEIR VOCATION TO LOVE ACCORDING TO          |                    | DIAN AC TNE                            | UND WOMEN                     |
| Governance    | 2                        | Check this box if the organization discontinued its operations or dispos   |                    |  |                               |
| /err          | 2                        | •  |                    | 1 1                                    | 6                             |
| ĝ             | 4                        | Number of independent voting members of the governing body (Part VI, line 1a)  |                    |  | 6                             |
|               | 25                       |  |                    |  |                               |
| Activities &  | 5                        | Total number of individuals employed in calendar year 2023 (Part V, line 2a)<br>Total number of volunteers (estimate if necessary) |                    | 0                                      |                               |
| ž             |                          | Total unrelated business revenue from Part VIII, column (C), line 12   |                    |  | 0.                            |
| Ă             |                          | Net unrelated business taxable income from Form 990-T, Part I, line 11   |                    |  | 0.                            |
|               |                          |  |                    | Prior Year                             | Current Year                  |
|               | 8                        | Contributions and grants (Part VIII, line 1h)  |                    | 1,082,420.                             | 1,730,254.                    |
| nu            | 9                        | Program service revenue (Part VIII, line 2g)   |                    | 669,301.                               | 999,050.                      |
| Revenue       | 10                       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                    | 738.                                   | 13,514.                       |
| Ê             | 11                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                    | 657,996.                               | 635,171.                      |
|               | 12                       | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                    | 2,410,455.                             | 3,377,989.                    |
|               | 13                       | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                    | 0.                                     | 0.                            |
|               | 14                       | Benefits paid to or for members (Part IX, column (A), line 4)  |                    | 0.                                     | 0.                            |
| ŝ             | 15                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                    | 1,552,789.                             | 1,793,009.                    |
| Expenses      | 16a                      | Professional fundraising fees (Part IX, column (A), line 11e)  | L                  | 0.                                     | 0.                            |
| ×pe           | b.                       | Total fundraising expenses (Part IX, column (D), line 25) 83,3   |                    |  |                               |
| ш             | 1 11                     | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                    | 637,544.                               | 662,250.                      |
|               |                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                    | 2,190,333.                             | 2,455,259.                    |
|               | 19                       | Revenue less expenses. Subtract line 18 from line 12   |                    | 220,122.                               | 922,730.                      |
| Net Assets or |                          |  |                    | eginning of Current Year<br>1,709,275. | End of Year                   |
| SSei          | 20                       | Total assets (Part X, line 16)   |                    | 83,293.                                | 2,776,560.                    |
| let A         | 21                       | Total liabilities (Part X, line 26)  |                    | 1,625,982.                             | <u>226,489.</u><br>2,550,071. |
|               | <u>22</u><br>art II      | Net assets or fund balances. Subtract line 21 from line 20   |                    | 1,020,902.                             | 2,550,071.                    |
|               |                          | alties of perjury, I declare that I have examined this return, including accompanying schedules                                    | and statem         | ante and to the heet of my             | knowledge and belief it is    |
|               |                          | ct, and complete. Declaration of preparer (other than officer) is based on all information of wh                                   |                    |  | Nilowieuye allu bellei, il is |
| սսԵ           | ,                        | ט, מוום סטווקוסנס. בסטומומנוטוו טו קוסקמוטו נטנווטו נוומוו טוווטדו וו א אמסכע טוו מוו וווטרווומנוטוו טו או                         | non prepare        | i nao any knowieuye.                   |                               |

| Sign      | Signature of office | er             |                      |                 |                            |       | Date              |                        |
|-----------|---------------------|----------------|----------------------|-----------------|----------------------------|-------|-------------------|------------------------|
| -         | MICHAEL J           | J RECKE        | RS, CFO              |                 |                            |       |                   |                        |
|           | Type or print nam   | e and title    |                      |                 |                            |       |                   |                        |
|           | Print/Type prepare  | er's name      |                      | Preparer's sign | ature                      | Date  | Check             | PTIN                   |
| Paid      | NATOSHA (           | CARR           |                      | NATOSHA         | CARR                       | 11/14 | /24 self-employed | P01225377              |
| Preparer  | Firm's name         | CLARK,         | SCHAEFER,            | HACKETT         | & CO.                      |       | Firm's EIN 31-    | 0800053                |
| Use Only  | Firm's address      | 1 EAST         | 4TH STREET           |                 |                            |       |                   |                        |
|           | (                   | CINCINN        | IATI, OH 45          | 202             |                            |       | Phone no. 513-    | 241-3111               |
| May the I | RS discuss this re  | eturn with the | preparer shown abo   | ve? See instruc | ctions                     |       |                   | X Yes No               |
| LHA For   | Paperwork Red       | uction Act N   | otice, see the separ | ate instructior | <b>IS.</b> 332001 12-21-23 |       |                   | Form <b>990</b> (2023) |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

|        | 1 990 (2023) RUAH WOODS 26-222142  | 1 Pa            | age <b>2</b> |
|--------|--|-----------------|--------------|
| Pa     | 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:<br>RUAH WOODS HELPS MEN AND WOMEN LIVE THEIR VOCATION TO LOVE ACCORDI                     | NC              |              |
|        | TO GOD'S PLAN AS INFORMED BY THEOLOGY OF THE BODY. THE MINISTRY  | NG              |              |
|        | PROVIDES PSYCHOLOGICAL SERVICES FROM A CATHOLIC PERSPECTIVE AND  |                 |              |
|        | DEVELOPS THEOLOGY OF THE BODY K-12 CURRICULUM AND TEACHER FORMATIO   | N TO            |              |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the                           |                 |              |
| -      |  | Yes X           | No           |
|        | If "Yes," describe these new services on Schedule O.   |                 |              |
| 3      |  | Yes X           | No           |
|        | If "Yes," describe these changes on Schedule O.  |                 |              |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expen       | ses.            |              |
|        | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense | es, and         |              |
|        | revenue, if any, for each program service reported.  |                 |              |
| 4a     |  | 9,76            |              |
|        | THE RUAH WOODS INSTITUTE (RWI) PROVIES K-12 SUPPLEMENTAL CURRICULU   |                 | R            |
|        | CATHOLIC SCHOOLS. THE CURRICULUM SUPPLEMENT IS BASED ON THE TEACHI   |                 |              |
|        | OF POPE ST. JOHN PAUL II'S THEOLOGY OF THE BODY. IN 2023, RWI SOLD   |                 |              |
|        | 82,401 UNITS OF K-8 SUPPLEMENTAL CURRICULUM TO 753 CUSTOMERS IN 12   |                 |              |
|        | DIOCESES. ALSO, IN 2023, 11,320 STUDENTS IN GRADES 9-12 USED ENROL   | LED             |              |
|        | IN THE ONLINE SUPPLEMENTAL EDUCATION.  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
| 4b     | (Code:) (Expenses \$ 719,781. including grants of \$) (Revenue \$ 80   | 5,16            | 8.)          |
|        | RUAH WOODS PSYCHOLOGICAL SERVICES (RWPS) PROVIDES PSYCHOLOGICAL  |                 | /            |
|        | COUNSELING TO A VARIETY OF PATIENTS IN KEEPTING WITH THE TEACHINGS   | OF              |              |
|        | THE CATHOLIC CHURCH. IN 2023, RWPS EMPLOYED FIVE CLINITIONS AND  |                 |              |
|        | PROVIDED SERVICES IN CINCINNATI AND DAYTON, OH. IN 2023, RWPS PROV   | IDED            |              |
|        | 4,899 CLINICAL UNITS OF PSYCHOLOGICAL COUNSELING. RWPS PROVIDED 41   | 3               |              |
|        | UNITS OF PSYCHOLOGICAL EVALUATION SERVICES FOR CANDIDATES TO CATHO   | LIC             |              |
|        | SEMINARIES AND RELIGIOUS ORDERS.   |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
| 4-     |  |                 |              |
| 4c     | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  |                 | )            |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
|        |  |                 |              |
| 4d     | Other program services (Describe on Schedule O.)   |                 |              |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )  |                 |              |
| 4e     | Total program service expenses     2,022,458.  | 000             |              |
| 332002 | 2 12-21-23   | rm <b>990</b> ( | (2023)       |

| 26-2221421 | Page 3 |
|------------|--------|
|------------|--------|

| Form   | 990 (2023) RUAH WOODS 26-2221  | 421       | Р   | age <b>3</b>   |
|--------|--|-----------|-----|----------------|
| Par    | 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         | Х   |                |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2         | Х   |                |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |           |     |                |
|        | public office? If "Yes," complete Schedule C, Part I   | 3         |     | X              |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |           |     |                |
|        | during the tax year? If "Yes," complete Schedule C, Part II  | 4         |     | X              |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |           |     |                |
|        | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5         |     | X              |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |           |     |                |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6         |     | X              |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |           |     |                |
|        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7         |     | X              |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |           |     |                |
|        | Schedule D, Part III   | 8         |     | X              |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for  |           |     |                |
|        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |           |     |                |
|        | If "Yes," complete Schedule D, Part IV   | 9         |     | x              |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |           |     |                |
|        | or in quasi-endowments? If "Yes," complete Schedule D, Part V  | 10        |     | x              |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,  |           |     |                |
|        | as applicable.   |           |     |                |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |           |     |                |
|        | Part VI  | 11a       | Х   |                |
| b      | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |           |     |                |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b       |     | X              |
| с      | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |           |     |                |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c       |     | X              |
| d      | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |           |     |                |
|        | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d       |     | X              |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e       |     | X              |
|        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |           |     |                |
|        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f       |     | X              |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |           |     |                |
|        | Schedule D, Parts XI and XII   | 12a       |     | x              |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?  |           |     |                |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b       |     | 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       |     | x              |
|        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |           |     |                |
| -      | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   | 1         |     |                |
|        | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b       |     | x              |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |           |     |                |
|        | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15        |     | x              |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |           |     |                |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16        |     | x              |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |           |     | <u> </u>       |
|        | 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   | <u> </u>  |     | <u> </u>       |
| 10     |  | 18        | х   |                |
| 19     | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i><br>Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," |           |     | <u> </u>       |
| 19     |  | 19        |     | x              |
| 20-    | complete Schedule G, Part III  | 19<br>20a |     | X              |
|        | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>  | 20a       |     | <u></u>        |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 200       |     | ├──            |
| 21     | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>  | 21        |     | x              |
| 333000 | 12-21-23   |           | 990 | (2023)         |
| 002003 |  | 1 0111    |     | $(C_{2}O_{2})$ |

3 2023.05000 RUAH WOODS

| Form | 990 (2023) RUAH WOODS 26-2221   | 421     | Р   | age <b>4</b> |
|------|---|---------|-----|--------------|
| Pa   | rt IV Checklist of Required Schedules (continued)   |         |     |              |
|      |   |         | Yes | No           |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |         |     |              |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22      |     | X            |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   |         |     |              |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |         |     |              |
|      | Schedule J  | 23      | Х   |              |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |         |     |              |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |         |     |              |
|      | Schedule K. If "No," go to line 25a   | 24a     |     | X            |
| 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      |     | x            |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |         |     |              |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |         |     |              |
|      | 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? <i>If</i>   |         |     |              |
|      | "Yes," complete Schedule L, Part IV   | 28a     |     | x            |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b     |     | X            |
|      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  |         |     |              |
| Ŭ    | "Yes," complete Schedule L, Part IV   | 28c     |     | x            |
| 29   | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   | 29      | Х   |              |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   | 25      |     |              |
| 00   |   | 30      |     | x            |
| 31   | contributions? <i>If "Yes," complete Schedule M</i><br>Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>  | 31      |     | X            |
| 32   | Did the organization requidate, terminate, or dissolve and cease operations: <i>IF Yes, Complete Schedule N, Part F</i><br>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | - 51    |     | <u> </u>     |
| 32   |   | 32      |     | x            |
| 22   | Schedule N, Part II<br>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | 32      |     |              |
| 33   |   | 33      |     | x            |
| 24   | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33      |     | <u></u>      |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   | 24      |     | x            |
| 05-  | Part V, line 1  | 34      |     | X            |
|      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a     |     |              |
| D    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | 0.51    |     |              |
| 00   | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b     |     |              |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |         |     | v            |
|      | If "Yes," complete Schedule R, Part V, line 2   | 36      |     | X            |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |         |     | v            |
| ~-   | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37      |     | X            |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  |         | 77  | 1            |
| Dar  | Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance   | 38      | Х   | <u> </u>     |
| Pa   |   |         |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part V  | <u></u> |     |              |
| -    |   |         | Yes | No           |
|      | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12  | -       |     |              |
|      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C  | 4       |     |              |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |         |     |              |
|      | (gambling) winnings to prize winners?   | 1c      | Х   | l I          |

