** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the 2	2019 calendar year, or tax year beginning and	ending		
В	Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address change	NURU INTERNATIONAL			
	Name change	Doing business as		26-12507	16
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 5405 ALTON PARKWAY, SUITE A-474	Room/suite	E Telephone number 949-667-	
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,939,451.
	Amended			H(a) Is this a group re	
	return Applica-	F Name and address of principal officer: JACOB HARRIMAN		for subordinates	
	tion pending	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\mathbf{T}}$	Tay-eyen	npt status: \boxed{X} 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1 ` ′	list. (see instructions)
		WWW.NURUINTERNATIONAL.ORG	021	H(c) Group exemption	` ,
		rganization: X Corporation Trust Association Other	I Vear		M State of legal domicile; CA
		Summary	L 10ai	or formation. 2007	VI State of legal dofficite. C11
		riefly describe the organization's mission or most significant activities: ERAD	TCATE	EXTREME POV	ERTY IN
e	' 문	RAGILE RURAL AREAS TO BUILD COMMUNITIES			
Jan	2 C	heck this box if the organization discontinued its operations or dispos			
Governance	3 N			3	6
Ó	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			5
∞	5 To	otal number of individuals employed in calendar year 2019 (Part V, line 2a)			21
ţies	6 To	otal number of volunteers (estimate if necessary)			5
Activities &	72 T	otal unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	h	et unrelated business taxable income from Form 990-T, line 39			0.
_	B 11	et difficiated business taxable filodific from 550 f, fille 55		Prior Year	Current Year
ne	8 C	ontributions and grants (Part VIII, line 1h)		4,808,797.	4,650,469.
	9 P	rogram service revenue (Part VIII, line 2g)		10,641.	0.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		12,005.	982.
Be	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,342.	2,486.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,833,785.	
_		rants and similar amounts paid (Part IX, column (A), lines 1-3)		2,682,436.	2,467,515.
	1	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	145 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,199,916.	2,124,385.
Expenses	16a Pi	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Der	b To	otal fundraising expenses (Part IX, column (D), line 25)	72.		
й	17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,361,597.	1,324,583.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,243,949.	
		evenue less expenses. Subtract line 18 from line 12		-1,410,164.	-1,262,546.
or or	<u> </u>	·	Ве	ginning of Current Year	End of Year
Assets or	20 To	otal assets (Part X, line 16)		2,103,625.	1,606,586.
ASS	21 To	otal liabilities (Part X, line 26)		243,218.	1,014,301.
Net	-	et assets or fund balances. Subtract line 21 from line 20		1,860,407.	592,285.
P	art II	Signature Block			
		es of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		4		5/15/2020	
Sig	_{in}	Signature of officer		Date	
He	re	JÁCOB HARRIMAN, CEO			
	IJ	Type or print name and title			
	F	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	լ և	ILL M. BOYLE, CPA JILL M. BOYLE, C	CPA 0	5/15/20 self-emplo	
Pre	· –	irm's name ▶ SIKICH LLP		Firm's EIN ▶	36-3168081
Use	Only F	irm's address 1415 W. DIEHL RD. SUITE 400			
		NAPERVILLE, IL 60563-2349		Phone no. (6	30)566-8400
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	ERADICATE EXTREME POVERTY IN FRAGILE RURAL AREAS TO BUILD COMMUNITIES
	RESILIENT TO VIOLENT EXTREMISM.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,592,133. including grants of \$2,467,515.) (Revenue \$)
	IN 2019, NURU NIGERIA LAUNCHED INTERVENTION ACTIVITIES TO BUILD
	RESILIENCE CAPACITIES WITH AN INITIAL GROUP OF 500 PARTICIPANT HOUSEHOLDS IN NORTHEAST NIGERIA. THE ACTIVITIES INCLUDED FORMING FARMER
	ASSOCIATIONS, ESTABLISHING HOME GARDENS FOR HOUSEHOLD NUTRITION AND
	POST-HARVEST LOSS PREVENTION AND TRAINING. THE IMPACT ACHIEVED FROM
	THESE LIVELIHOODS ACTIVITIES WAS A 43% INCOME INCREASE FROM CROP
	ACTIVITIES COMPARED TO A NON-INTERVENTION GROUP. THE ACTIVITY OFFERING
	WILL BE EXPANDED IN 2020 TO INCLUDE FARM INPUT LOANS FOR SOYBEAN AND
	PEANUT PRODUCTION, ANIMAL HUSBANDRY AND CROP COMMERCIALIZATION
	SERVICES.
	IN 2019, NURU ETHIOPIA'S RURAL LIVELIHOODS, HEALTHCARE AND EDUCATION
4b	(Code:) (Expenses \$
ΗU	NURU INTERNATIONAL'S AWARENESS PROGRAM LEADS EVENTS AND PRESENTATIONS
	THROUGHOUT THE COUNTRY AND PUBLISHES VIDEOS AND EDUCATIONAL INFORMATION
	THROUGH SOCIAL MEDIA. THIS PROGRAM BUILDS EMPATHY BY SHOWING SLIMPSES
	OF WHAT THOSE LIVING IN EXTREME POVERTY EXPERIENCE: CHRONIC HUNGER,
	SICKNESS AND DISEASE, ILLITERACY, HIGH CHILD MORTALITY RATES,
	CONTAMINATED WATER, AND LACK OF ACCESS TO RESOURCES. NURU STAFF
	MEMBERS SHARED NURU'S STORY WITH NEARLY 4,000 PEOPLE AT MORE THAN 20
	VENUES AROUND THE COUNTRY. LASTLY, NURU PROMOTED AWARENESS OF EXTREME POVERTY THROUGH PRESS RELEASES, INTERVIEWS, UPDATES, BLOG POSTS, PHOTOS
	POVERTY THROUGH PRESS RELEASES, INTERVIEWS, UPDATES, BLOG POSTS, PHOTOS AND VIDEOS ON FACEBOOK, TWITTER, AND LINKEDIN. AS A RESULT, OVER
	11,000 PEOPLE ON FACEBOOK, OVER 2,600 FOLLOWERS ON TWITTER, OVER 400
	FOLLOWERS ON INSTAGRAM AND OVER 3,500 PEOPLE ON LINKEDIN ARE MORE AWARE
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 4,924,879.
TC	Total program service expenses

