Public Disclosure Copy

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Form **990**

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



Department of the Treasury Internal Revenue Service

Α	For t	he 2022 calendar year, or tax year beginning and	l ending				
	Check applica			D Employer identific	cation number		
	Adc cha	ress NURU INTERNATIONAL					
	Nar cha	nge Doing business as		26-12507:	16		
	Initi retu		Room/suite	E Telephone number			
	Fina retu		600	949-667-	0796		
	tern ateo	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,105,203.		
	retu			H(a) Is this a group re	turn		
	App tion			for subordinates	? Yes 🔀 No		
		ISAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		xempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
	Web			H(c) Group exemption			
K	Form art I	of organization: X Corporation Trust Association Other	L Year	of formation: 2007	State of legal domicile: DC		
F	T		T177 mp	MEANTNOETT (NICTORC IN		
e	1	Briefly describe the organization's mission or most significant activities: CULT THE MOST VULNERABLE AND MARGINALIZED COMM					
Governance		Check this box if the organization discontinued its operations or dispo					
/err	2				5 sets.		
ğ	4	Number of independent voting members of the governing body (Part VI, line 1a)			4		
		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	12		
ities	6	Total number of volunteers (estimate if necessary)			4		
Activities &	7	a Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ă		 Net unrelated business taxable income from Form 990-T, Part I, line 11 			0.		
		, , , ,		Prior Year	Current Year		
-	8	Contributions and grants (Part VIII, line 1h)		4,991,564.	1,753,802.		
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-289.			
Ξ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		655.	10,382.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,991,930.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,256,534.	931,917.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,285,778.	1,423,516.		
Expenses	16	a Professional fundraising fees (Part IX, column (A), line 11e)	A 77	0.	0.		
ă					862,065.		
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		812,920. 4,355,232.	3,217,498.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		636,698.	-1,455,491.		
<u> </u>	19	Revenue less expenses. Subtract line to from line 12	Be	ginning of Current Year	End of Year		
ets o	20	Total assets (Part X, line 16)		2,325,977.	858,084.		
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		967,046.	954,644.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,358,931.	-96,560.		
P	art I			, ,	/ • •		
Unc	ler pe	nalties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is		
		ect, and complete. Declaration of preparer (other than officer) is based on all information of w					
Sig	n	Signature of officer		Date			
Here AERIE CHANGALA, CEO							

	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	BRIDGETTE MUGGE	BRIDGETTE MUGGE	11/08/23	if self-employed	P00671418	3
Preparer	Firm's name SIKICH LLP		Firm'	sEIN 36-	3168081	
Use Only	Firm's address 1415 W. DIEHL RD.	SUITE 400				
	NAPERVILLE, IL 60	563-2349	Phon	e no. (630)566-8400)
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2	2022)

_	n 990 (2022) NURU INTERNATIONAL rt III Statement of Program Service Accomplishments	26-1250716 Page
	Check if Schedule O contains a response or note to any line in this Part III	X
4		
1	Briefly describe the organization's mission:	
	CULTIVATE LASTING MEANINGFUL CHOICES IN THE MOST VULNER	KABLE AND
	MARGINALIZED COMMUNITIES IN THE WORLD.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
^		s? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	thers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2, 247, 969. including grants of \$931, 917.) (Ref) (Ref	evenue \$
	IN 2022, NURU NIGERIA WORKED WITH PARTICIPANT HOUSEHOLD	DS TO BUILD
	RESILIENCE CAPACITIES IN REMOTE RURAL COMMUNITIES OF NO	ORTHEAST NIGERIA.
	THE INTERVENTION INCLUDED OFFERING 4,208 FARMERS ACCESS	
	PRODUCTION INPUT LOANS, EXTENSION AND TRAINING FOR IMPE	
	PRODUCTION. ACTIVITIES FURTHER INCLUDED FORMING FARMER	
		-
	INTRODUCING SAVINGS GROUPS, PROVIDING FINANCIAL INCLUS	-
	GROUP-BASED RAM FATTENING FOR INCOME GENERATION. EARLY	
	ASSESSMENTS DETERMINED THAT LIVELIHOODS ACTIVITIES INCH	
	770% AND CROP YIELD BY 291% COMPARED TO A NON-INTERVENT	FION GROUP.
	IN 2022, NURU ETHIOPIA WORKED WITH RURAL SMALLHOLDER FA	ARMERS TO
	STRENGTHEN RESILIENCE AND ADAPT TO CLIMATE CHANGE IN RU	JRAL COMMUNITIES
4b	(Code:) (Expenses \$ 101,734. including grants of \$) (Re	evenue \$
	NURU INTERNATIONAL'S AWARENESS PROGRAM LEADS EVENTS ANI	
	THROUGHOUT THE COUNTRY AND PUBLISHES VIDEOS AND EDUCAT	
	THROUGH SOCIAL MEDIA. THIS PROGRAM EDUCATES AUDIENCES (
	LOCALLY-LED DEVELOPMENT, CLIMATE-RESILIENT AGRICULTURE,	
		•
	BUILDING AS SOLUTIONS FOR EXTREME POVERTY, CLIMATE CHAN	•
	FRAGILITY. NURU TEAM MEMBERS SHARED NURU'S STORY WITH (-
	AT OVER 20 VIRTUAL AND IN-PERSON VENUES AROUND THE WORL	LD. LASTLY, NURU
	PROMOTED AWARENESS OF HOW TO END EXTREME POVERTY THROUG	GH PRESS
	RELEASES, INTERVIEWS, UPDATES, BLOG POSTS, PHOTOS AND N	VIDEOS ON
	FACEBOOK, TWITTER, AND LINKEDIN. AS A RESULT, OVER 12,0	000 PEOPLE ON
	FACEBOOK, OVER 2,500 FOLLOWERS ON TWITTER, OVER 600 FOI	
	INSTAGRAM AND OVER 4,800 PEOPLE ON LINKEDIN ARE MORE AV	
40		
4c	(Code:) (Expenses \$ Including grants or \$) (Re	evenue \$
4 ~!	Other pression convises (Describe on Set $-t$ $t = 0$)	
4d	Other program services (Describe on Schedule O.)	Υ.
	(Expenses \$ including grants of \$) (Revenue \$)
40		
4e	Total program service expenses 2,349,703.	Ecrm 990 (000
		Form 990 (202
	Total program service expenses 2,349,703. 2 12-13-22 SEE SCHEDULE O FOR CONTINUATION 3 3	