332004 12-21-23

Form 990 (2023)

| Form   | 990 (2023) RUAH WOODS   |          | 26-2221               | 421  | P           | age <b>5</b> |
|--------|---|----------|-----------------------|------|-------------|--------------|
| Par    | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |          |                       |      |             | U            |
|        |   |          |                       |      | Yes         | No           |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                         |          |                       |      |             |              |
|        | filed for the calendar year ending with or within the year covered by this return                                   | 2a       | 25                    |      |             |              |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax return        | าร?      |                       | 2b   | Х           |              |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?                       |          |                       | 3a   |             | Х            |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule           | ο        |                       | 3b   |             |              |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other a           |          | ty over, a            |      |             |              |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial a            | ccoun    | t)?                   | 4a   |             | Х            |
| 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 Ad               | ccoun    | ts (FBAR).            |      |             |              |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?               |          |                       | 5a   |             | Х            |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact        | tion?    |                       | 5b   |             | Х            |
| с      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |          |                       | 5c   |             |              |
|        | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the              |          |                       |      |             |              |
|        | any contributions that were not tax deductible as charitable contributions?   |          |                       | 6a   |             | Х            |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contribution          |          |                       |      |             |              |
|        | were not tax deductible?  |          |                       | 6b   |             |              |
| 7      | Organizations that may receive deductible contributions under section 170(c).                                       |          |                       |      |             |              |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices p  | rovided to the payor? | 7a   | Х           |              |
|        |   |          |                       | 7b   | Х           |              |
|        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa             |          |                       |      |             |              |
|        | to file Form 8282?  | •        |                       | 7c   |             | Х            |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d       |                       |      |             |              |
|        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co            | •        | t?                    | 7e   |             | Х            |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra           |          |                       | 7f   |             | Х            |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Fo        |          |                       | 7g   |             |              |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization      |          |                       | 7h   |             |              |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained                       |          |                       |      |             |              |
|        | sponsoring organization have excess business holdings at any time during the year?                                  | -        |                       | 8    |             |              |
| 9      | Sponsoring organizations maintaining donor advised funds.   |          |                       |      |             |              |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?                                  |          |                       | 9a   |             |              |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                   |          |                       | 9b   |             |              |
| 10     | Section 501(c)(7) organizations. Enter:   |          |                       |      |             |              |
| а      | Initiation fees and capital contributions included on Part VIII, line 12  | 10a      |                       |      |             |              |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                         | 10b      |                       |      |             |              |
| 11     | Section 501(c)(12) organizations. Enter:  |          |                       |      |             |              |
| 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.)   | 11b      |                       |      |             |              |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                | 1041     | ?                     | 12a  |             |              |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                               | 12b      |                       |      |             |              |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |          |                       |      |             |              |
| а      | Is the organization licensed to issue qualified health plans in more than one state?                                |          |                       | 13a  |             |              |
|        | Note: See the instructions for additional information the organization must report on Schedule O.                   |          |                       |      |             |              |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the                    | ı        | I                     |      |             |              |
|        | organization is licensed to issue qualified health plans  | 13b      |                       |      |             |              |
| С      | Enter the amount of reserves on hand  | 13c      |                       |      |             |              |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?                          |          |                       | 14a  |             | X            |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul              | le O     |                       | 14b  |             |              |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner               |          |                       |      |             |              |
|        | excess parachute payment(s) during the year?  |          |                       | 15   |             | X            |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.  |          |                       |      |             |              |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment             | incon    | ne?                   | 16   |             | X            |
|        | If "Yes," complete Form 4720, Schedule O.   |          |                       |      |             |              |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act              | tivities | i                     |      |             |              |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                              |          |                       | 17   |             |              |
|        | If "Yes," complete Form 6069.   |          |                       |      |             |              |
| 332005 | 12-21-23  |          |                       | Form | 9 <b>90</b> | (2023)       |

| -      | 990 (2023) RUAH WOODS  |           | 26-22              |          |          |            | Pag         |
|--------|--|-----------|--------------------|----------|----------|------------|-------------|
| Pa     | rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2   |           |                    | for a "l | No" r    | espor      | ise         |
|        | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C  |           |                    |          |          |            | [           |
| 800    | Check if Schedule O contains a response or note to any line in this Part VI  |           |                    | <u></u>  |          |            |             |
| 500    | tion A. doverning body and management  |           |                    |          |          | Yes        | Γ           |
| 1a     | Enter the number of voting members of the governing body at the end of the tax year  | 1a        | 1                  | 6        |          | Tes        | t           |
| iu     | 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.  |           |                    |          |          |            |             |
| b      | Enter the number of voting members included on line 1a, above, who are independent   | 1b        |                    | 6        |          |            |             |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi   | •         | l<br>any other     | $\dashv$ |          |            |             |
| 2      |  |           |                    |          | 2        |            | L           |
| 3      | officer, director, trustee, or key employee?<br>Did the organization delegate control over management duties customarily performed by or under th  |           |                    | ····  -  | 2        |            | t           |
| 5      |  |           |                    |          | 3        |            |             |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form  |           |                    |          | 4        |            | t           |
| -<br>5 | Did the organization become aware during the year of a significant diversion of the organization's as  |           |                    |          | 5        |            | t           |
| 6      | Did the organization have members or stockholders?   |           |                    | ····· Γ  | 6        |            | t           |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to elect or a  |           |                    | ····  -  | <u> </u> |            | t           |
| 74     | more members of the governing body?  |           |                    |          | 7a       |            |             |
| h      | Are any governance decisions of the organization reserved to (or subject to approval by) members, s  |           |                    | ····  -  | 74       |            | t           |
| 5      | persons other than the governing body?   |           |                    |          | 7b       |            |             |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye  |           |                    | ····  -  | 15       |            | t           |
| a      | The governing body?  | -         | -                  |          | 8a       | х          | Γ           |
| b      | Each committee with authority to act on behalf of the governing body?  |           |                    |          | 8b       | X          | t           |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea  |           |                    | ····  -  |          |            | t           |
| -      | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |           |                    |          | 9        |            |             |
| Sec    | tion B. Policies (This Section B requests information about policies not required by the Internal Re   | evenue    | Code )             |          | -        |            | -           |
|        |  |           |                    |          |          | Yes        | Γ           |
| 10a    | Did the organization have local chapters, branches, or affiliates?   |           |                    | Г        | 10a      |            | ſ           |
|        | If "Yes," did the organization have written policies and procedures governing the activities of such c   |           |                    | Γ        |          |            | Γ           |
|        | and branches to ensure their operations are consistent with the organization's exempt purposes?  |           |                    | L        | 10b      |            |             |
| 11a    | Has the organization provided a complete copy of this Form 990 to all members of its governing boo   | ly befor  | re filing the form | ?        | 11a      | Х          |             |
| b      | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |           |                    |          |          |            |             |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13  |           |                    | L        | 12a      | Х          |             |
| b      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   | e to con  | flicts?            | L        | 12b      | Х          |             |
| С      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "   | Yes," d   | lescribe           |          |          |            |             |
|        | on Schedule O how this was done  |           |                    | L        | 12c      | Х          | L           |
| 13     | Did the organization have a written whistleblower policy?  |           |                    | L        | 13       | X          | L           |
| 14     | Did the organization have a written document retention and destruction policy?   |           |                    |          | 14       | X          | L           |
| 15     | Did the process for determining compensation of the following persons include a review and approv  | al by in  | dependent          |          |          |            |             |
|        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |           |                    |          |          |            |             |
|        | The organization's CEO, Executive Director, or top management official   |           |                    |          | 15a      | X          | Ļ           |
| b      | Other officers or key employees of the organization  |           |                    |          | 15b      | X          | L           |
|        | 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 arrange   |           |                    |          |          |            | L           |
|        | taxable entity during the year?  |           |                    | -        | 16a      |            | L           |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate   | •         | •                  |          |          |            |             |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga   |           |                    |          |          |            |             |
|        | exempt status with respect to such arrangements?   |           |                    |          | 16b      |            | L           |
|        | tion C. Disclosure   |           |                    |          |          |            | _           |
| 17     | List the states with which a copy of this Form 990 is required to be filedNONE   |           |                    |          |          |            | _           |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a   | ind 990   | I-T (section 501(  | c)(3)s c | only)    | availa     | D           |
|        | for public inspection. Indicate how you made these available. Check all that apply.  |           |                    |          |          |            |             |
|        | Own website Another's website X Upon request Other (explained of the context of t |           |                    |          |          |            |             |
| 19     | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co  | onflict o | of interest policy | , and f  | tinano   | cial       |             |
| ••     | statements available to the public during the tax year.  |           |                    |          |          |            |             |
| 20     | State the name, address, and telephone number of the person who possesses the organization's bo<br>MTKE PECKEPC = (513) + 407 - 8672   | oks and   | a records          |          |          |            |             |
|        | MIKE RECKERS - (513) 407-8672<br>6675 WESSELMAN RD, CINCINNATI, OH 45248   |           |                    |          |          |            | _           |
|        | · · · ·  |           |                    |          | Le       | 900        | <i>.</i> ,, |
| 32006  | 6 12-21-23<br>6  |           |                    |          | rorm     | 990        | (2          |
| )11    | .14 758050 4000046026 2023.05000 RUAH WOO  | פתו       |                    |          |          | 40         | 10          |
| 노노     |  |           |                    |          |          | <b>=</b> U |             |

| Form 990 (2023) RUAH WOODS  | 26-2221421 Page 7 |
|---|-------------------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, High   | est 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  |                   |
| <ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organization)</li> </ul> | , s               |

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)                    |                                   |                       | (0       | C)           |                                 |        | (D)                     | (E)                     | (F)                          |
|--|------------------------|-----------------------------------|-----------------------|----------|--------------|---------------------------------|--------|-------------------------|-------------------------|------------------------------|
| Name and title                                   | Average<br>hours per   | per box, unless person is both an |                       |          |              |                                 |        | Reportable compensation | Reportable compensation | Estimated amount of          |
|  | week                   |                                   | officer and a dire    |          |              |                                 |        | from                    | from related            | other                        |
|  | (list any              | ector                             |                       |          |              |                                 |        | the                     | organizations           | compensation                 |
|  | hours for              | or dir                            | e                     |          |              | ated                            |        | organization            | (W-2/1099-MISC/         | from the                     |
|  | related                | ustee                             | truste                |          | 96           | bens                            |        | (W-2/1099-MISC/         | 1099-NEC)               | organization                 |
|  | organizations<br>below | ual tri                           | tional                |          | n ploye      | t com<br>/ee                    |        | 1099-NEC)               |                         | and related<br>organizations |
|  | line)                  | Individual trustee or director    | Institutional trustee | Officer  | Key employee | Highest compensated<br>employee | Former |                         |                         | organizations                |
| (1) ANDREW SODERGREN                             | 40.00                  | -                                 | -                     |          |              | <u> </u>                        | Ľ.     |                         |                         |                              |
| DIRECTOR OF PSYCHOLOGICAL SERVICES               |                        |                                   |                       |          |              | x                               |        | 158,050.                | 0.                      | 23,257.                      |
| (2) MICHAEL RECKERS                              | 40.00                  |                                   |                       |          |              |                                 |        |                         |                         |                              |
| CFO  |                        |                                   |                       | Х        |              |                                 |        | 93,717.                 | 0.                      | 18,941.                      |
| (3) EMILY DOWDELL                                | 40.00                  |                                   |                       |          |              |                                 |        |                         |                         |                              |
| EMPLOYEE   |                        |                                   |                       |          |              | X                               |        | 108,617.                | 0.                      | 2,172.                       |
| (4) COURTNEY BROWN                               | 40.00                  |                                   |                       |          |              |                                 |        |                         |                         |                              |
| EXECUTIVE DIRECTOR                               |                        |                                   |                       | X        |              |                                 |        | 64,217.                 | 0.                      | 12,313.                      |
| (5) MICHAEL GRAZINSKI                            | 40.00                  | -                                 |                       |          |              |                                 |        | 40.016                  | •                       | 0 010                        |
| PRESIDENT  |                        |                                   |                       | X        |              |                                 |        | 47,316.                 | 0.                      | 9,319.                       |
| (6) TONY MAAS                                    | 20.00                  | -                                 |                       | 37       |              |                                 |        |                         | 0                       | 0                            |
| PRESIDENT OF THE BOARD (7) STEVE TRIMBLE         | 4.00                   |                                   |                       | X        |              |                                 |        | 0.                      | 0.                      | 0.                           |
| (7) STEVE TRIMBLE<br>VICE PRESIDENT OF THE BOARD | 4.00                   | -                                 |                       | x        |              |                                 |        | 0.                      | 0.                      | 0.                           |
| (8) THOMAS GRUBER                                | 8.00                   |                                   |                       | <u> </u> |              |                                 |        | 0.                      | 0.                      | 0.                           |
| TREASURER  | 0.00                   |                                   |                       | x        |              |                                 |        | 0.                      | 0.                      | 0.                           |
| (9) KENNEDY JONES                                | 4.00                   |                                   |                       |          |              |                                 |        | <b>Ŭ</b> •              |                         | <b>.</b>                     |
| DIRECTOR   |                        | х                                 |                       |          |              |                                 |        | 0.                      | 0.                      | 0.                           |
| (10) MARC NELTNER                                | 4.00                   |                                   |                       |          |              |                                 |        |                         |                         |                              |
| DIRECTOR   |                        | х                                 |                       |          |              |                                 |        | 0.                      | 0.                      | 0.                           |
| (11) JOSEPH BRINCK                               | 4.00                   |                                   |                       |          |              |                                 |        |                         |                         |                              |
| DIRECTOR   |                        | Х                                 |                       |          |              |                                 |        | 0.                      | 0.                      | 0.                           |
|  |                        |                                   |                       |          |              |                                 |        |                         |                         |                              |
|  |                        |                                   |                       |          |              |                                 |        |                         |                         |                              |
|  |                        | _                                 |                       |          |              |                                 |        |                         |                         |                              |
|  | _                      |                                   |                       |          |              |                                 |        |                         |                         |                              |
|  |                        | -                                 |                       |          |              |                                 |        |                         |                         |                              |
|  |                        |                                   |                       |          | -            | -                               |        |                         |                         | ·                            |
|  |                        | 1                                 |                       |          |              |                                 |        |                         |                         |                              |
|  |                        |                                   |                       |          |              |                                 |        |                         |                         |                              |
|  |                        | 1                                 |                       |          |              |                                 |        |                         |                         |                              |
|  |                        |                                   |                       |          |              |                                 |        |                         |                         |                              |
|  |                        |                                   |                       |          |              |                                 |        |                         |                         |                              |
| 332007 12-21-23                                  |                        |                                   |                       |          |              |                                 |        |                         |                         | Form <b>990</b> (2023)       |

332007 12-21-23

Form **990** (2023)