13490515 765826 1000645.0

Form 990 (2019) NURU INTERNATIONAL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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		Х
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 Revenue Procedure 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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	- °		122
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?			x
	If "Yes," complete Schedule D, Part IV	9		
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	– "		
.0		12		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_V
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form **990** (2019)

Form 990 (2019) NURU INTERNATIONAL
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash 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			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	Х	L
Pai	Note: All Form 990 filers are required to complete Schedule O To V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	$\Omega\Omega\Omega$	(0010)

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Form 990 (2019) NURU INTERNATIONAL

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

Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2 21 21 21 21 21 32 32 32 32 32 32 32 32 32 32 32 32 32		The state of the s						
their for the calendary year ending with or within the year covered by this return 2a	22	Entar the number of employees reported on Form W.3. Transmitted of Wage and Tax Statements			Yes	NO		
b If all least one is reported on line 24, did the organization file all required federal employment tax returns? Note: If the sum of lines it and 24 sig register than 25, you may be required to e-fiel; (see instructions) 30 ID the organization have unrelated business gross income of \$1,000 or more during the year? 31 IV "Re", "Instit file of arm 980° IT for this year? If "No" to line 35, provide an explanation on Schedule O 32 IV "Re", "Instit file of a form 980° IT to this year? If "No" to line 35, provide an explanation on Schedule O 33 IV "Re", "Instit file of the organization have an interest in, or a significance or other authority over, a financial account in a toreign country but has a bank account, securities account, or other financial account? 54 IV "Re", "Instit file of a problight tax shelter transaction at any time during the tax year? 55 IV "Re" in the file or sphilloth tax shelter transaction at any time during the tax year? 56 IV "Re" in the file of or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction? 57 IV "Re", "In the file of or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction? 58 IV "Re", "In the file of or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction? 59 IV "Re", "In the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of antirable contributions? 50 IV "Re", "In the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of antirable contributions? 50 IV "Re", "Indicate the number of Forms 8282 Teled during the year party as a contribution and party for goods and services provided to the page of the organization receive a payment in excess of \$15 made party as a contribution and party for goods and services provided to the form 1000 T	Zd		22 21					
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-rigic (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes, "has it flied a Form 980-T for this year?" 7% 'to jire 30, provide an explanation on Schedule O ab Al any time during the calendar year, did the organization have an interest in, or a signature or other authority ower, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b If Yes, "enter the name of the foreign country 1/2 5/2 See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of ruling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of the organization that it was or is a party to a prohibited stax shelter transaction? See Did any explanation of the organization file form 888817? See Did any explanation foreign and property of the property of the organization shell were not tax deductible on the organization and explanation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If Yes, 'did the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive adductible contributions under section 170(c). If Yes, 'did the organization notity the donor of the value of the goods or services provided? Organizations that may receive adductible contributions under section 170(c). If Yes, 'did the organization notity the donor of the value of the goods or services provided? Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Organizatio	h			2h	x			
3a X X b if "Yes," inclinate the number of Forms 88-1 x X b if "Yes," inclinate that received a properties of the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country is cuch as a bank account, securities account, or other financial accountry over, a financial account in a foreign country. See the instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross nacigist that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross nacigists that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b W "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a gayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c If Yes, "Indicate the number of Forms 8222 filed during the year 5c Did the organization receive and contribution of qualified intellectual property, did the organization file a Form 1086-27. 8 phonoring organization makes any taxability, to pay premiums on a personal benefit contract? 7c X 7d Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1086-77. 8 Sponsoring organization makes any taxability, to pay premiums on a personal benefit contract? 9 proposed to the proposed properties of the payor that the payor to the organization received a contribution of								
b If Yes, *Inset It fleed a Form 990T for this year? Pr No* for line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 4a	За			За		Х		
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, a centrelise account, or other financial accounts? b if "Yes", either the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5a Was the organization network organization that it was or is a party to a prohibited tax shefter transaction? 5b C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or a charatable contributions? 6b C 7b Organizations that may receive deductible contributions under section 170(c). all bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charatable contributions? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8282 filed during the year 1 If Yes, indicate the number of Forms 8282 filed during the year 2 Did the organization received a contribution of qualified intellectual property, did the organization file and the property of the organization file forms 820? 7c X 7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required? 7 The organization received a contribution of qualified intellectual property, did the organization file and the property is property is property in the organization file forms 100 property is property in the organization file and prope								
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а							
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X		
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.						
	16	•	income?	16		X		
		If "Yes," complete Form 4720, Schedule O.		-	000	(00:=		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	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 books and records			
	ELIZABETH ATHERTON - 406-531-4711			
	5405 ALTON PARKWAY, SUITE A-474, IRVINE, CA 92604			