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 Form 990 (2022)
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 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	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,	11-	х	
h	Part VI	<u>11a</u>	<u></u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
u	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	11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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1 41	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
22	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			
20	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	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		х
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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dar	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		V	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		10		
22200	(gambling) winnings to prize winners?	Form	990	(2022)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	וs?		2b	Х	
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	it)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	coun	ts (FBAR).			
				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
				7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	is requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	l			
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		<u> </u>
	If "Yes," complete Form 6069.				000	
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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	
Check if Schedule O contains a response of hote to any line in this Part Vi	

X

Sec	tion A. Governing Body and Management					
		I			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	5			
	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.					
-	Enter the number of voting members included on line 1a, above, who are independent	1b	4	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					37
	officer, director, trustee, or key employee?			2		X X
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-				
	more members of the governing body?			<u>7a</u>		X X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			
а	The governing body?			<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
<u></u>	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 Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
				10b	37	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "}	, -			v	
	on Schedule O how this was done			12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
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 approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				x	
	The organization's CEO, Executive Director, or top management official			15a		<u> </u>
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	hth a	10		v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			101		
<u>Soc</u>	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed <u>DC , CA</u>		T = 1			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	10 990	-1 (section 501(c)(3)	s only)	avallal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	-				
10	X Own website Another's website X Upon request Other (explain		,	1 f ire		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	TIICt	or interest policy, and	a tinano	Jai	
00	statements available to the public during the tax year.	aka ==	d recorde			
20	State the name, address, and telephone number of the person who possesses the organization's boc ELIZABETH ATHERTON $-949-667-0796$	JKS an	u records			
	2020 PENNSYLVANIA AVE NW, STE 600, WASHINGTON, DC	200	006			
		200		Ear~	990	(2022)
232006	12-13-22 7			FUII	1000	(2022)

1 0000 (1			, ago
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	nsated	
	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		
	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or	U	
List a	all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless	of amount of compensa	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

Form 990 (2022)

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

NURU INTERNATIONAL

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	on is both an		compensation	compensation	amount of
	week		officer and a dire		director/trustee)		tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con /ee	-	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AERIE CHANGALA	60.00		_		-	<u> </u>				
CEO		x		x				161,710.	0.	28,774.
(2) WILLIAM WILLIAMS	60.00									
STRATEGIC PARTNERSHIPS DIR						Х		124,000.	0.	25,312.
(3) ELIZABETH ATHERTON	60.00									
<u>coo</u>				Х				134,254.	0.	12,606.
(4) MATTHEW LINEAL	60.00									
СРО				Х				122,000.	0.	19,847.
(5) JOHN HANCOX	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(6) DON FAUL	1.00									
TREASURER		Х		х				0.	0.	0.
(7) KIM KEATING	1.00									
MEMBER (THRU 5/2022)		Х						0.	0.	0.
(8) JACOB HARRIMAN	1.00									
MEMBER		Х						0.	0.	0.
(9) KARINA SOBIESKI	1.00									
MEMBER		Х						0.	0.	0.
		<u> </u>								
		1								
		1								
		1								
		1								
232007 12-13-22	1							1		Form 990 (2022)

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Form 990 (2022)