7

|     | Form 990 (2023) RUAH WOODS 26-222142   |  |                                |                            |                                       |                         |                                 |                     |  | 26-22   | 221                 | 421                | Pa  | age <b>8</b>    |
|-----|--|--|--------------------------------|----------------------------|---------------------------------------|-------------------------|---------------------------------|---------------------|--|---|---------------------|--------------------|---|-----------------|
| Par | VII Section A. Officers, Directors, Trus   | tees, Key Emp  | oloy                           | ees,                       | and                                   | l Hig                   | ghes                            | t C                 | ompensated Employee  | s (continued)   |                     |                    |   |                 |
|     | <b>(A)</b><br>Name and title   | (B)<br>Average<br>hours per<br>week<br>(list any<br>hours for<br>related | box<br>offi                    | not c<br>, unle:<br>cer ar | ss per                                | ition<br>more<br>rson i | than c<br>s both<br>r/trus      | tee)                | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization   | (E)<br>Reportable<br>compensatio<br>from related<br>organization<br>(W-2/1099-MIS | on<br>1<br>s<br>SC/ | an<br>com<br>fr    | (F)<br>stimate<br>nount<br>other<br>pensa<br>om the | of<br>tion<br>e |
|     |  | organizations<br>below<br>line)  | Individual trustee or director | In stitutional trustee     | Officer                               | Key employee            | Highest compensated<br>employee | Former              | (W-2/1099-MISC/<br>1099-NEC)   | 1099-NEC)   |                     | an                 | anizat<br>d relati<br>anizatio                      | ed              |
|     |  |  |                                |                            |                                       |                         |                                 |                     |  |   |                     |                    |   |                 |
|     |  |  |                                |                            |                                       |                         |                                 |                     |  |   |                     |                    |   |                 |
|     |  |  |                                |                            |                                       |                         |                                 |                     |  |   |                     |                    |   |                 |
|     | Subset   |  |                                |                            |                                       |                         |                                 |                     | 471,917.   |   | 0.                  | 6                  | 6,0   | 0.2             |
| с   | Subtotal<br>Total from continuation sheets to Part VI<br>Total (add lines 1b and 1c)<br>Total number of individuals (including but n | l, Section A   | · · · · · · ·                  | ·····                      | · · · · · · · · · · · · · · · · · · · |                         |                                 |                     | 0.<br>471,917.   | 000 of reportable   | 0.                  |                    | 6,0   | 0.              |
|     | compensation from the organization   |  | 030                            | iiste                      | uac                                   |                         | ) <b>V</b> II                   |                     | ceived more than \$100,  |   | ;<br>               |                    | <u> </u>  | 2               |
| 3   | Did the organization list any <b>former</b> officer,<br>line 1a? If "Yes," complete Schedule J for si                                | -  |                                |                            | •                                     |                         |                                 | Ŭ                   | • •  |   |                     | 3                  | Yes   | No<br>X         |
| 4   | For any individual listed on line 1a, is the su<br>and related organizations greater than \$150                                      | m of reportabl<br>),000? If "Yes,  | e co<br>" <i>co</i>            | mpe<br>mple                | ensa<br>ete S                         | tion<br>Sche            | and<br>and                      | oth<br>9 <i>J f</i> | ner compensation from the form | he organization   |                     | 4                  | x   |                 |
| 5   | Did any person listed on line 1a receive or a<br>rendered to the organization? If "Yes." com   |  |                                |                            |                                       |                         |                                 |                     |  |   |                     | 5                  |   | Х               |
| 1   | ion B. Independent Contractors<br>Complete this table for your five highest co   | -  |                                |                            |                                       |                         |                                 |                     |  |   | pensat              | tion fro           | om  |                 |
|     | the organization. Report compensation for t<br>(A)<br>Name and business  |  |                                | ondir                      |                                       | ith c                   | or wi                           | thin                | the organization's tax y<br>(B)<br>Description of s  |   | С                   | <b>(C</b><br>compe | <b>;)</b><br>nsatio                                 | n               |
|     |  |  |                                |                            |                                       |                         |                                 | _                   |  |   |                     |                    |   |                 |
|     |  |  |                                |                            |                                       |                         |                                 |                     |  |   |                     |                    |   |                 |
|     |  |  |                                |                            |                                       |                         |                                 |                     |  |   |                     |                    |   |                 |
| 2   | Total number of independent contractors (ir \$100,000 of compensation from the organiz   | •  | ot lin                         | niteo                      | d to 1                                | thos<br>(               |                                 | ted                 | above) who received mo   | ore than  |                     | Farrer             | <b>990</b> (2                                       | 2000            |
|     |  |  |                                |                            |                                       |                         |                                 |                     |  |   |                     | rorm               | ວອບ ()  | 2023)           |

|                           | t VII      |   |         | WOODS<br>ue    |          |                     |   |  | 26-2221                                     | 421 Pa   |
|---------------------------|------------|---|---------|----------------|----------|---------------------|---|--|---|--|
|                           |            | Check if Schedule O                                   | conta   | ains a respo   | nse (    | or note to any line | e in this Part VIII<br>(A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue exclu<br>from tax und<br>sections 512 - |
| ŝ                         | 1 a        | Federated campaigns                                   |         | 1a             |          |                     |   |  |   |  |
| iuno                      |            | Membership dues                                       |         |                |          |                     |   |  |   |  |
| and Other Similar Amounts | с          | Fundraising events                                    |         | 1c             |          | 142,473.            |   |  |   |  |
| ar A                      |            | Related organizations                                 |         |                |          |                     |   |  |   |  |
| Ē                         | е          | Government grants (contr                              | ibutio  | ons) <b>1e</b> |          |                     |   |  |   |  |
| Š                         | f          | All other contributions, gifts,                       | grant   | s, and         |          |                     |   |  |   |  |
| the                       |            | similar amounts not included                          | l abov  | re <b>1f</b>   |          | 1,587,781.          |   |  |   |  |
| D                         | g          | Noncash contributions included in                     | lines 1 | a-1f <b>1g</b> | 6        | 30,634.             |   |  |   |  |
| an                        | h          | Total. Add lines 1a-1f                                |         |                |          |                     | 1,730,254.                                  |  |   |  |
|                           |            |   |         |                |          | Business Code       |   |  |   |  |
|                           | 2 a        | PSYCHOLOGICAL SERVIO                                  |         |                |          | 621300              | 789,749.                                    | 789,749.                                     |   |  |
| θ                         | b          | TRAINING & FORMATIO                                   | N RE    | VENUE          |          | 611710              | 209,301.                                    | 209,301.                                     |   |  |
| enu                       | С          |   |         |                |          |                     |   |  |   |  |
| Revenue                   | d          |   |         |                |          |                     |   |  |   |  |
| ٦                         | е          |   |         |                |          |                     |   |  |   |  |
|                           |            | All other program service                             |         |                |          |                     |   |  |   |  |
|                           |            | Total. Add lines 2a-2f                                |         |                |          |                     | 999,050.                                    |  |   |  |
|                           | 3          | Investment income (includ                             | •       |                |          |                     | 12.054                                      |  |   | 10.0   |
|                           |            |   |         |                |          |                     | 13,054.                                     |  |   | 13,0   |
|                           | 4          | Income from investment o                              |         |                |          | F                   |   |  |   |  |
|                           | 5          | Royalties   | ·····   |                |          |                     |   |  |   |  |
|                           | •          |   |         | (i) Real       |          | (ii) Personal       |   |  |   |  |
|                           |            | Gross rents   | 6a      |                |          |                     |   |  |   |  |
|                           |            | Less: rental expenses                                 | 6b      |                |          |                     |   |  |   |  |
|                           |            | Rental income or (loss)<br>Net rental income or (loss | 6c      |                |          |                     |   |  |   |  |
|                           |            | Gross amount from sales of                            | )       | (i) Securit    |          | (ii) Other          |   |  |   |  |
|                           | <i>i</i> a | assets other than inventory                           | 7a      | 75,4           |          |                     |   |  |   |  |
|                           | h          | Less: cost or other basis                             | 1 a     | ,,,,           |          |                     |   |  |   |  |
|                           | D          | and sales expenses                                    | 7b      | 75,0           | )12.     |                     |   |  |   |  |
|                           | c          | Gain or (loss)  |         |                | 160.     |                     |   |  |   |  |
|                           |            | Net gain or (loss)                                    |         |                |          |                     | 460.  |  |   | 4  |
|                           |            | Gross income from fundraisi                           |         |                | <u> </u> |                     |   |  |   |  |
|                           | • •        | including \$  |         |                |          |                     |   |  |   |  |
|                           |            | contributions reported on                             |         |                |          |                     |   |  |   |  |
|                           |            | Part IV, line 18                                      |         |                | 8a       | 49,570.             |   |  |   |  |
|                           | b          | Less: direct expenses                                 |         |                | 8b       | 60,277.             |   |  |   |  |
|                           | с          | Net income or (loss) from                             | fund    | raising ever   | nts      |                     | -10,707.                                    |  |   | -10,7  |
|                           | 9 a        | Gross income from gamin                               | ig act  | tivities. See  |          |                     |   |  |   |  |
|                           |            | Part IV, line 19                                      |         |                | 9a       |                     |   |  |   |  |
|                           | b          | Less: direct expenses                                 |         |                | 9b       |                     |   |  |   |  |
|                           | С          | Net income or (loss) from                             | gami    | ing activities | s        |                     |   |  |   |  |
|                           | 10 a       | Gross sales of inventory,                             |         |                |          |                     |   |  |   |  |
|                           |            | and allowances  |         |                | 10a      |                     |   |  |   |  |
|                           |            | Less: cost of goods sold                              |         |                | 10b      | 394,055.            |   |  |   |  |
| $\downarrow$              | с          | Net income or (loss) from                             | sales   | s of invento   | ry       |                     | 645,878.                                    | 645,878.                                     |   |  |
|                           |            |   |         |                |          | Business Code       |   |  |   |  |
| Revenue                   | 11 a       |   |         |                |          |                     |   |  |   |  |
| ent                       | b          |   |         |                |          |                     |   |  |   |  |
| Sev                       | С          |   |         |                |          |                     |   |  |   |  |
| 1                         |            | All other revenue                                     |         |                |          | L                   |   |  |   |  |
|                           |            | Total. Add lines 11a-11d                              |         |                |          |                     |   |  |   |  |
|                           | 12         | Total revenue. See instruction                        | ons     |                |          |                     | 3,377,989.                                  | 1,644,928.                                   | 0.  | 2,8  |

|          | on 501(c)(3) and 501(c)(4) organizations must comp<br>Check if Schedule O contains a respon        |                    |                             |                                 |   |
|----------|--|--------------------|-----------------------------|---------------------------------|---|
| Do       | not include amounts reported on lines 6b,  | (A)                | (B)                         | (C)                             | (D)                                     |
|          | 8b, 9b, and 10b of Part VIII.  | Total expenses     | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses                 |
| 1        | Grants and other assistance to domestic organizations  |                    | ·                           |                                 | ·                                       |
|          | 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,   |                    |                             |                                 |   |
|          | trustees, and key employees  | 245,823.           | 146,857.                    | 73,388.                         | 25,578.                                 |
| 6        | Compensation not included above to disqualified  |                    |                             |                                 |   |
|          | persons (as defined under section 4958(f)(1)) and  |                    |                             |                                 |   |
|          | persons described in section 4958(c)(3)(B)   |                    |                             |                                 |   |
| 7        | Other salaries and wages   | 1,235,827.         | 1,069,760.                  | 146,318.                        | 19,749.                                 |
| 8        | Pension plan accruals and contributions (include   |                    |                             |                                 |   |
|          | section 401(k) and 403(b) employer contributions)  | 15,515.            | 12,738.                     | 2,296.<br>27,664.               | 481.                                    |
| 9        | Other employee benefits  | 188,720.           | 155,043.                    | 27,664.                         | 481.<br>6,013.<br>3,321.                |
| 10       | Payroll taxes  | 107,124.           | 87,949.                     | 15,854.                         | 3,321.                                  |
| 11       | Fees for services (nonemployees):  |                    |                             |                                 |   |
| а        | Management   |                    |                             |                                 |   |
| b        | Legal  | 836.               | 836.                        |                                 |   |
| С        | Accounting   | 5,942.             | 4,951.                      | 694.                            | 297.                                    |
| d        | Lobbying   |                    |                             |                                 |   |
| е        | Professional fundraising services. See Part IV, line 17  |                    |                             |                                 |   |
| f        | Investment management fees   |                    |                             |                                 |   |
| g        | Other. (If line 11g amount exceeds 10% of line 25,   | 45 000             | 45 000                      |                                 |   |
|          | column (A), amount, list line 11g expenses on Sch 0.)  | 45,093.            | 45,093.                     |                                 |   |
| 12       | Advertising and promotion  | 15,042.<br>58,311. | 15,042.                     | 12 022                          | 2 02/                                   |
| 13       | Office expenses  | 121,497.           | <u>41,554.</u><br>101,207.  | <u>12,923.</u><br>14,215.       | <u>3,834</u> .<br>6,075.                |
| 14       | Information technology   | 141,497.           | 101,207.                    | 14,210.                         | 0,075.                                  |
| 15       | Royalties  | 94,574.            | 78,780.                     | 11,065.                         | 4,729.                                  |
| 16       |  | 86,632.            | 57,988.                     | 28,644.                         | 4,129.                                  |
| 17       | Travel   | 00,052.            | 57,900.                     | 20,044.                         |   |
| 18       | Payments of travel or entertainment expenses   |                    |                             |                                 |   |
| 10       | for any federal, state, or local public officials  | 43,577.            | 43,577.                     |                                 |   |
| 19<br>20 | Conferences, conventions, and meetings   | ±J,J//•            |                             |                                 |   |
| 20<br>21 | Payments to affiliates   |                    |                             |                                 |   |
| 21<br>22 | Depreciation, depletion, and amortization  | 104,897.           | 86,726.                     | 12,965.                         | 5,206.                                  |
| 22<br>23 | E E E E E E E E E E E E E E E E E E E  | 9,688.             | 8,542.                      | 803.                            | 343.                                    |
| 23<br>24 | Insurance<br>Other expenses. Itemize expenses not covered  | 5,000.             | 0,0120                      |                                 | 545                                     |
| 24       | 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        | MISCELLANEOUS EXPENSE  | 61,346.            | 51,000.                     | 2,613.                          | 7,733.                                  |
| b        | PROFESSIONAL DUES & SER  | 14,815.            | 14,815.                     | _,                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| c        |  | _,                 | _,                          |                                 |   |
| d        |  |                    |                             |                                 |   |
|          | All other expenses   |                    |                             |                                 |   |
| 25       | Total functional expenses. Add lines 1 through 24e   | 2,455,259.         | 2,022,458.                  | 349,442.                        | 83,359.                                 |
| 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)   |                    |                             |                                 | - 000 (                                 |

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Form 990 (2023)

Form 990 (2023)