Form **990** (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than box, unless person is bot officer and a director/trus			than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN HANCOX	1.00	<u> </u>								
CHAIRMAN		Х		Х				0.	0.	0
(2) JACOB HARRIMAN	60.00	ļ		l				000 500	•	
CEO	1 00	Х		Х				220,539.	0.	8,229
(3) DON FAUL	1.00	.,		3,7					0	_
TREASURER (4) BETH VAN SCHAACK	1.00	Х		Х				0.	0.	0
MEMBER	1.00	х						0.	0.	0
(5) KIM KEATING	1.00	^						0.	0.	0
MEMBER	1.00	Х						0.	0.	0
(6) JEN EASTERLY	1.00	25						•	•	J
MEMBER		x						0.	0.	0
(7) MARC RAHLVES	60.00									
coo		1		х				170,309.	0.	15,593
(8) AERIE CHANGALA	60.00									-
СРО				Х				167,245.	0.	22,456
(9) ELIZABETH ATHERTON	60.00									
CFO				Х				123,638.	0.	15,593
		1								
		-								
		1								
		1								
		1								
		1								
			L	L	L					

Form **990** (2019)

26-1250716

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Reportable			d
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensatio		amount of		
	week (list any				l	1711 43			from from relate			other	
	hours for	directo				_		the organization	organization (W-2/1099-MIS			pensation the	
	related	9e or (stee			nsated		(W-2/1099-MISC)	(** 27 1033 14110	,0,		anizati	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** = *********************************				d relate	
	below	vidual	tution	er	Key employee	loyee	ner				orga	anizatio	ons
	line)	lndi	Insti	Officer	Key	High	Former						
		-											
										-			
		-											
										-+			
		1											
										\dashv			
		1											
										\dashv			
		1											
-													
		1											
		Ī											
1b Subtotal							▶	681,731.		0.	6	1,8	71.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	681,731.		0.	6	1,8	71.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			_
compensation from the organization													4
										ſ		Yes	No
3 Did the organization list any former officer			кеу е	empl	oye	e, or	hig	hest compensated emp	oyee on				37
line 1a? If "Yes," complete Schedule J for s										·····	3		X
4 For any individual listed on line 1a, is the su	•							•	•			₹	
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	•				•			•			_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e <i>J f</i>	or st	ıch r	oers	on .					5		Λ_
Complete this table for your five highest co	mponeated inc	lono	ndo	at co	ntro	acto	rc th	ast received more than \$	100 000 of com		tion fr		
the organization. Report compensation for										Ciisai	1011 110	7111	
(A)	trio dalcridar y	Jui C	, idii	<u>19 W</u>	1011	J1 VV1	<u> </u>	(B)	our.		(0	:)	
Name and business	address	N	ONE	3				Description of s	ervices	С		nsatior	า
							_						
2 Total number of independent contractors (i		ot lir	nited	to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation				(,						000	
											Form	ઝ∀ U (2	2019)