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	990 (2022) NURU INTE									26-1250)716	P	age 8
Part	Jection A. Onicers, Directors, Trus		oloy	ees,			ghes	st C		, ,			
	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Average Position (do not check more than one box, unless person is both an		(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate nount other			
		(list any hours for related organizations below line) Highest compensated			Highest compensated employee	Former	the organizations organization (W-2/1099-MIS (W-2/1099-MISC/ 1099-NEC) 1099-NEC)		compensation from the organization and related organizations		e ion ed		
									541,964.	0.		6 5	20
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							<u> </u>	0.	0.		0.
2	Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable	•		4
	Did the organization list any former officer,			-	•	-		Ŭ	• •			Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	3	x	<u> </u>
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	iccrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	dual for services	5		X
	ion B. Independent Contractors									100 000 of company	-		
	Complete this table for your five highest con the organization. Report compensation for the organization for the o								the organization's tax y	, ,			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(Compe	C) ensatio	n
	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lin	niteo	to t	thos (se lis)	ted	above) who received mo	ore than		000	

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Form	n 990 (U INTERNA	TIONAL			26-1250	716 Page 9
Pa	rt VII	I Statement of Rev	venue					
		Check if Schedule O c	contains a respon	se or note to any li			(
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b		1			
s, G	с							
àifts ar A	d	Related organizations		72,770.	<u>.</u>			
is, 0 imil	е	Government grants (contri	ibutions) 1e					
tion sr Si	f	All other contributions, gifts,						
ibu		similar amounts not included		<u>1,681,032.</u>	4			
ontr od C	g	Noncash contributions included in I		143,308.				
<u>a Č</u>	h	Total. Add lines 1a-1f			1,753,802.			
				Business Code				
Program Service Revenue	2 a							
erv ue	b							
m S ven	c d							
igra Re	e			_				
Pro	f		revenue	_				
	g	Total. Add lines 2a-2f						
	3	Investment income (includ						
		other similar amounts)			2.			2.
	4	Income from investment o	of tax-exempt bon	d proceeds				
	5	Royalties						
			(i) Real	(ii) Personal	-			
		Gross rents	6a		-			
	b		6b		-			
	c d	Rental income or (loss) Net rental income or (loss)	6c					
		Gross amount from sales of	(i) Securitie					
		assets other than inventory	7a 341,01	.,	1			
	b	Less: cost or other basis			1			
an		and sales expenses	7b342,910	5. 280.				
evenue	с	Gain or (loss)	7c -1,899	9280.				
	d	Net gain or (loss)			-2,179.			-2,179.
Other R	8 a	Gross income from fundraisir	ng events (not					
đ			of					
		contributions reported on		-				
		Part IV, line 18		8a	-			
		Less: direct expenses Net income or (loss) from t		8b				
		Gross income from gamin		<u> </u>				
		Part IV, line 19	-	9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from						
		Gross sales of inventory, l	· · ·					
		and allowances		10a				
		Less: cost of goods sold		10b				
	с	Net income or (loss) from	sales of inventory					
S		MTOOPT TANDOUG	TNOOL	Business Code		10.200		
leou	11 a	MISCELLANEOUS		900099	10,382.	10,382.		
Miscellaneous Revenue	b			_				
sce Rev	c d			-				
Σ		All other revenue Total. Add lines 11a-11d			10,382.			
	12	Total revenue. See instructio			1,762,007.	10,382.	0.	-2,177.
23200	9 12-13						•	Form 990 (2022

10 2022.05000 NURU INTERNATIONAL Page **9**

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NURU INTERNATIONAL Part IX Statement of Functional Expenses

(D) Fundraising expenses

78,594.

107,551.

2,987.

22,122.

16,610.

2,169.

9,051.

43,610.

2,192.

6,784.

145,713.

446,047.

4,984.

2,933.

316.

431.

Section 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must cor	mplete column (A).					
Check if Schedule O contains a response or note to any line in this Part IX								
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses					
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21								
2 Grants and other assistance to domestic individuals. See Part IV, line 22								
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	931,917.	931,917.						
4 Benefits paid to or for members								

491,227.

673,682.

18,386.

136,176.

104,045.

15,824.

8,914.

658.

23,576.

188,061.

10,200.

7,795.

26,308.

536,917.

18,481.

17,725.

4,326.

2.844.

3,217,498.

436.

5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and

persons described in section 4958(c)(3)(B) Other salaries and wages 7

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

Other employee benefits 9

10 Payroll taxes 11 Fees for services (nonemployees): Management

а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f

Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties

16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21

Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) CONTRACTUAL SERVICES а BOOKS, SUBSCRIPTIONS & h TRAINING AND DEVELOPMEN С

d LICENSES & FEES e All other expenses Total functional expenses. Add lines 1 through 24e 25

Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-13-22

13021109 765826 1000645.0

11 2022.05000 NURU INTERNATIONAL

306,595.

422,727.

11,043.

81,791.

65,287.

5,089.

8,281.

125,099.