RUAH WOODS

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

26-2221421 Page 11

| Pa                          |          | Balance Sheet   |               |                                       |                                 |          |                                |
|-----------------------------|----------|---|---------------|---------------------------------------|---------------------------------|----------|--------------------------------|
|                             |          | Check if Schedule O contains a response or note   | e to any line | in this Part X                        |                                 |          |                                |
|                             |          |   |               |                                       | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year      |
|                             | 1        | Cash - non-interest-bearing   |               |                                       | 307,286.                        | 1        | 116,038.                       |
|                             | 2        | Savings and temporary cash investments  |               |                                       | 43,476.                         | 2        | 552,576.                       |
| l                           | 3        | Pledges and grants receivable, net  |               |                                       | 30,000.                         | 3        | 0.                             |
| l                           | 4        | Accounts receivable, net  | 23,492.       | 4                                     | 49,779.                         |          |                                |
|                             | 5        | Loans and other receivables from any current or   |               |                                       |                                 |          |                                |
| l                           |          | trustee, key employee, creator or founder, subst  | antial contri | butor, or 35%                         |                                 |          |                                |
| l                           |          | controlled entity or family member of any of thes   | e persons     |                                       |                                 | 5        |                                |
| l                           | 6        | Loans and other receivables from other disqualif  |               |                                       |                                 |          |                                |
| l                           |          | under section 4958(f)(1)), and persons described  |               | l l l l l l l l l l l l l l l l l l l |                                 | 6        |                                |
| sts                         | 7        | Notes and loans receivable, net   |               |                                       | 1.1.0.000                       | 7        | 000 400                        |
| Assets                      | 8        | Inventories for sale or use   |               |                                       | 149,886.                        | 8        | 277,439.<br>8,332.             |
| <                           | 9        |   |               |                                       | 9,825.                          | 9        | 8,332.                         |
| l                           | 10a      | Land, buildings, and equipment: cost or other   |               | 1 700 765                             |                                 |          |                                |
| l                           |          | basis. Complete Part VI of Schedule D   | 10a           | $\frac{1,780,765}{646,022}$           | 1 144 506                       |          | 1 1 2 2 2 2 2                  |
| l                           |          |   |               |                                       | 1,144,526.                      | 10c      | <u>1,133,832</u> .<br>638,564. |
| l                           | 11       | Investments - publicly traded securities  |               |                                       | 0.                              | 11       | 030,304.                       |
| l                           | 12       | Investments - other securities. See Part IV, line 1                                       |               |                                       |                                 | 12       |                                |
| l                           | 13       | Investments - program-related. See Part IV, line 1  |               |                                       | 784.                            | 13       | 0.                             |
| l                           | 14       | Intangible assets   |               |                                       | /04.                            | 14       | 0.                             |
|                             | 15       | Other assets. See Part IV, line 11  |               |                                       | 1,709,275.                      | 15<br>16 | 2,776,560.                     |
|                             | 16<br>17 | Total assets. Add lines 1 through 15 (must equal<br>Accounts payable and accrued expenses |               |                                       | 73,625.                         | 17       | 193,077.                       |
| l                           | 18       |   |               |                                       | 75,025.                         | 18       | 199,077.                       |
| l                           | 19       | Grants payable<br>Deferred revenue  | 9,668.        | 19                                    | 33,412.                         |          |                                |
| l                           | 20       | Tax-exempt bond liabilities   |               |                                       | 2,0001                          | 20       | ,                              |
| l                           | 21       | Escrow or custodial account liability. Complete F   |               |                                       |                                 | 21       |                                |
| "                           | 22       | Loans and other payables to any current or form   |               |                                       |                                 |          |                                |
| Liabilities                 |          | trustee, key employee, creator or founder, subst  |               |                                       |                                 |          |                                |
| llide                       |          | controlled entity or family member of any of thes   |               | ,<br>,                                |                                 | 22       |                                |
| Ľ                           | 23       | Secured mortgages and notes payable to unrela   | -             | ſ                                     |                                 | 23       |                                |
| l                           | 24       | Unsecured notes and loans payable to unrelated  | third partie  |                                       |                                 | 24       |                                |
| l                           | 25       | Other liabilities (including federal income tax, page                                     | yables to rel | ated third                            |                                 |          |                                |
| l                           |          | parties, and other liabilities not included on lines                                      | 17-24). Cor   | nplete Part X                         |                                 |          |                                |
| l                           |          | of Schedule D   |               |                                       |                                 | 25       |                                |
|                             | 26       | Total liabilities. Add lines 17 through 25  |               |                                       | 83,293.                         | 26       | 226,489.                       |
| <i>(</i> )                  |          | Organizations that follow FASB ASC 958, che   | ck here       | X                                     |                                 |          |                                |
| ces                         |          | and complete lines 27, 28, 32, and 33.  |               |                                       | 1 605 000                       |          | 1 000 001                      |
| lan                         | 27       | Net assets without donor restrictions   |               |                                       | 1,625,982.                      | 27       | 1,998,071.                     |
| B                           | 28       |   |               | ·····                                 |                                 | 28       | 552,000.                       |
| nuo                         |          | Organizations that do not follow FASB ASC 9   | 58, check h   | ere 🛄 🛛                               |                                 |          |                                |
| г                           |          | and complete lines 29 through 33.   |               |                                       |                                 |          |                                |
| Net Assets or Fund Balances | 29       | Capital stock or trust principal, or current funds  |               |                                       |                                 | 29       |                                |
| sse                         | 30       | Paid-in or capital surplus, or land, building, or eq                                      |               |                                       |                                 | 30       |                                |
| ¢t A                        | 31       | Retained earnings, endowment, accumulated inc   |               |                                       | 1,625,982.                      | 31       | 2 550 071                      |
| ž                           | 32       |   |               |                                       | 1,709,275.                      | 32       | 2,550,071.<br>2,776,560.       |
|                             | 33       | Total liabilities and net assets/fund balances  |               |                                       | 1,107,413.                      | 33       | 4,110,000.                     |

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RUAH WOODS

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| Form | 1 990 (2023) RUAH WOODS  | 26-22     | 21421       | Pag  | <sub>ge</sub> 12 |
|------|--|-----------|-------------|------|------------------|
| Pa   | rt XI Reconciliation of Net Assets   |           |             |      |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |           |             |      |                  |
|      |  |           |             |      |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1         | 3,377       |      |                  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2         | 2,455       | 5,25 | <u>59.</u>       |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3         | 922         |      |                  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4         | 1,625       | 5,98 | 32.              |
| 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         | 1           | .,35 | 59.              |
| 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        | 2,550       | ),07 | 71.              |
| Pa   | rt XII Financial Statements and Reporting  |           |             |      |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |           |             |      |                  |
|      |  |           |             | Yes  | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |           |             |      |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     | 0.        |             |      |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |           | 2a          | Х    |                  |
|      | 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:   |           |             |      |                  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |           |             |      |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |           | 2b          |      | <u> </u>         |
|      | 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:   |           |             |      |                  |
|      | 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          |      | <u> </u>         |
|      | 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?  |           | . <u>3a</u> |      | X                |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit |             |      |                  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |           | 3b          |      |                  |

Form **990** (2023)

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

(Form 990)

<u>Total</u>

## **Public Charity Status and Public Support**

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

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

| OMB No. 1545-0047 |
|-------------------|
| 2023              |
| Open to Public    |

| Department of the Treasury<br>Internal Revenue Service |                  |   |                         | Attach to Form 990 or Form 990-EZ.<br>Go to www.irs.gov/Form990 for instructions and the latest information. |                              |                     |                  |                 |               | Open to Public<br>Inspection |  |  |
|--|------------------|---|-------------------------|--|------------------------------|---------------------|------------------|-----------------|---------------|------------------------------|--|--|
| Nam  | ne of            | the organizati  | ion                     | -  |                              |                     |                  |                 | Employer      | identification number        |  |  |
|  |                  |   | RUAH                    | WOODS  |                              |                     |                  |                 | 2             | 6-2221421                    |  |  |
| Pa   | rt I             | Reason  | for Public (            | Charity Status.  | (All organizations must c    | omplete tł          | nis part.) S     | ee instructior  | าร.           |                              |  |  |
| The  | organ            | nization is not a   | a private found         | lation because it is: (  | For lines 1 through 12, cl   | neck only           | one box.)        |                 |               |                              |  |  |
| 1  |                  | A church, co  | nvention of ch          | urches, or associatio  | on of churches described     | in sectio           | on 170(b)(1      | I)(A)(i).       |               |                              |  |  |
| 2  |                  | A school des  | cribed in <b>sect</b>   | ion 170(b)(1)(A)(ii).(   | Attach Schedule E (Form      | n 990).)            |                  |                 |               |                              |  |  |
| 3  |                  | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).                         |                         |  |                              |                     |                  |                 |               |                              |  |  |
| 4  |                  | A medical res   | search organiz          | ation operated in co   | njunction with a hospital    | described           | l in sectio      | n 170(b)(1)(A   | (iii). Enter  | the hospital's name,         |  |  |
|  | city, and state: |   |                         |  |                              |                     |                  |                 |               |                              |  |  |
| 5  |                  | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |                         |  |                              |                     |                  |                 |               |                              |  |  |
|  |                  | section 170   | (b)(1)(A)(iv). (C       | Complete Part II.)   |                              |                     |                  |                 |               |                              |  |  |
| 6  |                  | A federal, sta  | ate, or local go        | vernment or governn  | nental unit described in     | section 17          | 70(b)(1)(A)      | (v).            |               |                              |  |  |
| 7  |                  | An organizat  | ion that norma          | Illy receives a substa   | ntial part of its support fr | om a gove           | ernmental        | unit or from t  | he general    | public described in          |  |  |
|  |                  | section 170(  | <b>b)(1)(A)(vi).</b> (C | omplete Part II.)  |                              |                     |                  |                 |               |                              |  |  |
| 8  |                  | A community   | / trust describe        | ed in section 170(b)   | (1)(A)(vi). (Complete Par    | t II.)              |                  |                 |               |                              |  |  |
| 9  |                  | An agricultur   | al research org         | ganization described   | in section 170(b)(1)(A)(     | i <b>x)</b> operate | ed in conju      | unction with a  | land-grant    | college                      |  |  |
|  |                  | or university   | or a non-land-g         | grant college of agric   | ulture (see instructions).   | Enter the           | name, city       | , and state of  | the college   | eor                          |  |  |
|  |                  | university:   |                         |  |                              |                     |                  |                 |               |                              |  |  |
| 10   | X                | An organizat  | ion that norma          | Illy receives (1) more   | than 33 1/3% of its supp     | ort from c          | ontributior      | ns, membersł    | nip fees, an  | d gross receipts from        |  |  |
|  |                  | activities rela   | ited to its exen        | npt functions, subjec  | t to certain exceptions; a   | and (2) no          | more than        | 33 1/3% of it   | s support f   | rom gross investment         |  |  |
|  |                  | income and u  | unrelated busir         | ness taxable income  | (less section 511 tax) fro   | m busines           | sses acqui       | red by the or   | ganization a  | after June 30, 1975.         |  |  |
|  |                  | See section   | 509(a)(2). (Co          | mplete Part III.)  |                              |                     |                  |                 |               |                              |  |  |
| 11   |                  | An organizat  | ion organized a         | and operated exclusion   | ively to test for public sat | ety. See            | section 50       | 09(a)(4).       |               |                              |  |  |
| 12   |                  | An organizat  | ion organized a         | and operated exclusi   | ively for the benefit of, to | perform t           | he functio       | ns of, or to ca | arry out the  | purposes of one or           |  |  |
|  |                  | more publicly   | y supported or          | ganizations describe   | ed in section 509(a)(1) o    | r section           | 509(a)(2).       | See section     | 509(a)(3). (  | Check the box on             |  |  |
|  |                  | _lines 12a thro   | ough 12d that           | describes the type o   | f supporting organizatior    | and com             | plete lines      | 12e, 12f, and   | d 12g.        |                              |  |  |
| а  |                  | <b>Type I.</b> A s  | upporting orga          | anization operated, s  | upervised, or controlled     | by its supp         | oorted org       | anization(s), t | ypically by   | giving                       |  |  |
|  |                  | the suppor  | ted organizatio         | on(s) the power to re  | gularly appoint or elect a   | majority c          | of the direc     | tors or truste  | es of the su  | upporting                    |  |  |
|  |                  | organizatio   | n. You must o           | complete Part IV, Se   | ections A and B.             |                     |                  |                 |               |                              |  |  |
| b  |                  | <b>Type II.</b> As  | supporting org          | anization supervised   | l or controlled in connect   | ion with it         | s supporte       | ed organizatio  | on(s), by hav | /ing                         |  |  |
|  |                  |   | -                       |  | anization vested in the sa   | ame perso           | ns that co       | ntrol or mana   | ge the sup    | ported                       |  |  |
|  |                  | organizatio   | on(s). <b>You mus</b>   | t complete Part IV,  | Sections A and C.            |                     |                  |                 |               |                              |  |  |
| С  |                  |   | -                       |  | g organization operated      |                     |                  |                 | Ily integrate | ed with,                     |  |  |
|  |                  | its support   | ed organizatio          | n(s) (see instructions   | ). You must complete I       | Part IV, Se         | ections A,       | D, and E.       |               |                              |  |  |
| d  |                  | _ Type III no   | on-functionally         | y integrated. A supp   | porting organization oper    | ated in co          | nnection v       | vith its suppo  | rted organiz  | zation(s)                    |  |  |
|  |                  |   | -                       |  | ation generally must sat     | -                   |                  | -               | d an attentiv | veness                       |  |  |
|  | _                | _   |                         |  | nplete Part IV, Sections     |                     |                  |                 |               |                              |  |  |
| е  |                  |   | •                       |  | written determination from   |                     |                  | Туре I, Туре    | II, Type III  |                              |  |  |
|  |                  |   |                         |  | nally integrated supporting  | ng organiz          | ation.           |                 |               | [                            |  |  |
|  |                  | er the number   |                         | •  |                              |                     |                  |                 |               |                              |  |  |
| g  |                  | vide the follow<br>(i) Name of supp   |                         | n about the supporte<br>(ii) EIN   | d organization(s).           | (iv) Is the oro     | anization listed | (v) Amount o    | fmonetany     | (vi) Amount of other         |  |  |
|  |                  | organizatior  |                         |  | (described on lines 1-10     | in your govern      | ing document?    | support (see i  | -             | support (see instructions)   |  |  |
|  |                  |   |                         |  | above (see instructions))    | Yes                 | No               |                 | ,             |                              |  |  |
|  |                  |   |                         |  |                              |                     |                  |                 |               |                              |  |  |
|  |                  |   |                         |  |                              |                     |                  |                 |               |                              |  |  |
|  |                  |   |                         |  |                              |                     |                  |                 |               |                              |  |  |
|  |                  |   |                         |  |                              |                     |                  |                 |               |                              |  |  |
|  |                  |   |                         |  |                              |                     |                  |                 |               |                              |  |  |
|  |                  |   |                         |  |                              |                     |                  |                 |               |                              |  |  |
|  |                  |   |                         |  |                              |                     |                  |                 |               |                              |  |  |
|  |                  |   |                         |  |                              |                     |                  |                 |               |                              |  |  |
|  |                  |   |                         |  |                              |                     |                  |                 |               |                              |  |  |
|  |                  |   |                         |  |                              |                     | L                |                 |               |                              |  |  |