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13490515 765826 1000645.0

26-1250716

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S (s	1 2	Federated campaigns 1a					
ants				-			
جَ جَ				-			
Ţ\$,				-			
Contributions, Gifts, Grants and Other Similar Amounts				-			
ns, Sim		Government grants (contributions) 1e		-			
atio er 9	Ť	All other contributions, gifts, grants, and	CEO 460				
듗된			650,469.	-			
ont od (_	Noncash contributions included in lines 1a-1f 1g \$	93,545.	4 650 460			
<u>0 g</u>	h	Total. Add lines 1a-1f		4,650,469.			
			Business Code				
e	2 a						
Program Service Revenue	b						
Sugar	С						
eve	d						
Pg B	е						
Ā	f	All other program service revenue					
	g	-					
	3	Investment income (including dividends, intere					
		other similar amounts)		320.			320.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	·	(i) Real	(ii) Personal				
	6 2		()	-			
		Gross rents 6a Less: rental expenses 6b		-			
		· · · · · · · · · · · · · · · · · · ·		-			
	C -1						
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	/ a		. ,	-			
		assets other than inventory 7a 283,911.	2,265.	-			
	b	Less: cost or other basis	1 665				
nu		and sales expenses 7b 283,849.	1,665.	-			
Revenue		Gain or (loss) 7c 62.					660
		Net gain or (loss)	<u></u>	662.			662.
her	8 a	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events	<u>,</u>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold 10	0				
		Net income or (loss) from sales of inventory	>				
		,	Business Code				
Snc	11 a	MISCELLANEOUS INCOME	900099	2,486.	2,486.		
nec Tue	a						
Miscellaneous Revenue	C						
See		All other revenue					
Σ		Total. Add lines 11a-11d	>	2,486.			
	12	Total revenue. See instructions		4,653,937.	2,486.	0.	982.
	-			1-,,,	_, _,		, , , , , , , , , , , , , , , , , , , ,

932009 01-20-20

Form **990** (2019)