4,385.

13,569.

350,606.

12,499.

7,470.

1,110.

1.777.

2,349,703.

458.

106,038.

143,404.

4,356.

32,263.

22,148.

15,824.

1,656.

6,244.

19,352.

10,200.

1,218.

5,955.

40,598.

7,322.

2,900.

421,748.

998.

636.

200.

436.

32

33

1,358,931.

2,325,977.

32

33

NURU INTERNATIONAL Part X Balance Sheet

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

Un	leck if Schedule O contains a response of note	e to an	nne in this Part A			<u></u>
				(A) Beginning of year		(B) End of year
1 Cas	sh - non-interest-bearing			377.166.	1	15,932.
						14.
						809,204.
	-					
			5			
			-			
					6	
			7			
			8			
				84,775.	9	21,979.
		10a	27,610.			
			16,655.	11,723.	10c	10,955.
				99,619.	11	0.
					12	
					13	
					14	
5 Oth					15	
				2,325,977.	16	858,084.
7 Acc	counts payable and accrued expenses	217,046.	17	240,664.		
					18	
					19	
					20	
					21	
2 Loa	ans and other payables to any current or form	er offic	er, director,			
trus	stee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
cor	ntrolled entity or family member of any of thes	e perso	ns		22	215,000.
Sec	cured mortgages and notes payable to unrela	ted thir	d parties	750,000.	23	498,980.
1 Un	secured notes and loans payable to unrelated	l third p	arties		24	
5 Oth	her liabilities (including federal income tax, pay	ables ⁻	o related third			
par	rties, and other liabilities not included on lines	17-24)	Complete Part X			
of S	Schedule D				25	
6 Tot	tal liabilities. Add lines 17 through 25			967,046.	26	954,644.
		ck here				
	• • • •			400 100		000.000
		-400,162.		-923,923.		
			F	1,/59,093.	28	827,363.
	-	58, che	ck here			
	ud in or capital surplus, or land, building, or og	uinmor	t tund		30	1
	id-in or capital surplus, or land, building, or eq tained earnings, endowment, accumulated ind				31	
	1 Ca 2 Sa 2 Sa 3 Pic 4 Acc 5 Lo 5 Lo 6 Lo 7 Nc 3 Inv 4 Int 5 Ot 6 To 7 Acc 3 Gr 9 De 1 Ess 2 Lo 3 See 4 Ur 5 Ot 6 To 6 To 6 To 6 To 6 To 7 Ne 8 Ne 9 Ca <	 Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal rax-exempt bond liabilities Escrow or custodial account liability. Complete F Loans and other payables to any current or form trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Secured mortgages and notes payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chea and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Capital stock or trust principal, or current funds 	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person under section 4958(f)(1), and persons described in sect under section 4958(f)(1), and persons described in sect section 4958(f)(1), and persons described in sect section 4958(f)(1), and persons described in sect basis. Complete Part VI of Schedule D 9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Investments - publicly traded securities 2 Investments - other securities. See Part IV, line 11 3 Investments - program-related. See Part IV, line 11 4 Intagible assets 5 Other assets. See Part IV, line 11 4 Intagible assets 5 Other assets. See Part IV, line 11 5 Total assets. Add lines 1 through 15 (must equal line 33 7 Accounts payable and accrued expenses 3 Grants payable 9 Deferred revenue 9 Tax-exempt bond liabilities	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 27,610. 10 L6,655. 11 Investments - publicly traded securities. 2 Investments - other securities. See Part IV, line 11 3 Investments - other securities. See Part IV, line 11 4 Intargible assets 5 Other assets. See Part IV, line 11 5 Total assets. Add lines 1 through 15 (must equal line 33) 7 Accounts payable and accrued expenses 3 Grants payable 3 Deferred revenue 5	A Beginning of year 1 Cash - non-interest-bearing 377,166. 2 Savings and temporary cash investments 5,127. 1 Deleges and grants receivable, net 1,747,567. 4 Accounts receivable, net 1,747,567. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 3 Loans and other receivable, net 9 3 Inventories for sale or use 84,775. 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 27,610. 1 Investments - publicly traded securities 99,619. 99,619. 1 Investments - publicly traded securities 99,619. 99,619. 3 Total assets. Add lines 1 through 15 (must equal line 33) 2,325,977. 7. 4 Accounts payable and accrued expenses 217,046. 217,046. 5 Secured mortgages and notes payable to unrelated third parties 750,000. 217,046. 6 Grants payable 9 9.0 9. 2 <	(A) Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 77, 1.66. 1 Savings and temporary cash investments 3 Predges and grants receivable, net 4 Counts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(d)(1), and persons described in section 4958(c)(3)(B) 6 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 844,775. 9a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 27, 610. 1 Investments - publicly traded securities 99, 619. 11 1 Investments - brogram-related. See Part IV, line 11 12 12 1 Investments - spraymar-related. See Part IV, line 11 13 14 1 Intargible assets 217, 046. 17 3 Investments - program-related. See Part IV, ine statial contributor, or 35% 22 4 Deferred revenue

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858,084. Form **990** (2022)

-96,560.