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|      | (Complete only if you checke<br>fails to qualify under the tests       |                      |                     | •                    | on failed to qualify (    | under Part III. If the | organization |
|------|--|----------------------|---------------------|----------------------|---------------------------|------------------------|--------------|
| Sec  | tion A. Public Support   |                      | de complete i uit   | ,                    |                           |                        |              |
|      | ndar year (or fiscal year beginning in)                                | (a) 2019             | <b>(b)</b> 2020     | (c) 2021             | (d) 2022                  | (e) 2023               | (f) Total    |
|      | Gifts, grants, contributions, and                                      | (a) 2019             | <b>(b)</b> 2020     | (0) 2021             | (d) 2022                  | (e) 2023               |              |
| •    | membership fees received. (Do not                                      |                      |                     |                      |                           |                        |              |
|      | include any "unusual grants.")   |                      |                     |                      |                           |                        |              |
| 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   |                      |                     |                      |                           |                        |              |
|      | The portion of total contributions                                     |                      |                     |                      |                           |                        |              |
|      | by each person (other than a   |                      |                     |                      |                           |                        |              |
|      | governmental unit or publicly  |                      |                     |                      |                           |                        |              |
|      | supported organization) included                                       |                      |                     |                      |                           |                        |              |
|      | on line 1 that exceeds 2% of the                                       |                      |                     |                      |                           |                        |              |
|      | amount shown on line 11,   |                      |                     |                      |                           |                        |              |
|      | column (f)   |                      |                     |                      |                           |                        |              |
| 6    | Public support. Subtract line 5 from line 4.                           |                      |                     |                      |                           |                        |              |
| Sec  | ction B. Total Support   | 1                    |                     | <b>r</b>             | -                         |                        |              |
| Cale | ndar year (or fiscal year beginning in)                                | (a) 2019             | <b>(b)</b> 2020     | (c) 2021             | (d) 2022                  | (e) 2023               | (f) Total    |
| 7    | Amounts from line 4  |                      |                     |                      |                           |                        |              |
| 8    | Gross income from interest,  |                      |                     |                      |                           |                        |              |
|      | dividends, payments received on  |                      |                     |                      |                           |                        |              |
|      | securities loans, rents, royalties,                                    |                      |                     |                      |                           |                        |              |
|      | and income from similar sources $\dots$                                |                      |                     |                      |                           |                        |              |
| 9    | Net income from unrelated business                                     |                      |                     |                      |                           |                        |              |
|      | activities, whether or not the   |                      |                     |                      |                           |                        |              |
|      | business is regularly carried on                                       |                      |                     |                      |                           |                        |              |
| 10   | Other income. Do not include gain                                      |                      |                     |                      |                           |                        |              |
|      | or loss from the sale of capital                                       |                      |                     |                      |                           |                        |              |
|      | assets (Explain in Part VI.)   |                      |                     |                      |                           |                        |              |
| 11   | Total support. Add lines 7 through 10                                  |                      |                     |                      |                           |                        |              |
|      | Gross receipts from related activities,                                |                      | ,                   |                      | ······                    |                        |              |
| 13   | <b>First 5 years.</b> If the Form 990 is for the                       |                      |                     |                      |                           |                        |              |
| Sec  | organization, check this box and stor<br>ction C. Computation of Publi |                      |                     |                      |                           |                        |              |
|      | Public support percentage for 2023 (I                                  |                      |                     | column (f))          |                           | 14                     | %            |
| 15   | Public support percentage from 2022                                    |                      |                     |                      |                           | 15                     | <u> </u>     |
|      | <b>33 1/3% support test - 2023.</b> If the o                           |                      |                     |                      |                           |                        |              |
|      | stop here. The organization qualifies                                  |                      |                     |                      |                           |                        |              |
| b    | 33 1/3% support test - 2022. If the                                    | organization did no  | t check a box on    |                      |                           |                        |              |
|      | and stop here. The organization qual                                   |                      |                     |                      |                           |                        |              |
| 17a  | 10% -facts-and-circumstances test                                      | - 2023. If the org   | anization did not   | check a box on lin   | ne 13, 16a, or 16b,       | and line 14 is 10%     | or more,     |
|      | and if the organization meets the fact                                 |                      |                     |                      |                           |                        |              |
|      | meets the facts-and-circumstances te                                   | est. The organizatio | n qualifies as a pu | ublicly supported of | organization              | -<br>                  |              |
| b    | 10% -facts-and-circumstances test                                      | - 2022. If the org   | anization did not   | check a box on lin   | ne 13, 16a, 16b, or       | 17a, and line 15 is    | 10% or       |
|      | more, and if the organization meets the                                | ne facts-and-circun  | nstances test, che  | ck this box and      | <b>stop here.</b> Explain | in Part VI how the     |              |
|      | organization meets the facts-and-circu                                 | umstances test. Th   | e organization qu   | alifies as a publicl | y supported organi        | zation                 |              |
| 18   | Private foundation. If the organization                                | on did not check a   | box on line 13, 16  | a, 16b, 17a, or 17   | b, check this box a       | and see instructions   | s            |

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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#### Schedule A (Form 990) 2023

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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.)

#### Section A. Public Support (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 988,633 1346475. 1145637. 1186795. 1730254. 6397794. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 941,994. 976,388. 849,989. 2038983. 5647064. 839,710. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization'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 3769237.12044858. 1828343. 2288469. 2122025. 2036784. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 874,002. 998,678. 1489027. 721,766. 810,411. 4893884. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 c Add lines 7a and 7b 721,766. 810,411. 874,002. 998,678. 1489027. 4893884 7150974 Public support. (Subtract line 7c from line 6.) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 9 Amounts from line 6 2122025 3769237.12044858. 1828343 2288469 2036784 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 170. -360. 738. 13,054. 41. 13,643. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 170. 41. -360. 738. 13,054. 13,643. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 213 213. assets (Explain in Part VI.) 12058714. 1828513. 2288510. 2121878. 2037522. 3782291 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 59.30 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 58.00 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .11 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 17 .00 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not \_\_\_\_\_X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

<sup>15</sup> 2023.05000 RUAH WOODS

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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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| Part IV    | Supporting O    | organizations ( | (continued) |
|------------|-----------------|-----------------|-------------|
| Schedule A | (Form 990) 2023 | RUAH            | WOODS       |

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|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |     |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |     |     |    |
|     | 11c below, the governing body of a supported organization?  | 11a |     |    |
| b   | A family member of a person described on line 11a above?  | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |     |     |    |
|     | detail in Part VI.  | 11c |     |    |
| Sec | tion B. Type I Supporting Organizations   |     |     |    |
|     |   |     | Yes | No |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If the tax is a factor of the organization of the organization of the tax year? |     |     |    |

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

|                |              | Supporting ore | anizalion. |
|----------------|--------------|----------------|------------|
| Section C. Typ | e II Support | ting Organiz   | ations     |

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

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

| Section D | . All Type III | Supporting | Organizations |
|-----------|----------------|------------|---------------|

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         |   |     |    |
|   | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |   |     |    |
|   | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |   |     |    |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?       | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported       |   |     |    |
|   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how     |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).            | 2 |     |    |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a        |   |     |    |
|   | significant voice in the organization's investment policies and in directing the use of the organization's             |   |     |    |
|   | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's           |   |     |    |
|   | supported organizations played in this regard.   | 3 |     |    |

#### Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the  | - vear | (see instructions). |
|---|---|--------|---------------------|
| - | Oneon the box next to the method that the organization used to satisfy the integral r art rest during the | s your | (                   |

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

| c 🗌 | ] The organization supported a governmental entity. | Describe in Part VI how | you supported a governmental e | entity (see instruction <u>s).</u> |
|-----|---|-------------------------|--------------------------------|------------------------------------|
|-----|---|-------------------------|--------------------------------|------------------------------------|

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

332025 12-21-23

#### 17 2023.05000 RUAH WOODS

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| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying the second se |                 |                          | Part VI). See instruction      |
|------|--|-----------------|--------------------------|--------------------------------|
|      | All other Type III non-functionally integrated supporting organizations mus  | st complete S   | Sections A through E.    | 1                              |
| Sect | ion A - Adjusted Net Income  |                 | (A) Prior Year           | (B) Current Year<br>(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               |                          |                                |
| Sect | ion B - Minimum Asset Amount   |                 | (A) Prior Year           | (B) Current Year<br>(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    | Average monthly value of securities  | 1a              |                          |                                |
| b    | Average monthly cash balances  | 1b              |                          |                                |
| с    | Fair market value of other non-exempt-use assets   | 1c              |                          |                                |
|      | 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               |                          |                                |
| Sect | ion C - Distributable Amount   |                 |                          | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)  | 1               |                          |                                |
| 2    | Enter 0.85 of line 1.  | 2               |                          |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3               |                          |                                |
| 4    | Enter greater of line 2 or line 3.   | 4               |                          |                                |
| 5    | Income tax imposed in prior year   | 5               |                          |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to   |                 |                          |                                |
|      | emergency temporary reduction (see instructions).  | 6               |                          |                                |
| 7    | Check here if the current year is the organization's first as a non-functiona  | ally integrated | Type III supporting orga | anization (see                 |

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023 RUAH WOODS
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| rdistributions for 2023. Subtract lines 3h  |  |
|---|--|
| 1. For result greater than zero, explain in |  |
| ructions.                                   |  |
| tions carryover to 2024. Add lines 3j       |  |
|   |  |
| ne 7:                                       |  |
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| Sche  | dule A (Form 990) 2023 RUAH WOODS                               |                               |                                       | 2    | 6-2221421 Page 7                          |
|-------|---|-------------------------------|---------------------------------------|------|---|
| Par   | t V Type III Non-Functionally Integrated 509(                   | (a)(3) Supporting Orga        | nizations <sub>(continu</sub>         | ied) |   |
| Secti | on D - Distributions  |                               |                                       |      | Current Year                              |
| _1    | Amounts paid to supported organizations to accomplish exer      | mpt purposes                  |                                       | 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 (describe in Part VI). See instructions.    |                               |                                       | 6    |   |
| 7     | Total annual distributions. Add lines 1 through 6.              |                               |                                       | 7    |   |
| 8     | Distributions to attentive supported organizations to which the | ne organization is responsive |                                       |      |   |
|       | (provide details in Part VI). See instructions.                 |                               |                                       | 8    |   |
| 9     | Distributable amount for 2023 from Section C, line 6            |                               |                                       | 9    |   |
| 10    | Line 8 amount divided by line 9 amount                          | 1                             |                                       | 10   |   |
| Secti | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2023 | IS   | (iii)<br>Distributable<br>Amount for 2023 |
| 1     | Distributable amount for 2023 from Section C, line 6            |                               |                                       |      |   |
| 2     | Underdistributions, if any, for years prior to 2023 (reason-    |                               |                                       |      |   |
|       | able cause required - explain in Part VI). See instructions.    |                               |                                       |      |   |
| 3     | Excess distributions carryover, if any, to 2023                 |                               |                                       |      |   |
| а     | From 2018   |                               |                                       |      |   |
| b     | From 2019   |                               |                                       |      |   |
| с     | From 2020   |                               |                                       |      |   |
| d     | From 2021   |                               |                                       |      |   |
| е     | From 2022   |                               |                                       |      |   |
| f     | Total of lines 3a through 3e                                    |                               |                                       |      |   |
| g     | Applied to underdistributions of prior years                    |                               |                                       |      |   |
| h     | Applied to 2023 distributable amount                            |                               |                                       |      |   |
| i     | Carryover from 2018 not applied (see instructions)              |                               |                                       |      |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                       |      |   |
| 4     | Distributions for 2023 from Section D,                          |                               |                                       |      |   |
|       | line 7: \$  |                               |                                       |      |   |
| а     | Applied to underdistributions of prior years                    |                               |                                       |      |   |
| b     | Applied to 2023 distributable amount                            |                               |                                       |      |   |
| с     | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                       |      |   |
| 5     | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h        |                               |                                       |      |   |
|       | and 4b from line 1. For result greater than zero, explain in    |                               |                                       |      |   |
|       | Part VI. See instructions.                                      |                               |                                       |      |   |
| 7     | Excess distributions carryover to 2024. Add lines 3j            |                               |                                       |      |   |
|       | and 4c.   |                               |                                       |      |   |
| 8     | Breakdown of line 7:  |                               |                                       |      |   |
| а     | Excess from 2019  |                               |                                       |      |   |
| b     | Excess from 2020  |                               |                                       |      |   |
|       | Excess from 2021  |                               |                                       |      |   |
|       | Excess from 2022  |                               |                                       |      |   |
| е     | Excess from 2023  |                               |                                       |      |   |

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Schedule A (Form 990) 2023

| Schedule A     | (Form 990) 2023 F   | RUAH                  | WOODS   | 26-2221421 Page 8   |
|----------------|---|-----------------------|---|---|
| Part VI        | Supplemental Informa<br>Part IV, Section A, lines 1, 2,<br>line 1; Part IV, Section D, line | , 3b, 3c,<br>es 2 anc | Provide the explanations required by Part II, line 10; Part II, line 17a o<br>4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines<br>13; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part<br>t V, Section E, lines 2, 5, and 6. Also complete this part for any additio | r 17b; Part III, line 12;<br>1 and 2; Part IV, Section C,<br>V, Section B, line 1e; Part V, |
|                |   |                       |   |   |
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|                |   |                       |   |   |
| 332028 12-21-2 | 23  |                       | 20  | Schedule A (Form 990) 2023  |

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

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

## 2023

Employer identification number

26-2221421

| DIIVI | WOODS |
|-------|-------|
| RUAII | MOODB |

| • · ··       |      |            |    |
|--------------|------|------------|----|
| Organization | type | (check one | ): |

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

| Filers of:         | Section:   |  |
|--------------------|--|--|
| Form 990 or 990-EZ | X 501(c)( 3 ) (enter number) organization  |  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |
|                    | 527 political organization   |  |
| Form 990-PF        | 501(c)(3) exempt private foundation  |  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |
|                    | 501(c)(3) taxable private foundation   |  |

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

**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).

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

|            | B (Form 990) (2023)   |                            | Page <b>2</b>  |
|------------|---|----------------------------|--|
| Name of o  | rganization   | Emplo                      | oyer identification number   |
| RUAH WOODS |   |                            | 5-2221421  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if ad | ditional space is needed.  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          |   | \$605,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |   | \$105,000.                 | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3          |   | \$100,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4_         |   | \$130,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 5          |   | \$51,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 6_         |   | \$ <u>350,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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Schedule B (Form 990) (2023)

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|            | B (Form 990) (2023)  |                           | Page <b>2</b>  |
|------------|--|---------------------------|--|
| Name of o  | rganization  |                           | Employer identification number   |
| RUAH WOODS |  |                           | 26-2221421   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed.       |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 7          |  | \$78,0                    | Person       X         Payroll       Image: Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio  | (d)<br>ns Type of contribution   |
| 8          |  | \$50,0                    | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 9          |  | \$36,8                    | Person       X         Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
|            |  | \$32,0                    | Person       X         Payroll       Image: Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio  | (d)<br>ns Type of contribution   |
|            |  | \$30,0                    | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio  | (d)<br>ns Type of contribution   |
|            |  | \$15,9                    | 97. Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |

Schedule B (Form 990) (2023)

|            | B (Form 990) (2023)  |                            | Page <b>2</b>  |
|------------|--|----------------------------|--|
| Name of o  | rganization  | Emplo                      | oyer identification number   |
| RUAH WOODS |  |                            | 5-2221421  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if add | itional space is needed.   |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |  | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 14_        |  | \$20,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 15         |  | \$13,621.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 16         |  | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 17_        |  | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 18_        |  | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990) (2023)

| Schedule I | B (Form 990) (2023)  |                           | Page <b>2</b>  |
|------------|--|---------------------------|--|
| Name of o  | rganization  |                           | Employer identification number   |
| RUAH V     | WOODS  |                           | 26-2221421   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addit | tional space is needed.   |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>s Type of contribution  |
| 19         |  | \$5,00                    | Person       X         Payroll       Image: Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>s Type of contribution  |
| 20         |  | \$5,00                    | Person     X       Payroll     Image: Complete Part II for noncash contributions.)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>s Type of contribution  |
|            |  | \$                        | Person Payroll Noncash (Complete Part II for noncash contributions.)                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>s Type of contribution  |
|            |  | \$                        | Person Payroll Noncash (Complete Part II for noncash contributions.)                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>s Type of contribution  |
|            |  | \$                        | Person Payroll Noncash (Complete Part II for noncash contributions.)                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | (d)<br>s Type of contribution  |
|            |  | \$                        | Person Payroll Noncash (Complete Part II for noncash contributions.)                     |

Schedule B (Form 990) (2023)

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|                              | 3 (Form 990) (2023)   |   | Page <b>3</b>                  |
|------------------------------|---|---|--------------------------------|
| Name of o                    | rganization   |   | Employer identification number |
| RUAH WOODS                   |   |   | 26-2221421                     |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed                    | i.                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions) |                                |
|                              |   | -<br>-<br>-<br>\$\$                           |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions. |                                |
|                              |   | -<br>-<br>-<br>\$\$                           |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions. |                                |
|                              |   | -<br>-<br>-<br>- \$\$                         |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions. |                                |
|                              |   | -<br>-<br>-<br>- \$\$                         |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions. |                                |
|                              |   | -<br>-<br>-<br>_ \$                           |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate<br>(See instructions) |                                |
|                              |   | -<br>-<br>- \$                                |                                |

| Schedule I                | B (Form 990) (2023)  |  | Page  |  |  |
|---------------------------|--|--|---|--|--|
| Name of o                 | rganization  |  | Employer identification number  |  |  |
| RUAH I                    | WOODS  |  | 26-2221421  |  |  |
| Part III                  | Exclusively religious, charitable, etc., contributi<br>from any one contributor. Complete columns (a<br>completing Part III, enter the total of exclusively religious,<br>Use duplicate copies of Part III if additional | hthrough <b>(e) and</b> the following line ent<br>charitable, etc., contributions of <b>\$1,000 or l</b> | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year<br>ry. For organizations<br>ess for the year. (Enter this info. once.) \$ |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held   |  |  |
|                           |  |  |   |  |  |
|                           | Transferee's name, address, a  | (e) Transfer of gif<br>nd ZIP + 4  | t Relationship of transferor to transferee  |  |  |
|                           |  |  |   |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held   |  |  |
|                           |  |  |   |  |  |
|                           | (e) Transfer of gift<br>Transferee's name, address, and ZIP + 4<br>Relationship of transferor to transferee  |  |   |  |  |
|                           |  |  | · · · · · · · · · · · · · · · · · · ·   |  |  |
| (a) No.<br>from<br>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  | nd ZIP + 4   | Relationship of transferor to transferee  |  |  |
| (a) No                    |  |  |   |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held   |  |  |
|                           |  |  |   |  |  |
|                           | Transferee's name, address, a  | (e) Transfer of gif<br>nd ZIP + 4  | t<br>Relationship of transferor to transferee   |  |  |
|                           |  |  |   |  |  |

28 2023.05000 RUAH WOODS Schedule B (Form 990) (2023)

| SCHEDULE [ | ) |
|------------|---|
|------------|---|

Department of the Treasury

RUAH WOODS

Internal Revenue Service Name of the organization

Part I

1 2

3

### **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.

OMB No. 1545-0047 Open to Public Inspection

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

Employer identification number 26-2221421

Complete if the

and other accounts

| I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A |  |  |  |  |
|---|--|--|--|--|
| organization answered "Yes" on Form 990, Part IV, line 6.                   |  |  |  |  |
| (a) Donor advised funds (b) Funds   |  |  |  |  |
| Total number at end of year   |  |  |  |  |
| Aggregate value of contributions to (during year)                           |  |  |  |  |
| 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 advis | ed funds         |       |
|    | are the organization's property, subject to the organization's | exclusive legal control?                    | Yes              | 🗌 No  |
| 6  | Did the organization inform all grantees, donors, and donor    | advisors in writing that grant funds can be | used only        |       |
|    | for charitable purposes and not for the benefit of the donor   | or donor advisor, or for any other purpose  | conferring       |       |
|    |  |   | Yes              | No No |
| Pa | rt II Conservation Easements. Complete if the o                | rganization answered "Yes" on Form 990, I   | Part IV, line 7. |       |
| 4  | Durpage(a) of appeariation appearants hold by the organizat    |   |                  |       |

| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). |  |  |
|---|---|--|--|
|   | Preservation of land for public use (for example, recreation or education)            | Preservation of a historically important land area |  |
|   | Protection of natural habitat   | Preservation of a 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 co | nserva | tion easement on the last       |
|---|---|--------|---------------------------------|
|   | day of the tax year.  |        | Held at the End of the Tax Year |

| а  | Total number of conservation easements  | 2a       |                   |       |
|----|---|----------|-------------------|-------|
|    |   | 2b       |                   |       |
|    |   |          |                   |       |
|    | Number of conservation easements on a certified historic structure included on line 2a                              | 2c       |                   |       |
| d  | Number of conservation easements included on line 2c 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 organi         | zation d | luring 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 No |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation     |          |                   | ar    |
| 7  | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas       | sements  | s during the year |       |
| 8  | Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i        | )        |                   |       |
|    | and section 170(h)(4)(B)(ii)?   |          | Yes               | No No |
| 9  | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem        |          | l                 |       |
|    | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that | at descr | ibes the          |       |
|    | organization's accounting for conservation easements.   |          |                   |       |
| Pa | t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S                                | imilar   | Assets.           |       |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, line 8.   |          |                   |       |
|    |   |          |                   |       |

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of             |
|---|---|
|   | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, |
|   | provide the following amounts relating to these items.  |
|   | (i) Revenue included on Form 990, Part VIII, line 1\$   |

| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990.  | Schedule D (Form 990) 2023 |
|-----|---|----------------------------|
| b   | Assets included in Form 990, Part X   | \$                         |
| а   | Revenue included on Form 990, Part VIII, line 1   | \$                         |
|     | the following amounts required to be reported under FASB ASC 958 relating to these items:                                   |                            |
| 2   | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid | e                          |
|     | (ii) Assets included in Form 990, Part X  | \$                         |
|     | $\mathbf{V}$  | ·                          |

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29 2023.05000 RUAH WOODS

| Sche | edule D (Form 990) 2023 RUAH WO   |                                 |             |               |                       |            |                          | 26-22       | <u>21421</u>     | L Pa     | age <b>2</b> |
|------|---|---------------------------------|-------------|---------------|-----------------------|------------|--------------------------|-------------|------------------|----------|--------------|
| Pa   | rt III Organizations Maintaining C  | collections of Ar               | t, Histe    | orical Tre    | easures, o            | r Othe     | r Simila                 | r Assets    | contin           | ued)     |              |
| 3    | Using the organization's acquisition, accessi                                       | on, and other record            | s, check    | any of the    | following that        | t make s   | ignificant ι             | use of its  |                  |          |              |
|      | collection items (check all that apply).  |                                 |             |               |                       |            |                          |             |                  |          |              |
| а    | Public exhibition   | d                               |             | Loan or exc   | change progra         | am         |                          |             |                  |          |              |
| b    | Scholarly research  | е                               | ,           | Other         |                       |            |                          |             |                  |          |              |
| С    | Preservation for future generations   |                                 |             |               |                       |            |                          |             |                  |          |              |
| 4    | Provide a description of the organization's co                                      | ollections and explair          | n how th    | ey further t  | he organizatio        | on's exe   | mpt purpo                | se in Part  | XIII.            |          |              |
| 5    | During the year, did the organization solicit of                                    | or receive donations of         | of art, his | storical trea | sures, or othe        | er simila  | r assets                 |             | _                |          | _            |
| _    | to be sold to raise funds rather than to be m                                       |                                 |             |               |                       |            |                          |             | Yes              |          | No           |
| Pa   | rt IV Escrow and Custodial Arran  |                                 | te if the   | organizatio   | n answered "          | Yes" on    | Form 990,                | Part IV, li | ne 9, or         |          |              |
|      | reported an amount on Form 990, Pa  |                                 |             |               |                       |            |                          |             |                  |          |              |
| 1a   | Is the organization an agent, trustee, custod                                       |                                 | •           |               |                       |            |                          |             | -                |          | -            |
|      | on Form 990, Part X?  |                                 |             |               |                       |            |                          | L           | Yes              |          | No           |
| b    | If "Yes," explain the arrangement in Part XIII                                      | and complete the fol            | lowing t    | able:         |                       |            |                          |             | <b>^</b>         |          |              |
|      |   |                                 |             |               |                       |            |                          |             | Amount           |          |              |
| с.   | 0 0   |                                 |             |               |                       |            |                          |             |                  |          |              |
| d    | •   |                                 |             |               |                       |            |                          |             |                  |          |              |
| e    | Distributions during the year   |                                 |             |               |                       |            |                          |             |                  |          |              |
| 1    | Ending balance<br>Did the organization include an amount on F                       |                                 |             |               |                       |            |                          |             | Yes              |          | No           |
|      | If "Yes," explain the arrangement in Part XIII.                                     |                                 |             |               |                       |            | iity?                    | ∟           |                  |          | ]            |
|      | rt V Endowment Funds Complete if  |                                 |             |               |                       |            | 0.                       |             |                  |          | <u></u>      |
|      |   | (a) Current year                |             | Prior year    | (c) Two yea           |            | (d) Three y              | /ears back  | (e) Four         | vears    | back         |
| 1a   | Beginning of year balance   |                                 |             | ,<br>,        |                       |            |                          |             |                  | <u> </u> |              |
| b    | Contributions   |                                 |             |               |                       |            |                          |             |                  |          |              |
| c    | Net investment earnings, gains, and losses  |                                 |             |               |                       |            |                          |             |                  |          |              |
| d    | Grants or scholarships  |                                 |             |               |                       |            |                          |             |                  |          |              |
| е    | OH IN ( ( IN)   |                                 |             |               |                       |            |                          |             |                  |          |              |
|      | and programs  |                                 |             |               |                       |            |                          |             |                  |          |              |
| f    | Administrative expenses   |                                 |             |               |                       |            |                          |             |                  |          |              |
| g    | End of year balance   |                                 |             |               |                       |            |                          |             |                  |          |              |
| 2    | Provide the estimated percentage of the cur   | rent year end balance           | e (line 1g  | g, column (a  | ı)) held as:          |            |                          |             |                  |          |              |
| а    | Board designated or quasi-endowment   |                                 | _%          |               |                       |            |                          |             |                  |          |              |
| b    | Permanent endowment   | %                               |             |               |                       |            |                          |             |                  |          |              |
| с    | Term endowment  | <u>%</u>                        |             |               |                       |            |                          |             |                  |          |              |
|      | The percentages on lines 2a, 2b, and 2c sho   | uld equal 100%.                 |             |               |                       |            |                          |             |                  |          |              |
| 3a   | Are there endowment funds not in the posse  | ession of the organiza          | ation tha   | t are held a  | nd administer         | red for th | ne                       |             | r                |          |              |
|      | organization by:  |                                 |             |               |                       |            |                          |             |                  | Yes      | No           |
|      | (i) Unrelated organizations?  |                                 |             |               |                       |            |                          |             | 3a(i)            |          |              |
|      |   |                                 |             |               |                       |            |                          |             | 3a(ii)           |          |              |
| b    | If "Yes" on line 3a(ii), are the related organiza                                   |                                 |             |               |                       |            |                          |             | 3b               |          |              |
| 4    | Describe in Part XIII the intended uses of the<br>rt VI Land, Buildings, and Equipm |                                 | wment f     | unds.         |                       |            |                          |             |                  |          |              |
| Га   | Complete if the organization answere  |                                 | Dort IV     | / lino 110 9  | Soo Earm 000          | Dort V     | lino 10                  |             |                  |          |              |
|      |   |                                 | ,           |               |                       |            |                          |             |                  |          |              |
|      | Description of property   | (a) Cost or o<br>basis (investr |             | . ,           | t or other<br>(other) |            | Accumulate<br>preciation |             | ( <b>d)</b> Bool | value    | 3            |
| 1a   | Land  |                                 |             |               |                       |            |                          |             |                  |          |              |
| b    | Buildings   |                                 |             | 1,02          | 21,486.               |            | 198,2                    |             |                  | 3,2      |              |
| с    | Leasehold improvements  |                                 |             | 10            | 7,512.                |            | 68,0                     | 07.         | 39               | 9,50     | 05.          |
| d    |   |                                 |             |               | 27,168.               |            | 380,69                   | 96.         |                  | 5,4'     |              |
| е    | Other   |                                 |             | 2             | 24,599.               |            |                          |             |                  | 1,59     |              |
| Tota | I. Add lines 1a through 1e. (Column (d) must e                                      | equal Form 990, Part            | X. line 1   | 0c, column    | (B))                  |            |                          |             | 1,133            | 3,8      | 32.          |

Schedule D (Form 990) 2023

| Complete if the organization answered "Yes" of  | n Form 990 Part IV line    | a 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-vear 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, line 12, col. (B))         Part VIII         Investments - Program Related. |                            |  |                       |
| Complete if the organization answered "Yes" c (a) Description of investment   | (b) Book value             | (c) Method of valuation: Cost or end         | of yoar market yalue  |
|   | UDUN VAIUE                 |  | or year market value  |
| (1)   |                            |  |                       |
| (2)   |                            |  |                       |
| (3)   |                            |  |                       |
| (4)   |                            |  |                       |
| (5)   |                            |  |                       |
| (6)   |                            |  |                       |
| (7)   |                            |  |                       |
| (8)   |                            |  |                       |
| (9)   |                            |  |                       |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  |                            |  |                       |
| Part IX Other Assets  |                            |  |                       |
| Complete if the organization answered "Yes" of  | on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15.        |                       |
| -   | Description                |  | (b) Book value        |
| (1)   | I                          |  |                       |
| • •   |                            |  |                       |
| (2)   |                            |  |                       |
| (3)   |                            |  |                       |
| (4)   |                            |  |                       |
| (5)   |                            |  |                       |
| (6)   |                            |  |                       |
| (7)   |                            |  |                       |
| (8)   |                            |  |                       |
| (9)   |                            |  |                       |
| Total. (Column (b) must equal Form 990, Part X, line 15, col.   | <u>(</u> B))               |  |                       |
| Part X Other Liabilities  |                            |  |                       |
| Complete if the organization answered "Yes" of  | n Form 990, Part IV, line  | e 11e or 11f. See Form 990, Part X, line 25. |                       |
| 1. (a) Description of liability   |                            |  | (b) Book value        |
| (1) Federal income taxes  |                            |  |                       |
| (2)   |                            |  |                       |
| (3)   |                            |  |                       |
| (4)   |                            |  |                       |
| (5)   |                            |  |                       |
|   |                            |  |                       |
|   |                            |  |                       |
| (6)   |                            |  |                       |
| (7)   |                            |  |                       |
| (7)<br>(8)  |                            |  |                       |
| (7)   |                            |  |                       |