Form 990 (2019) NURU INTERNATIONAL Part IX Statement of Functional Expenses

15 Royalties 918 458 460 17 17 17 17 17 18 18 19 19 19 19 19 19	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
Total expenses		Check if Schedule O contains a response	se or note to any line in		(0)	(D)
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, breign governments, and foreign individuals. See Part IV, line 15 and 16 Bennefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation for current officers, directors, trustees, and key employees Compensation for current officers, directors, trustees, and key employees Compensation for individuals and variety of the services (include section 40 (k) and 40(k) employer contributions (include section 40 (k) and 40 (k) employer contributions (include section 40 (k) employer contributions (include section 4		· · · · · · · · · · · · · · · · · · ·	(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, line 17 stands and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 18 dan 16 stand	1	Grants and other assistance to domestic organizations				
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3	2	Grants and other assistance to domestic				
Comparisations Continue Con		individuals. See Part IV, line 22				
Individuals Sae Part N, lines 15 and 16 2,467,515 2,467,515 387,663 387,66	3	Grants and other assistance to foreign				
4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of clinited above to disqualified persons (as defined under section 468(f)(f)) and persons described in section 468(f)(f)) and 469(f) employer contributions (include section 40 f)(f) and 469(f) employer contribution (include section 40 f)(f) and 469(f) employer contribution (include section 40 f) employer contribution (include section 40 f) employer (include section 40 f) emp		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f) 1) and persons described in sec			2,467,515.	2,467,515.		
trustees, and key employees	4					
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 403(t) employer contributions) 9 Other employee benefits 1 Payroll taxes 1 125, 346. 83,630. 31,629. 10,087 1 Pees for services (nonemployees): a Management b Legal 7,204. 6,960. 244. CACOUNTING 0 Horbissional fundraising services. See Part IV, line 17 investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schol, 21,627. 1,977. 11,805. 7,845 1 Royaltes 1 Cocupancy. 918. 458. 460. 2 Payments to affiliates 1 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 Conferences, conventions, and meetings 1 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 Payments of travel or entertainment expenses for any federal, state, or local public officials 2 Depreciation, depletion, and amortization 8,512. 6,030. 1,773. 709 2 Other (IT miscellanous expenses on Schollet 0), a mount, list line 24e openses. Itemize expenses on Schollet 0), a mount, list line 24e openses. Itemize expenses on Schollet 0), a mount, list line 24e openses. Itemize expenses on Schollet 0), a mount, list line 24e openses. Itemize expenses on Schollet 0), a mount, list line 24e openses. Itemize expenses on Schollet 0), a mount, list line 24e openses. Itemize expenses on Schollet 0), a mount, list line 24e openses. Itemize expenses on Schollet 0), a mount, list line 24e openses. String 25, 257. 5, 957. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	5		T42 600	205 662	004 000	151 006
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9 Other employee benefits	8					
10 Payroll taxes			101 077	100 202	11 052	11 001
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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	26		3,223,2031	_,,,,,,,,,	,	
educational campaign and fundraising solicitation.		,				
		. , , ,				
		Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		132,555.	1	399,132.	
	2	Savings and temporary cash investments	859.	2	35,785		
	3	Pledges and grants receivable, net			1,889,876.	3	1,079,885
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
¥	9	Donat del como con estado de fermo el electrone			67,171.	9	80,644
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	27,019.			
	b	Less: accumulated depreciation	. 10b	20,037.	13,164.	10c	6,982 4,158
	11	Investments - publicly traded securities		11	4,158		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must ed	ual line 3	3)	2,103,625.	16	1,606,586
	17	Accounts payable and accrued expenses			243,218.	17	264,301
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for	rmer offic	er, director,			
Ĕ		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th				22	
_	23	Secured mortgages and notes payable to unre			0.	23	750,000
	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on lin	es 17-24)	Complete Part X			
		of Schedule D			0.4.2 0.1.0	25	1 014 201
	26	Total liabilities. Add lines 17 through 25			243,218.	26	1,014,301
S		Organizations that follow FASB ASC 958, cl	neck here	· X			
ce		and complete lines 27, 28, 32, and 33.			20 460		E02 624
alar	27	Net assets without donor restrictions			-29,469.	27	-593,634
B	28	Net assets with donor restrictions			1,889,876.	28	1,185,919
ŭ		Organizations that do not follow FASB ASC	958, che	ck here 🕨 📖			
Ϋ́		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund			29		
sse	30	Paid-in or capital surplus, or land, building, or			30		
Ϋ́	31	Retained earnings, endowment, accumulated		1 060 407	31	E00 00F	
Se	32	Total net assets or fund balances		• • • • • • • • • • • • • • • • • • •	1,860,407.	32	592,285
	33	Total liabilities and net assets/fund balances			2,103,625.	33	1,606,586

Pai	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)		<u>4,65</u>		
2	Total expenses (must equal Part IX, column (A), line 25)		<u>5,91</u>		
3	Revenue less expenses. Subtract line 2 from line 1		1,26		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,86	0,4	<u>07.</u>
5	Net unrealized gains (losses) on investments	5	_	5,5	76.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	59	2,2	<u>85.</u>
Pai	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 in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** NURU INTERNATIONAL 26-1250716 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	` '	
	membership fees received. (Do not						
	include any "unusual grants.")	5043960.	6055332.	7669713.	4808797.	4650469.	28228271.
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	5043960.	6055332.	7669713.	4808797.	4650469.	28228271.
	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)						12805396.
6	Public support. Subtract line 5 from line 4.						15422875.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	5043960.	6055332.	7669713.	4808797.	4650469.	28228271.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,165.	188.	216.	1,257.	320.	3,146.
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.)	1,077.	4.	725.	2,342.	2,486.	6,634.
11	Total support. Add lines 7 through 10	,			,		28238051.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	12,983.
	First five years. If the Form 990 is for	•	,			501(c)(3)	<u>, </u>
	organization, check this box and stop						
Se	ction C. Computation of Publi						,
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	54.62 %
	Public support percentage from 2018					15	61.18 %
	33 1/3% support test - 2019. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			ightharpoons
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"		•	•	•	•	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						s
	<u>,</u>		,	. , , ,			or 990-EZ) 2019

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
_	3 received from 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						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	, ,	, ,	` '		`,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						1
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	s first, second thir	d. fourth, or fifth ta	ax vear as a section	. 501(c)(3) organiz	ration.
•	check this box and stop here	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					•	
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2019. If the						
.56	more than 33 1/3%, check this box ar						▶ □
r	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	ato roundationi ii tile organizatio	ala not oncon a l	~~~ OII III O IT, 136	a, or 100, or 1001 tr	20x and 300 11131		