Form 990 (2022)

Assets

Liabilities

Net Assets or Fund Balances

Form	1990 (2022) NURU INTERNATIONAL	26-	-1250716	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> 1,762</u> 3,217	2,0	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,217	/,4	98.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,455	5,49	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,358	3,93	31.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-96	5,5	60.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ame of the organization Employer ic										
D			INTERNATI						6-1250716		
Pa	nrt I	Reason for Public (Sharity Status.	(All organizations must c	complete th	nis part.) S	ee instructior	IS.			
The	orga	nization is not a private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4] A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	ollege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (0	Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X										
		section 170(b)(1)(A)(vi). (C			Ũ			0 .			
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in conii	inction with a	land-orant	college		
-		or university or a non-land-g									
		university:	frank bollogo or agin			name, eny	, and state of	and demoge			
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ne memberet	in fees and	d aross receipts from		
10		activities related to its exen	•					-	•		
		income and unrelated busir									
						ses acqui	red by the ori	Janization a	atter Julie 30, 1975.		
44		See section 509(a)(2). (Col		ively to test for public on	fatu Caa	oootion El	O(-)(4)				
11		An organization organized a	-	•	•						
12		An organization organized a	-	-	-			•			
		more publicly supported or	-						Direck the box on		
	_	lines 12a through 12d that	• •			-		-			
а		Type I. A supporting orga		-	• • • •	-					
		the supported organization		• • • •	i majority c	of the direc	tors or truste	es of the su	ipporting		
	_	organization. You must o	-								
b		Type II. A supporting org	-				-		•		
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported		
	_	organization(s). You mus	•								
С		Type III functionally inte	grated. A supportir	ng organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,		
	_	its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)		
		that is not functionally int	egrated. The organi	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness		
		requirement (see instruct	ions). You must co	mplete Part IV, Sections	A and D,	and Part	v .				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	Type III non-functio	onally integrated supporti	ng organiz	ation.					
f	Ent	ter the number of supported o	organizations								
g	Pro	ovide the following information							1		
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
					1						
Tota	al										
1018	ai -				000 57		1				

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4808797.	4650469.	4808193.	4991564.	1753802.	21012825.
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	4808797.	4650469.	4808193.	4991564.	1752002	21012025
	Total. Add lines 1 through 3	4808/9/.	4030409.	4808193.	4991564.	1/55802.	21012825.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5249310.
6	Public support. Subtract line 5 from line 4.						15763515.
	ction B. Total Support.						H2102212.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4808797.	4650469.	4808193.	4991564.	1753802	21012825.
	Gross income from interest.	10007570	10501050	10001950	19919010	1,000021	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,257.	320.	127.	56.	2.	1,762.
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.)	2,342.	2,486.	1,152.	655.	10,382.	17,017.
11	Total support. Add lines 7 through 10						21031604.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	12,983.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	74.95 %
	Public support percentage from 2021					15	<u>67.93</u> %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		-		• •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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Schedule A	Form	990) 2022

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.)

See	ction A. Public Support		-	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	• • …						
	Total. Add lines 1 through 5						
10	3 received from disgualified persons						
t	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.)						
See	ction B. Total Support		1	-	-		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) org	anization,
_	check this box and stop here						
See	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
			•	(n)		47	
	Investment income percentage for 20					17 18	<u> </u>
18	Investment income percentage from			on line 14 and lin		· · · ·	d line 17 is not
195	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	-	•		•••••		1/3% and
L.	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization					v	
	23 12-09-22	dia not oncon a	2000 011110 14, 10	, or 100, 0100K t			edule A (Form 990) 2022
_0_01			1 /	-		0011	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

Schedule A (Form 990) 2022

17

Schedule A	(Form 990) 2	2022	NURU	J INTERNATIONAL
Part IV	Support	ing Org	anizations	(continued)

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>				
	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				
	Dort VI have a state of the sta				

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

Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ſ
	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(c)	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	to satisfy the Integral Part	Test during the year	r (see instructions).
-	Onech the box next to the method that the organization used	i to satisfy the integral i art	Tost during the yea	, (

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

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

18

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

13021109 765826 1000645.0

2022.05000 NURU INTERNATIONAL

Yes No

Par	t v Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Secti	on 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

232026 12-09-22

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

NURU INTERNATIONAL Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations

4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u> i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

1

2

3

Current Year

Schedule A (Form 990) 2022

3

NURU INTERNATIONAL

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISC. INCOME				
2018 AMOUNT: \$	2,342.			
2019 AMOUNT: \$	2,486.			
2020 AMOUNT: \$	1,152.			
2021 AMOUNT: \$	655.			
2022 AMOUNT: \$	10,382.			
232028 12-09-22		21	Schedule A (Form 990) 20)22