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

| Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return <pre>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.</pre> 1       Total revenue, gains, and other support per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       1         a       Net unrealized gains (losses) on investments       2a         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2d         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       3         3       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 3 and 4b.       5       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and loses per audited financial statements       1       2         2       Amounts included on line 1 but not on Form 990, Part IV, line 25   | Sche | dule D (Form 990) 2023 RUAH WOODS   |                    | 26-2221421 Page 4 |
|--|------|---|--------------------|-------------------|
| 1       Total revenue, gains, and other support per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a         a Net unrealized gains (losses) on investments       2a         b Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d       2e         a Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       2d       2e         c       Add lines 4a and 4b       4c         5       Total expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)       5         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IV, line 25:<  |      |   | tements With Reven |                   |
| 2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a         a       Net unrealized gains (losses) on investments       2a         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d       2e         e       Add lines 2a through 2d       3       3         3       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4a       4b       4c         c       Add lines 3 and 4c. ( <i>This must equal Form 990, Part I L line 12.</i> )       5       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       5       5         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1       1         1       Total expenses and losses per audited financial statements       1       1       2a  |      | Complete if the organization answered "Yes" on Form 990, Part IV, lin   | ne 12a.            |                   |
| a Net unrealized gains (losses) on investments       2a         b Donated services and use of facilities       2b         c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1 Total expenses and losses per audited financial statements       1         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a Donated services and use of facilities       2a         b Prior year adjustments       2a         c Other losses       2a         d Other Quescribe in Part XIII.)       2d         e Add lines 2a through 2d       3         3 Subtract line 2e from line 1       3   | 1    | Total revenue, gains, and other support per audited financial statements  |                    |                   |
| b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answerd "Yes" on Form 990, Part I. line 12.       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2b         2       Donated services and use of facilities       2a         b       Prior year adjustments       2c         c  | 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |                    |                   |
| c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         1       Donated services and use of facilities       2a         2       Other (Describe in Part XIII.)       2d         2       Athounts included on Form 990, Part IX, line 25, but not on line 1:       2a         2       Athounts included on Form 990, Part IX, line 25, but not on line 1:       3         4<  | а    | Net unrealized gains (losses) on investments  | 2a                 |                   |
| d Other (Describe in Part XIII.)       2d       2e         a Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part L line 12)       5         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1 Total expenses and losses per audited financial statements       1         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         a Donated services and use of facilities       2a         b Prior year adjustments       2d         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       3         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a <td< th=""><th>b</th><th>Donated services and use of facilities</th><th> 2b</th><th></th></td<>   | b    | Donated services and use of facilities  | 2b                 |                   |
| e Add lines 2a through 2d 2e   3 Subtract line 2e from line 1 3   4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c 5   Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 4 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 adumnts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVI, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 6 Other (Describe in Part XII.) b Other (Describe in Part XII.) b Other (Describe in Part XII.) c Add lines 4a and 4b 6 Other (Describe in Part XII.) 6 Add lines 4a and 4b 6 Other (Describe in Part XII.) 6 Add lines 4a and 4b 6 Other (Describe in Part XII.) 7 Other State and 4a Add Add Add Add Add Add Add Add Add Ad | с    | Recoveries of prior year grants   | 2c                 |                   |
| 3 Subtract line 2e from line 1 3   4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 4a and 4b 4c   5 Total expenses and losses per audited financial statements 1   2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a   a Donated services and use of facilities 2a   b Prior year adjustments 2b   c Other (Describe in Part XIII.) 2d   e Add lines 2a through 2d 3   3 Amounts included on Form 990, Part IV, line 11: a   a Investment expenses not included on Form 990, Part IX, line 25: 2a   a Donated services and use of facilities 2a   b Prior year adjustments 2c   c Other (Describe in Part XIII.) 2d   e Add lines 2a through 2d 3   3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   4 4b 4c   5 Other (Describe in Part XIII.) 4a   4 4b 4c   5 Other (Describe in Part XIII.) 4a   6 Other (Describe in Part XIII.) 4a   6 Other (Describe in Part XIII.) 4a   6 Other (D   | d    | Other (Describe in Part XIII.)  | 2d                 |                   |
| 4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I. line 12</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other (Describe in Part XIII.)       2d       2e         3       2d       2e       3         3       3       3       3         4       Amounts included on Form 990, Part IVII, line 7b       4a         4       Amounts included on Form 990, Part IVIII, line 7b       4a         4       Amounts included on Form 990, Part IVIII, line 7b       4a         4   | е    | Add lines 2a through 2d   |                    | 2e                |
| a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b         c       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. (This must e   | 3    | Subtract line 2e from line 1  |                    |                   |
| b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2c         c       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       3       3         4       Amounts included on Form 990, Part VIII, line 7b       4a         4       Amounts included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5  | 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | 1 1                |                   |
| c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b         c       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IVIII, line 7b       4a         b       Other (Describe in Part XIII.)       2d         c       Other (Describe in Form 990, Part IX, line 25, but not on line 1:       3         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)       5  | а    | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                 |                   |
| 5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2e       3         subtract line 2e from line 1       3       3       3         4       Amounts included on Form 990, Part IV, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c       5   | b    | Other (Describe in Part XIII.)  | 4b                 |                   |
| Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2e         a       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       3         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c       5   | С    | Add lines 4a and 4b   |                    |                   |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         4       Add lines 4a and 4b         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  | 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.  | <u>)</u>           |                   |
| 1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b         c       Other losses       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5   | Pai  |   | •                  | nses per Return   |
| 2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       2e         3       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         4a       4a         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       5  |      | Complete if the organization answered "Yes" on Form 990, Part IV, lin   | ne 12a.            |                   |
| a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5   | 1    |   |                    | 1                 |
| b       Prior year adjustments       2b  | 2    |   | 1 1                |                   |
| c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2e         a       Add lines 2a through 2d       3       3         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c       5  | а    |   |                    |                   |
| d Other (Describe in Part XIII.)       2d       2e         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5  | b    |   |                    |                   |
| e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5   | С    | Other losses  |                    |                   |
| 3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5  | d    |   |                    |                   |
| 4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  | е    |   |                    |                   |
| a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5  | 3    |   |                    |                   |
| b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18,</i> )       5   | 4    |   | 1 1                |                   |
| c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)       5  | а    |   |                    |                   |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 5   | b    |   | 4b                 |                   |
|  | С    |   |                    |                   |
|  | 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1<br><b>t XIII</b> Supplemental Information | 8.)                |                   |

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.

332054 09-28-23

| SCHEDULE G  | Suppleme  | ntal Information Regarding   | Fund                         | Iraisi   | ng or Gaming A                             | ctiv    | ities   | OMB No. 1545-0047    |
|---|---|--|------------------------------|--|--|---------|---|----------------------|
| (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. |   |  |                              |  |  |         |   |                      |
| Department of the Treasury  |   | <b>2023</b><br>Open to Public  |                              |  |  |         |   |                      |
| Internal Revenue Service  | Go te   | Inspection   |                              |  |  |         |   |                      |
| Name of the organization  | RUAH WO   | ODS  |                              |  |  |         | 26-222  | dentification number |
| Part I Fundrais   |   | Complete if the organization answe   | red "Y                       | es" or   | n Form 990, Part IV, li                    | ine 1   |   |                      |
| required to   | complete this part                                    | t.   |                              |  |  |         |   |                      |
| <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul>  | ions<br>email solicitations<br>tations<br>licitations |  | tion of<br>tion of<br>fundra | non-g<br>gover<br>aising                       | overnment grants<br>nment grants<br>events | toos    | or  |                      |
| key employees list  | ed in Form 990, Pa<br>highest paid indiv              | art VII) or entity in connection with pr<br>viduals or entities (fundraisers) pursua | rofessi                      | onal fi  | undraising services?                       | -       | <b>Y</b>  | ies No<br>be         |
| (i) Name and addres<br>or entity (fund  | s of individual                                       | (ii) Activity  | fùndr<br>have c<br>or cor    | Did<br>raiser<br>ustody<br>itrol of<br>utions? | (iv) Gross receipts<br>from activity       | to (c   | Amount paic<br>or retained by<br>fundraiser<br>ted in col. <b>(i)</b> |                      |
|   |   |  | Yes                          | No   |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
| Total   |   |  |                              |  |  |         |   |                      |
| <ol> <li>List all states in whit<br/>or licensing.</li> </ol>   | ch the organizatio                                    | n is registered or licensed to solicit c   | ontrib                       | utions   | or has been notified                       | it is e | exempt from   | registration         |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |
|   |   |  |                              |  |  |         |   |                      |

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

RUAH WOODS

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

|                 |   |  | (a) Event #1  | (b) Event #2   | (c) Other events            | (d) Total events   |
|-----------------|---|--|---|--|-----------------------------|--|
|                 |   |  | ANNUAL  | CHRISTMAS  |                             | (add col. (a) through  |
|                 |   |  | BANQUET   | APPEAL   | 2                           | col. (c)   |
| ۵               |   |  | (event type)  | (event type)   | (total number)              |  |
| Revenue         | 1   | Gross receipts   | 162,998.  | 20,245.  | 8,800.                      | 192,043  |
|                 | 2   | Less: Contributions  | 119,078.  | 20,245.  | 3,150.                      | 142,473  |
|                 | 3   | Gross income (line 1 minus line 2)   | 43,920.   |  | 5,650.                      | 49,570   |
|                 | 4   | Cash prizes  |   |  |                             |  |
|                 | 5   | Noncash prizes   |   |  |                             |  |
| oenses          | 6   | Rent/facility costs  | 1,900.  |  | 300.                        | 2,200  |
| Direct Expenses | 7   | Food and beverages   | 34,827.   |  | 4,075.                      | 38,902   |
| ٦               | 8   | Entertainment  | 4,852.  |  | 1,000.                      | 5,852  |
|                 |   |  | <b>E</b> 100  | 2 2 5  | 0.000                       | 10 000   |
|                 | 9   | Other direct expenses  | 7,192.  | 3,865.   | 2,266.                      | 13,323   |
| - 1             | 9<br>10   | Other direct expenses<br>Direct expense summary. Add lines 4 throug  | h 9 in column (d)   |  | 2,266.                      | <u>13,323</u><br>60,277  |
|                 | 9<br>10<br>11                                   | Other direct expenses<br>Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from   | h 9 in column (d)   |  | 2,266.                      | <u>13,323</u><br>60,277  |
|                 | 9<br>10   | Other direct expenses  | h 9 in column (d)   |  | 2,266.                      | <u>13,323</u><br>60,277  |
| Pa              | 9<br>10<br>11                                   | Other direct expenses<br>Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from   | h 9 in column (d)   |  | 2,266.                      | <u>13,323</u><br>60,277<br>-10,707<br>(d) Total gaming (add                      |
| )a              | 9<br>10<br>11                                   | Other direct expenses  | h 9 in column (d)<br>line 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or m<br>(b) Pull tabs/instant | 2,266.<br>eported more than | <u>13,323</u><br>60,277<br>-10,707   |
|                 | 9<br>10<br><u>11</u><br>rt I                    | Other direct expenses<br>Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from<br><b>Gaming.</b> Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.   | h 9 in column (d)<br>line 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or m<br>(b) Pull tabs/instant | 2,266.<br>eported more than | <u>13,323</u><br>60,277<br>-10,707   |
| a evenue        | 9<br>10<br><u>11</u><br>rt I<br>1<br>2          | Other direct expenses<br>Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from<br>Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue   | h 9 in column (d)<br>line 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or m<br>(b) Pull tabs/instant | 2,266.<br>eported more than | <u>13,323</u><br>60,277<br>-10,707   |
| Panne           | 9<br>10<br>11<br>rt I<br>2<br>3                 | Other direct expenses<br>Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from<br>Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes  | h 9 in column (d)<br>line 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or m<br>(b) Pull tabs/instant | 2,266.<br>eported more than | <u>13,323</u><br>60,277<br>-10,707<br>(d) Total gaming (add                      |
|                 | 9<br>10<br><u>11</u><br><u>1</u><br>2<br>3<br>4 | Other direct expenses<br>Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from<br>Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs | h 9 in column (d)<br>line 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or m<br>(b) Pull tabs/instant | 2,266.<br>eported more than | <u>13,323</u><br>60,277<br>-10,707   |
|                 | 9<br>10<br><u>11</u><br><u>1</u><br>2<br>3<br>4 | Other direct expenses<br>Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from<br>Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes<br>Noncash prizes                        | h 9 in column (d)<br>line 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or m<br>(b) Pull tabs/instant | 2,266.<br>eported more than | 13,323<br>60,277<br>-10,707<br>(d) Total gaming (add<br>col. (a) through col. (c |