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion 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 in (2), 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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	3).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions				
	other Type III non-functionally integrated supporting organizations must of	complete Sec	tions A through E.		
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	tion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 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-function	ally integrated	d Type III supporting orga	anization (see	
	instructions).	. •		·	

Schedule A (Form 990 or 990-EZ) 2019

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b line 1; Part IV, Section D, lines 2 and 3; Part IV, Section I	tions required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART II, LINE 10, EXPLA	NATION FOR OTHER INCOME:
MISC. INCOME	
2015 AMOUNT: \$ 1,077.	
2017 AMOUNT: \$ 725.	
2018 AMOUNT: \$ 2,342.	
2019 AMOUNT: \$ 2,486.	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NURU INTERNATIONAL

Employer identification number 26-1250716

Pai	art I Organizations Maintaining Donor	Advised Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, F	Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor ad	lvisors in writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organ	nization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, an	d donor advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of th	e donor or donor advisor, or for any other purpose co	onferring
Pai	art II Conservation Easements. Complete	e if the organization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).	
	Preservation of land for public use (for examp	ole, recreation or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2		eld a qualified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
a			
b	,		
С.		istoric structure included in (a)	
d		acquired after 7/25/06, and not on a historic structure	l l
_			
3	_	ferred, released, extinguished, or terminated by the o	organization during the tax
4	year	votion accoment is located	
4	Number of states where property subject to conser		
5	Does the organization have a written policy regardir violations, and enforcement of the conservation eas		Yes No
6	•	sements it holds?specting, handling of violations, and enforcing conse	
Ü	L	specting, nariding of violations, and emoreing consci	rvation casements during the year
7	Amount of expenses incurred in monitoring inspec	ting, handling of violations, and enforcing conservation	on easements during the year
•	▶ \$	ang, nanamig or violations, and officially consolvation	on casemente danning the year
8		2(d) above satisfy the requirements of section 170(h)	(4)(B)(i)
9		conservation easements in its revenue and expense st	
		f the footnote to the organization's financial statemen	
	organization's accounting for conservation easemen		
Pai	art III Organizations Maintaining Collec	tions of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets he	eld for public exhibition, education, or research in furt	herance 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 FAS	B ASC 958, to report in its revenue statement and ba	llance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, his	torical treasures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Ins	structions for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

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

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othei	[·] Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession								•	,	
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b											
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered '	'Yes" on	Form 99	0, Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	contribution	s or other ass	ets not i	ncluded		_		
	on Form 990, Part X?							<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance							L	_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or co	ustodial acco	unt liabili	ty?	L	Yes	ı	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i										
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years ba	<u>ck</u> _
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	ı, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	•									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held a	nd administer	ed for th	e organiz	ation	_		
	by:									Yes N	<u>lo</u>
	(i) Unrelated organizations								3a(i)		—
	(ii) Related organizations								3a(ii)		—
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered							.			—
	Description of property	(a) Cost or o			t or other	٠,	ccumulat	I .	(d) Book	value	
		basis (investr	nent)	pasis	(other)	ae	oreciation	1			—
_	Land										—
b	Buildings										
C	Leasehold improvements				7 010		20 0	27		. 001	
	Equipment				7,019.		20,0	3/•	6	,982	<u> </u>
	Other	•						_		,982	
ı ota	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X colum	n (R) line 1	()c)						٠.

Schedule D (Form 990) 2019

		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	on Form 000 Bort IV line	11a Cao Farm 000 Part V line 12	
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)	(D) Doom raids	(c) meaned or randament door or one	or your manner value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Cart IX Other Assets.			
 tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of the complete if the organization answered or the complete if the organization and the complete if the organization and the complete if the organization and the complete if the complete if the organization and the complete if the complete if the complete if the complete if the organization and the complete if the complete i	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes" or	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" c (a) [11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" c (a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" c (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" can be called a called		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" complete if the organization and		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" complete if the organization and the organizatio	Description		(b) Book value
Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line	Description		(b) Book value
Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Complete if the organization answered "Yes" of (a) Paparintian of liability.	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Atal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description 15.)		
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2)	Description 15.)		
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3)	Description 15.)		
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4)	Description 15.)		
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Contait X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description 15.)		
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Contail. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)		
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)		
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)		

Schedule D (Form 990) 2019

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) 2019

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

NUI	RU INTERNATIO	NTAT.				26-125071	6
Pa			ctivities Out	side the United States. Comple	ete if the organ		
	Form 990, Part IV				·· ··· -· · · · · · · · · · · · · ·		
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other a		
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and otl	ner assistance outsi	de the
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
					AGRICULTURA	L, EDUCATION,	
SUB-	SAHARAN AFRICA	3	20	PROGRAM SERVICES	ETC.		2,124,618.
aup.	GAMADAN ARDEGA						2 467 515
SUB-	SAHARAN AFRICA	0	2	GRANTMAKING			2,467,515.
3 a	Subtotal	3	22				4,592,133.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	3	22				4,592,133.