		Supplement	l Einanaial Statamonto			OMB No. 15	545-0047
			al Financial Statements nization answered "Yes" on Form 990,			200	20
			0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
			ttach to Form 990. 0 for instructions and the latest informa		Open to Inspect		
	l Revenue Service e of the organizati		o for instructions and the latest informa		Employe	r identificatio	
	-	NURU INTERNATIONAL				26-12507	
Par		ations Maintaining Donor Advise		or Acco	ounts.	Complete if the	ne
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b)	Funds ar	nd other accou	ints
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	-	on inform all donors and donor advisors in v	-				<u> </u>
-		on's property, subject to the organization's				Yes	No No
6	0	on inform all grantees, donors, and donor a	0 0	,			
		poses and not for the benefit of the donor o		v			
Par	impermissible priv	ate benefit? ation Easements. Complete if the org	appization answored "Ves" on Form 000 F	 Part IV/ lin	0.7	Yes	No No
				ant iv, iiri	e7.		
1		servation easements held by the organization of land for public use (for example, recrea		a historia		rtant land area	
		of natural habitat	Preservation of Preservation of		<i>,</i> ,		1
		n of open space		acertinet		Siluciule	
2		through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conse	ervation e	asement on th	ne last
2	day of the tax year	o o .				at the End of th	
а					2a		
b					2b		
c	-	vation easements on a certified historic stru		·····	2c		
d		vation easements included in (c) acquired a					
			• • •	2	2d		
3	Number of conser	vation easements modified, transferred, rel			ion durin	g the tax	
	year						
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enf	forcement of the conservation easements it	holds?			Yes	No No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation e	easement	s during the ye	ear
7	Amount of expens	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservat	ion easen	nents dur	ring the year	
8		vation easement reported on line 2(d) abov					—
•)(4)(B)(ii)?				Yes	No No
9		be how the organization reports conservation	-			41	
		d include, if applicable, the text of the footr	lote to the organization's financial stateme	ents that c	lescribes	the	
Par		ounting for conservation easements. ations Maintaining Collections of	Art. Historical Treasures, or Ot	her Sim	ilar As	sets.	
		f the organization answered "Yes" on Form					
12		elected, as permitted under FASB ASC 95		nd halanc	e sheet v	vorks	
	-	easures, or other similar assets held for put	-				
		Part XIII the text of the footnote to its finar					
b		elected, as permitted under FASB ASC 95			neet work	s of	
	-	sures, or other similar assets held for public					
		ing amounts relating to these items:	· · · · · · · · · · · · · · · · · · ·			,	
	-	ided on Form 990, Part VIII, line 1			\$		
		ed in Form 990, Part X					
2		received or held works of art, historical treat					
		unts required to be reported under FASB A		•			
а	Revenue included	on Form 990, Part VIII, line 1			. \$		

	÷ .			-	
а	Revenue included on Form 990, Part	VIII, line 1	 		
b	Assets included in Form 990, Part X		 		

b	Assets i	ncluded	in	Form	990,	Part

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Schedule D (Form 990) 2022

\$

Sche		TERNATIONAL						26-12	5071	6 Ра	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	easures, or	Other	[·] Similai	r Assets	contin	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the t	following that	make sig	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	oan or exc	hange progra	m					
b	Scholarly research	е	, 🗌 c	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how the	ey further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, hist	torical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	lian or other intermed	iary for co	ontribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ıble:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F						ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII										
Fai	t V Endowment Funds. Complete				(c) Two year		0. (d) Three y	voare baek		Voore	back
4.		(a) Current year		rior year		5 Dack	(u) mee y	Cars Dack	(e) i oui	years	Dauk
1a ⊾	Beginning of year balance										
D	Contributions										
C d	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1a	column (a)) held as:						
a	Board designated or quasi-endowment		%	, e e i ai i i i i i i i i i i i i i i i	,,						
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.									
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administer	ed for the	е				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 990), Part IV,	line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation	ed	(d) Boo	k value	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment			2	7,610.		16,6	55.	1	0,9	55.
	Other										
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	<u>X, columi</u>	n (B), line 1	0c.)	<u></u>				0,9	
								Schodulo	D / Carr	• • • • • • • • • • • • • • • • • • •	0000

Schedule D (Form 990) 2022

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Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.		
Complete if the organization answered "Yes" o		
Complete if the organization answered "Yes" of (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" o (a) [(1)		
Complete if the organization answered "Yes" o (a) [(1) (2)		
Complete if the organization answered "Yes" o (a) D (1) (2) (3)		
Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4)		
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5)		
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6)		
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7)		
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8)		
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description	(b) Book value
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or	Description	(b) Book value
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or	Description	(b) Book value
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or	Description	(b) Book value
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability	Description	(b) Book value
Complete if the organization answered "Yes" or (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes	Description	(b) Book value
Complete if the organization answered "Yes" or (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2)	Description	(b) Book value
Complete if the organization answered "Yes" or (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description	(b) Book value
Complete if the organization answered "Yes" or (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	(b) Book value
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	(b) Book value
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description	(b) Book value
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	(b) Book value