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: \_\_\_\_\_\_

332082 09-13-23

Schedule G (Form 990) 2023

Yes

No

No

| Sch  | edule G (Form 990) 2023            | RUAH WOODS                           |   | 26-2221421 Page 3                   |
|------|------------------------------------|--------------------------------------|---|-------------------------------------|
| 11   | Does the organization conduct ga   | aming activities with nonmember      | rs?   | YesNo                               |
| 12   | Is the organization a grantor, ben | eficiary or trustee of a trust, or a | member of a partnership or other entity formed        |                                     |
|      | to administer charitable gaming?   |                                      |   | Yes No                              |
|      | Indicate the percentage of gamin   |                                      |   |                                     |
|      |                                    |                                      |   |                                     |
|      |                                    |                                      |   |                                     |
| 14   | Enter the name and address of th   | e person who prepares the orga       | anization's gaming/special events books and reco      | irds:                               |
|      | Name                               |                                      |   |                                     |
|      | Address                            |                                      |   |                                     |
| 15a  | Does the organization have a con   | tract with a third party from who    | om the organization receives gaming revenue?          | Yes No                              |
| b    | If "Yes," enter the amount of gam  | ing revenue received by the org      | anization \$ and the a                                | mount                               |
|      | of gaming revenue retained by the  | e third party \$                     |   |                                     |
| c    | If "Yes," enter name and address   | of the third party:                  |   |                                     |
|      |                                    |                                      |   |                                     |
|      | Name                               |                                      |   |                                     |
|      | Address                            |                                      |   |                                     |
|      | Address                            |                                      |   |                                     |
| 16   | Gaming manager information:        |                                      |   |                                     |
| 10   | Gaming manager mormation.          |                                      |   |                                     |
|      | Name                               |                                      |   |                                     |
|      |                                    |                                      |   |                                     |
|      | Gaming manager compensation        | \$                                   |   |                                     |
|      |                                    |                                      |   |                                     |
|      | Description of services provided   |                                      |   |                                     |
|      |                                    |                                      |   |                                     |
|      |                                    |                                      |   |                                     |
|      |                                    | <u>г</u> . г                         | ¬   |                                     |
|      | Director/officer                   | Employee                             | Independent contractor                                |                                     |
| 17   | Mandatory distributions:           |                                      |   |                                     |
|      | •                                  | r state law to make charitable di    | stributions from the gaming proceeds to               |                                     |
| ŭ    | retain the state gaming license?   |                                      | subutons from the gaming proceeds to                  | Yes No                              |
| b    |                                    |                                      | distributed to other exempt organizations or spen     |                                     |
|      | organization's own exempt activit  | •                                    |   |                                     |
| Pa   | rt IV Supplemental Infor           | mation. Provide the explanat         | ions required by Part I, line 2b, columns (iii) and ( | v); and Part III, lines 9, 9b, 10b, |
|      | 15b, 15c, 16, and 17b, as          | s applicable. Also provide any ac    | dditional information. See instructions.              |                                     |
|      |                                    |                                      |   |                                     |
|      |                                    |                                      |   |                                     |
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|      |                                    |                                      |   |                                     |
|      |                                    |                                      |   |                                     |
| 3300 | 33 09-13-23                        |                                      |   | Schedule G (Form 990) 2023          |
| 5020 |                                    |                                      | 35  |                                     |

| I GITT | (continued) |      |                       |
|--------|-------------|------|-----------------------|
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|        |             |      |                       |
|        |             |      | Schedule G (Form 990) |

332084 04-01-23

| SC     | HEDULE J              | Compensation Information  | 1          | OMB No. 1    | 1545-004   | 47         |
|--------|-----------------------|---|------------|--------------|------------|------------|
| (Fo    | rm 990)               | For certain Officers, Directors, Trustees, Key Employees, and Highest                                     | F          | 20           | <b>7</b> 2 | 2          |
|        |                       | Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.       |            | 20           | ZJ         | )          |
| Depa   | tment of the Treasury | Attach to Form 990.   |            | Open to      |            |            |
| Intern | al Revenue Service    | Go to www.irs.gov/Form990 for instructions and the latest information.                                    |            | Inspe        |            |            |
| Nam    | e of the organization |   | Employer i |              |            | mber       |
| Da     | rt I Question         | RUAH WOODS<br>s Regarding Compensation  | 20-2       | 22142        | L          |            |
| Га     |                       | s negariting compensation   |            |              | Vee        |            |
| 10     | Chock the appropri    | ate box(es) if the organization provided any of the following to or for a person listed on Form           | 000        |              | Yes        | No         |
| 1a     |                       | line 1a. Complete Part III to provide any relevant information regarding these items.                     | 990,       |              |            |            |
|        | First-class or c      |   | naluse     |              |            |            |
|        | Travel for com        |   |            |              |            |            |
|        |                       | ation and gross-up payments<br>Health or social club dues or initiation fee                               |            |              |            |            |
|        |                       | spending account Personal services (such as maid, chauffe   |            |              |            |            |
|        | ,                     |   | , ,        |              |            |            |
| b      | If any of the boxes   | on line 1a are checked, did the organization follow a written policy regarding payment or                 |            |              |            |            |
|        | reimbursement or p    | rovision of all of the expenses described above? If "No," complete Part III to explain                    |            | 1b           |            |            |
| 2      | Did the organization  | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,             |            |              |            |            |
|        | trustees, and office  | rs, including the CEO/Executive Director, regarding the items checked on line 1a?                         |            | 2            |            |            |
|        |                       |   |            |              |            |            |
| 3      | Indicate which, if an | ny, of the following the organization used to establish the compensation of the organization's            | i          |              |            |            |
|        | CEO/Executive Dire    | ctor. Check all that apply. Do not check any boxes for methods used by a related organization             | on to      |              |            |            |
|        | establish compensa    | ation of the CEO/Executive Director, but explain in Part III.   |            |              |            |            |
|        | Compensation          | committee Written employment contract   |            |              |            |            |
|        | Independent o         | ompensation consultant Compensation survey or study   |            |              |            |            |
|        | Form 990 of o         | ther organizations Approval by the board or compensation c  | ommittee   |              |            |            |
|        | Duning the upon dia   | Lanuaren listad en Form 000 Dath/// Costien A line 1e with respect to the filing                          |            |              |            |            |
| 4      |                       | I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                 |            |              |            |            |
| -      | organization or a re  | -   |            | 10           | Х          |            |
| a<br>b |                       | e payment or change-of-control payment?<br>eive payment from a supplemental nonqualified retirement plan? |            |              | 23         | x          |
|        |                       |   |            |              |            | X          |
| С      | -                     | erve payment from an equity-based compensation arrangement?   |            | +c           |            |            |
|        |                       |   |            |              |            |            |
|        | Only section 501(c    | )(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                    |            |              |            |            |
| 5      |                       | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio             | n          |              |            |            |
|        | contingent on the r   |   |            |              |            |            |
| а      | •                     |   |            | 5a           | Х          |            |
|        |                       | ation?  |            |              |            | X          |
|        |                       | r 5b, describe in Part III.   |            |              |            |            |
| 6      | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio             | n          |              |            |            |
|        | contingent on the r   | et earnings of:   |            |              |            |            |
| а      | The organization?     |   |            | 6a           |            | X          |
|        |                       | ation?  |            |              |            | X          |
|        |                       | or 6b, describe in Part III.  |            |              |            |            |
| 7      |                       | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments             |            |              |            |            |
|        |                       | nes 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 th             | ne         |              |            | <u>-</u> - |
|        |                       |   |            | 8            |            | X          |
| 9      |                       | id the organization also follow the rebuttable presumption procedure described in                         |            |              |            |            |
| _      |                       | 1 53.4958-6(c)?   |            | 9            |            | <u> </u>   |
| For    | Paperwork Reduct      | on Act Notice, see the Instructions for Form 990.   | Sched      | lule J (Forn | n 990)     | ) 2023     |

LHA 332111 11-06-23

#### 26-2221421

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.

| (A) Name and Title                 |             | (B) Breakdown of W       | /-2 and/or 1099-MIS0 compensation         | C and/or 1099-NEC                         | (C) Retirement and other deferred | (D) Nontaxable<br>benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|------------------------------------|-------------|--------------------------|---|---|-----------------------------------|----------------------------|------------------------------------|---|
|                                    |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                            |                                    | reported as deferred<br>on prior Form 990 |
| (1) ANDREW SODERGREN               | (i)         | 139,325.                 | 18,725.                                   | 0.  | 3,161.                            | 20,096.                    | 181,307.                           | 0.  |
| DIRECTOR OF PSYCHOLOGICAL SERVICES | (ii)        | 0.                       | 0.  | 0.  | 0.                                | 0.                         | 0.                                 | 0.  |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)<br>(i) |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)<br>(ii) |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |
|                                    | (i)         |                          |   |   |                                   |                            |                                    |   |
|                                    | (ii)        |                          |   |   |                                   |                            |                                    |   |

#### Part III Supplemental Information

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

#### PART I, LINE 4A:

IN 2023, RUAH WOODS MADE SEVERANCE PAYMENTS TO MICHAEL GRASINSKI IN THE

AMOUNT OF \$32,445. MR. GRASINSKI'S EMPLOYMENT ENDED ON FEB 16, 2023, AND HE

#### WAS PAID SALARY-CONTINUATION PAYMENTS THROUGH MAY 31, 2023.

PART I, LINE 5:

#### DR. ANDREW SODERGREN EARNED BONUSES BASED ON THE REVENUE GENERATED FOR THE

RWPS PRACTICE IN THE AMOUNT OF \$18,725

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

421

Department of the Treasury Internal Revenue Service

Devit

| Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. |
|--|
| Attach to Form 990.  |
| Go to www.irs.gov/Form990 for instructions and the latest information.             |

Inspection Employer identification number

Name of the organization

| RUAH | WOODS |
|------|-------|
|      |       |

| Employer identificat |
|----------------------|
| 26-2221              |

| Pa  | תון וא      | pes of Property                          |                                      |   |   |   |         |     |    |
|-----|-------------|--|--------------------------------------|---|---|---|---------|-----|----|
|     |             |  | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | <b>(c)</b><br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1 <u>c</u> | (d)<br>Method of de<br>noncash contribu | etermin |     | s  |
| 1   | Art - Work  | s of art                                 |                                      |   |   |   |         |     |    |
| 2   |             | rical treasures                          |                                      |   |   |   |         |     |    |
| 3   |             | ional interests                          |                                      |   |   |   |         |     |    |
| 4   |             | d publications                           |                                      |   |   |   |         |     |    |
| 5   |             | and household goods                      |                                      |   |   |   |         |     |    |
| 6   |             | other vehicles                           |                                      |   |   |   |         |     |    |
| 7   |             | l planes                                 |                                      |   |   |   |         |     |    |
| 8   |             | al property                              |                                      |   |   |   |         |     |    |
| 9   |             | - Publicly traded                        | X                                    | 110   | 30,634  | עאיד                                    |         |     |    |
|     |             | - Closely held stock                     | 21                                   | 110   | 50,054  |   |         |     |    |
| 10  |             |  |                                      |   |   |   |         |     |    |
| 11  |             | - Partnership, LLC, or<br>ests           |                                      |   |   |   |         |     |    |
| 12  | Securities  | - Miscellaneous                          |                                      |   |   |   |         |     |    |
| 13  | Qualified   | conservation contribution -              |                                      |   |   |   |         |     |    |
|     |             | ructures                                 |                                      |   |   |   |         |     |    |
| 14  | Qualified   | conservation contribution - Other        |                                      |   |   |   |         |     |    |
| 15  | Real estat  | e - Residential                          |                                      |   |   |   |         |     |    |
| 16  | Real estat  | e - Commercial                           |                                      |   |   |   |         |     |    |
| 17  | Real estat  | e - Other                                |                                      |   |   |   |         |     |    |
| 18  | Collectible | es                                       |                                      |   |   |   |         |     |    |
| 19  |             | ntory                                    |                                      |   |   |   |         |     |    |
| 20  |             | d medical supplies                       |                                      |   |   |   |         |     |    |
| 21  | Taxidermy   | /  |                                      |   |   |   |         |     |    |
| 22  | Historical  | artifacts                                |                                      |   |   |   |         |     |    |
| 23  | Scientific  | specimens                                |                                      |   |   |   |         |     |    |
| 24  |             | jical artifacts                          |                                      |   |   |   |         |     |    |
| 25  | Other       | ( )                                      |                                      |   |   |   |         |     |    |
| 26  | Other       | ( )                                      |                                      |   |   |   |         |     |    |
| 27  | Other       | ( )                                      |                                      |   |   |   |         |     |    |
| 28  | Other       | ()                                       |                                      |   |   |   |         |     |    |
| 29  | Number o    | f Forms 8283 received by the organiz     | ation during                         | g the tax year for co                                     | ontributions  |   |         |     |    |
|     | for which   | the organization completed Form 828      | 33, Part V, D                        | onee Acknowledg   | ement 29  |   |         |     |    |
|     |             |  |                                      |   |   |   |         | Yes | No |
| 30a | During the  | e year, did the organization receive by  | / contributio                        | n any property rep  | orted in Part I, lines 1 throu  | gh 28, that it                          |         |     |    |
|     | must hold   | for at least 3 years from the date of t  | the initial co                       | ntribution, and whi                                       | ch isn't required to be used  | for                                     |         |     |    |
|     | exempt p    | urposes for the entire holding period?   | •                                    |   |   |   | 30a     |     | X  |
| b   |             | lescribe the arrangement in Part II.     |                                      |   |   |   |         |     |    |
| 31  | Does the    | organization have a gift acceptance p    | olicy that re                        | quires the review o                                       | of any nonstandard contribu   | itions?                                 | 31      | Х   |    |
| 32a | Does the    | organization hire or use third parties o | or related or                        | ganizations to solid                                      | cit, process, or sell noncash   |   |         |     |    |
|     | contributi  | ons?                                     |                                      |   |   |   | 32a     | X   |    |
| b   | lf "Yes," c | lescribe in Part II.                     |                                      |   |   |   |         |     |    |
| 33  | If the orga | nization didn't report an amount in co   | olumn (c) foi                        | a type of property  | for which column (a) is che   | ecked,                                  |         |     |    |
|     | describe i  |  |                                      | -   |   |   |         |     |    |

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 RUAH WOODS

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

RUAH WOODS SUBMITS ALL CONTRIBUTIONS OF PUBLICLY-TRADED SECURITIES TO

IT'S STOCK BROKER. UPON RECEIPT OF SECURITIES, THE BROKER PUTS IN A

SELL ORDER AND CONVERTS THE DONATED SECURITY TO CASH.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Employer identification number

26-2221421

OMB No. 1545-0047

RUAH WOODS

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

THEOLOGY OF THE BODY. THE MINISTRY PROVIDES PSYCHOLOGICAL SERVICES FROM

A CATHOLIC PERSPECTIVE AND DEVELOPS THEOLOGY OF THE BODY K-12

CURRICULUM AND TEACHER FORMATION TO TRANSFORM THE CULTURE.

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

TRANSFORM THE CULTURE.

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

FORM 990 WAS REVIEWED BY THE TREASURER OF THE BOARD AND SENT TO THE

REMAINING BOARD FOR APPROVAL.

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

OFFICERS OF ORGANIZATION HAVE BEEN INSTRUCTED ON WHAT CONSTITUTES CONFLICTS OF INTEREST. OFFICERS MEET WITH OFFICERS OF THE BOARD OF DIRECTORS WEEKLY NO LESS FRQUENTLY AS MONTHLY DURING WHICH OFFICERS REPORT ALL ACTIVITIES OUTSIDE THOSE ASSOCIATED WITH THE ORGANIZATION.

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

OFFICER AND KEY EMPLOYEE COMPENSATION IS REVIEWED BY THE OFFFICERS OF THE

BOARD OF DIRECTORS. COMPENSATION LEVELS ARE COMPARED TO MARKET AS REPORTED

BY VARIOUS JOB BOARDS.

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

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

 AND
 FINANCIAL
 STATEMENTS
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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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 Schedule O (Form 990) 2023

| Schedule O (Form 990) 2023 Name of the organization |       |            |        |        |          | Page<br>Employer identification number<br>26-2221421 |                         |  |
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