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

Schedule F (Form 990) 2019

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ETHIOPIA	PROGRAM SUPPORT	1279357.	WIRE	0.		
		KENYA	PROGRAM SUPPORT	716,815.	WIRE	0.		
		NIGERIA	PROGRAM SUPPORT	471,343.	WIRE	0.		
			recognized as charities by the fittion 501(c)(3) equivalency letter					3
								0

Part III Grants and Other Assistance Part III can be duplicated if a			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	Amount of ash grant (e) Manner of cash disbursement noncarassistar		(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019 Part IV Foreign Forms

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NURU INTERNATIONAL

Employer identification number 26-1250716

Pa	art I Questions Regarding Compensation						
			Yes	No			
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee X Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X Approval by the board or compensation committee						
	Device the constant of the constant of the first						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:	4a		Х			
a h	 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 						
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4b 4c		X			
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Too to dry of lines 4d of list the persons and provide the applicable amounts for each term in the line.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensati			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
(1) JACOB HARRIMAN	(i)	220,539.	0.	0.	0.	8,229.	228,768.	0.		
	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) MARC RAHLVES	(i)	170,309.	0.	0.	0.	15,593.	185,902.	0.		
	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) AERIE CHANGALA	(i)	167,245.	0.	0.	0.	22,456.	189,701.	0.		
	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)							1 1/5 200) 2010		

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ➤ Attach to Form 990.

NURU INTERNATIONAL

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

Employer identification number 26-1250716

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determi noncash contribution a	_	
		applicable		Form 990, Part VIII, line 1g	Horicasii continbution a	inount	.5
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	4	93,545.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other • ()						
26	Other • ()						
27	Other • ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz		•	1 1			
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	gement 29			т —
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us			37
	exempt purposes for the entire holding period?				<u>30a</u>		X
	If "Yes," describe the arrangement in Part II.						177
31	Does the organization have a gift acceptance p				ions? <u>31</u>	+	X
32a	Does the organization hire or use third parties of		_			v	
	contributions?				<u>32</u> a	X	
	If "Yes," describe in Part II.			. Construction of the second o	11		
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	ror which column (a) is chec	кеа,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932142 09-27-19 Schedule M (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

EXTREMISM.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORM 990, PART

NURU INTERNATIONAL

Employer identification number 26-1250716

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

PROGRAMS HAVE SHOWN ATTRIBUTABLE IMPACT. THE RURAL LIVELIHOODS

INTERVENTIONS FACILITATED ACCESS TO FARM INPUTS AND PROVIDED TRAINING

AND EXTENSION SERVICES TO 6,004 FARMERS. NURU FARMERS ACHIEVED A 73%

INCREASE IN CROP YIELDS AND WERE 107% MORE PROFITABLE THAN

NON-INTERVENTION FARMERS WHEN THEY INVESTED IN NURU ETHIOPIA'S

CROP-BASED SERVICES AND PRODUCTS. THE HEALTHCARE PROGRAM HELPED

PARTICIPANT HOUSEHOLDS REDUCE UNDER-FIVE CHILD MORTALITY BY 28% THROUGH

ITS EFFORTS TO PROMOTE HEALTHY BEHAVIORS. THE EDUCATION PROGRAM REACHED

10,441 STUDENTS THROUGH LITERACY PROGRAMS AT RURAL PUBLIC PRIMARY

SCHOOLS.

IN 2019, NURU KENYA'S INTEGRATED IMPACT ACTIVITIES CREATED ATTRIBUTABLE

IMPACT IN PARTICIPANT COMMUNITIES. THE RURAL LIVELIHOODS PROGRAM

OFFERED FARM INPUT LOANS FOR CROP AND DAIRY PRODUCTION, EXTENSION

SERVICES AND SAVINGS BEHAVIOR PROMOTION WITH 1,919 FARMERS IN 14

COOPERATIVES. PARTICIPANT FARMERS SAW A 98% INCREASE IN CROP YIELDS.