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

Schedule D (Form 990) 2022

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X

Sche	dule D (Form 990) 2022 NURU INTERNATIONAL			26-	1250716	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per R	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.				
1	Total revenue, gains, and other support per audited financial statements			1	1,765	<u>,719.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b	3,712.	<u> </u>		
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	3 1,762	<u>,712.</u>
3	Subtract line 2e from line 1			3	1,762	<u>,007.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 a				
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 2 and 4 (Tri) I I and 5 (Tri)			5	1,762	007
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					,007.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With B	Expenses per			,007.
	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With E	Expenses per	Retur	n.	
	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With E	Expenses per			
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With I	Expenses per	Retur	n.	
Pa 1	Image: Second state in the second s	2a	Expenses per	Retur	n.	
Pa 1 2	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a	Expenses per	Retur	n.	
Pa 1 2 a	Image: Network State Image: Network State Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per	Retur	n.	
Pa 1 2 a b	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per	Retur	n. 3,221	,210.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per	1 2e	n. <u>3,221</u> 3	<u>,210.</u>
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per		n. 3,221	<u>,210.</u>
Pa 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per	1 2e	n. <u>3,221</u> 3	<u>,210.</u>
Pa 1 2 b c d e 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per	1 2e	n. <u>3,221</u> 3	<u>,210.</u>
Pa 1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per	1 2e	n. <u>3,221</u> 3	<u>,210.</u>
Pa 1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2c 2d	Expenses per 3,712	Return	n. 3,221 3,217	,210. ,712. ,498. 0.
Pa 1 2 b c d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2c 2d	Expenses per 3,712		n. <u>3,221</u> 3	,210. ,712. ,498. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR PROFIT ORGANIZATION WHICH IS EXEMPT FROM

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS OTHER

THAN A PRIVATE FOUNDATION.

232054 09-01-22

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	tes	OMB No. 15	645-0047
(Form 990)			nswered "Yes" on Form 990, Part IV,			202	ック
Department of the Treasury			Attach to Form 990.			Open to Put	olic
Internal Revenue Service	Go to _W	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		Inspection	
Name of the organization					Employer i	identification	number
NURU INTERNATIO	NAL				26-125	50716	
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answe	ered "Yes" on	
Form 990, Part I	V, line 14b.						
-	-		ds to substantiate the amount of its gra he selection criteria used to award the			X Yes	🗌 No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistanc	e outside the	
			n be duplicated if additional space is r				
(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 pro describe	vity listed in (gram service, specific type (s) in the regi	e expe fo inves) Total enditures or and stments e region
				AGRICULTURA	L, EDUCATI	ION,	
SUB-SAHARAN AFRICA	4	15	PROGRAM SERVICES	ETC.			17,786.
SUB-SAHARAN AFRICA	0	3	GRANTMAKING				31,917.
SOB-SANAKAN AFRICA	0	5	GRANIMARING				51,917.
3 a Subtotal	4	18				2,3	49,703.
b Total from continuation	0	0					0.
sheets to Part I c Totals (add lines 3a							· ·
and 3b)	4	18				2,3	49,703.

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Schedule F (Form 990) 2022

232071 10-17-22

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		ETHIOPIA	PROGRAM SUPPORT	320,786.	WIRE	0.		
		KENYA	PROGRAM SUPPORT	160,270.	WIRE	0.		
		NIGERIA	PROGRAM SUPPORT	326,187.	WIRE	0.		
		BURKINA FASO	PROGRAM SUPPORT	119,174.	WIRE	0.		
2 Enter total number of r	recipient organization	ns listed above that are i	recognized as charities by the t	foreign country,	recognized as a tax			
exempt 501(c)(3) organ 3 Enter total number of c			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	····· •		4

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 NURU INTERNATIONAL

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

Part III can be duplicated if ac	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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Schedule F (Form 990) 2022

Page 3

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 NURU INTERNATIONAL

Supplemental Information

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

PART I, LINE 2:

Part V

THE ORGANIZATION'S CEO WORKED IN KENYA, ETHIOPIA, NIGERIA, AND BURKINA

FASO WITH THE GRANT RECIPIENT ORGANIZATIONS AND CLOSELY MONITORED THE USE

OF THE GRANTS. THE ORGANIZATION'S COO ALSO VISITED THE RECIPIENTS IN

KENYA, ETHIOPIA, NIGERIA, AND BURKINA FASO MONITORING THE FINANCIAL

SYSTEMS. NURU INTERNATIONAL ALSO REVIEWED MONTHLY THE RECIPIENT'S BANK

RECONCILIATIONS AND MONTHLY BUDGET COMPARISONS TO ENSURE GRANT FUNDS ARE

USED ACCORDING TO THEIR PURPOSE.