FARMERS HAD A COMBINED INCOME OF \$400 FROM NURU KENYA-RELATED

ACTIVITIES IN 2019, AN INCREASE OF \$165 FROM THE PREVIOUS YEAR. THE

HEALTHCARE PROGRAM PROMOTES HEALTHY BEHAVIOR THROUGH COOPERATIVE CARE

GROUPS. AS A RESULT OF THESE EFFORTS, PROGRAM PARTICIPANTS EXPERIENCED

A 25% REDUCTION IN UNDER FIVE CHILD MORTALITY.

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Page 2 **Employer identification number** Name of the organization 26-1250716 NURU INTERNATIONAL FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: OF NURU'S WORK AND THE ISSUE OF EXTREME POVERTY. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11B EXPLANATION - AN ELECTRONIC COPY OF THE FEDERAL AND STATE TAX RETURNS IS PROVIDED FOR REVIEW TO ALL BOARD MEMBERS. FURTHER, THE ORGANIZATION'S CEO REVIEWS THE TAX RETURNS, WHICH HE APPROVES AND SIGNS. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS IS REQUIRED TO ANNUALLY SIGN A STATEMENT REGARDING THEIR CONFLICTS OF INTEREST. IF A CONFLICT OF INTEREST HAS NOT BEEN DULY DISCLOSED AND THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, THE BOARD PROCEEDS TO INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. FURTHER, IF AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR

COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE BOARD OR COMMITTEE TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTIONS.

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

THE ENTIRE BOARD REVIEWS AND APPROVES THE ANNUAL BUDGET INCLUDING THE BUDGET FOR SALARIES AND WAGES. THE CEO AND THE HR DIRECTOR REVIEW THE PERFORMANCE OF OTHER OFFICERS AND EMPLOYEES, AND AUTHORIZE THEIR

COMPENSATION WITHIN THE BOARD-APPROVED BUDGET.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization NURU INTERNATIONAL	Employer identification number 26-1250716
THE BOARD OF DIRECTORS ANNUALLY ASSESSES THE PERFORMANCE A	ND AUTHORIZES THE
APPROPRIATE COMPENSATION OF THE CEO.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE UPO	N REQUEST, AS
WELL AS ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS	AND POLICIES ARE
MADE AVAILABLE UPON REQUEST.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

26-1250716

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d) r Total inco	me End-of-year	assets Direct of	(f) ct controlling entity		
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	n answered "Yes" on Form 990	, Part IV, line 34, b	pecause it had one	or more related tax-exe	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile (state or foreign country) Legal domicile (state or section status (if sec		(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?		
NURU INTERNATIONAL SELF HELP GROUP				501(c)(3))		Yes	No	
PO BOX 176	1							
ISIBANIA, KEHANCHA, KENYA 40414	AGRICULTURE, EDUCATION	KENYA			N/A		Х	
NURU INTERNATIONAL ETHIOPIA								
ARBA MINCH, GAMO	1							
SNNPR, ETHIOPIA	AGRICULTURE, EDUCATION	ETHIOPIA			N/A		X	
NURU INTERNATIONAL NIGERIA								
SUITE B09 TSUKUNDA HOUSE CENTRAL BUSINESS DI	1							
ABUJA, NIGERIA	AGRICULTURE, EDUCATION	NIGERIA			N/A		X	
	-							

NURU INTERNATIONAL

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

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

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

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

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Yes No

(4)

(5)

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
b Gift, grant, or capital contribution to related organization(s)				1b	Х			
c Gift, grant, or capital contribution from related organization(s)				1c		_X_		
d Loans or loan guarantees to or for related organization(s)				1d		X		
e Loans or loan guarantees by related organization(s)				1e		Х		
f Dividends from related organization(s)				1f		<u>X</u>		
g Sale of assets to related organization(s)								
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
						X		
k Lease of facilities, equipment, or other assets from related organization(s)								
I Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)				10	X			
p Reimbursement paid to related organization(s) for expenses				1p		_X		
q Reimbursement paid by related organization(s) for expenses				1q		_X_		
r Other transfer of cash or property to related organization(s)				1r		_X_		
s Other transfer of cash or property from related organization(s)				1s		X		
2 If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered relat	tionships and transaction thresholds.					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved				
1) NURU INTERNATIONAL SELF HELP GROUP	В	716,815.						
2) NURU INTERNATIONAL ETHIOPIA	В	1,279,357.						
3) NURU INTERNATIONAL NIGERIA	В	471.343.						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040