Schedule F (Form 990) 2022

232075 10-17-22

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SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99)
		Compensated Employees		20	22	-
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer i			mber
		NURU INTERNATIONAL	26-1	L25071	6	
Ра	rt I Question	s Regarding Compensation				
	o				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffe	ur, cnet)			
h	If any of the bayes	on line to are checked, did the exercitation follow a written policy recording permant or				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46		
2		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
	inusiees, and onice					
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization?	s			
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant IX Compensation survey or study				
	X Form 990 of o		committee			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		10		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the n					
						X
b		ation?		<u>6b</u>		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990)) 2022

232111 10-18-22

Schedule J (Form 990) 2022

26-1250716

Page **2**

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AERIE CHANGALA	(i)	161,710.	0.	0.	5,880.	22,894.	190,484.	0.
CEO	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

m 990 or Form 990-FZ

OMB	No.	154	5-004	17
	2	Λ	2	9

LULL	
Open To Public	

Department of the Treasur	/	Go t	o ww	/w.irs.gov/Form				s and the lat	est info	mation.				pen i ispect		DIIC
Name of the organiz	ation										Em	ploye	ident	ificati	on nu	mber
				RNATIONA									507	16		
Part I Exce	ss Bene	efit Trans	acti	ons (section 50)1(c)(3	s), secti	ion 501	(c)(4), and sec	ction 50	1(c)(29) orga	nizatio	ons on	ly).			
Comp	ete if the o	organization		vered "Yes" on F				ne 25a or 25b	, or Forr	n 990-EZ, P	art V, I	ine 40	b.			
1 (a) Name of dis	aualified p	person	(b) F	Relationship betv person and or			ified	(0	:) Descri	ption of trar	nsactic	n		(d) Corrected?		
()				person and or	yaniza	alion		•	,					<u> </u>	es	No
														+		
														+		
														+		
														-		
														1		
2 Enter the amou	unt of tax i	incurred by	the o	rganization mana	agers	or disc	ualified	persons duri	ing the y	ear under						
section 4958				-								\$				
3 Enter the amou																
				erested Pers												
•		0		vered "Yes" on F			, Part V	, line 38a or F	orm 990), Part IV, lir	ie 26; (or if th	e orga	nizatio	on	
				, Part X, line 5, 6	ŕ	2. Dan to or	(0)	Original	(f) D -		(7		(h) Ap	proved		Vritten
			lationship (c) Purpose			n the ization?		Original pal amount	(f) Balance due) In ault?	by bo		(I) V	ement?
						From					Yes	No	Yes	No	Yes	<u> </u>
AERIE CHAN	GALA	OFFICE	ER	OPERATIN	X	TION	21	5,000.	21	5,000.	100	X	X		X	
														<u> </u>		
														<u> </u>		
														<u> </u>		
														<u> </u>		
Total								\$	21	5,000.				<u> </u>		1
	ts or As	sistance	Ber	efiting Intere	este	d Per	sons.	Φ		5,000.				_		
				vered "Yes" on F				ne 27.								
(a) Name of ir	nterested p	person		(b) Relationship	betwe	en	(c) Amount of		(d) Type	e of		(e) Purp	ose o	of
				interested pers		d	6	assistance		assistar	ice			assista	ance	
				the organiza	tion											
			_													
			_													
			+									-+				
			+									-+				
			+													
			+													
LHA For Paperwo	rk Reduct	tion Act No	tice,	see the Instruct	ions	for For	m 990	or 990-EZ.				Sche	dule L	_ (For	n 990) 2022

SEE PART V FOR CONTINUATIONS

232131 11-01-22

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	NTERNATIONAL		26-1250	716	Page 2
Part IV Business Transactions Involv	-				
· · · · · ·	"Yes" on Form 990, Part IV, line 28a, 28		T		
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	organiz	aring of zation's
	person and the organization	transaction	transaction	rever	ues?
				Yes	No
					1
Part V Supplemental Information.				1	
	onses to questions on Schedule L (see i	nstructions).			
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	5:		
<u></u>					
(A) NAME OF PERSON: AERIE	CHANGALA				
(C) PURPOSE OF LOAN: OPERA	TING COSTS				

Schedule L (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

6

Employer identification number

26-1250716

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

Department of the Treasury Internal Revenue Service

Devit

latest information.	Inspection
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Name of the organization

NURU INTERNATIONAL

Pal	TTI Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	\$
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	2	143,308.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	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	ation during	the tax vear for co	ontributions				
	for which the organization completed Form 828		, ,					
		, . u , _	ence / termenceg				Yes	No
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?		•			30a		Х
b								
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
	Does the organization hire or use third parties of							
	contributions?		•			32a		х
b	If "Yes," describe in Part II.					0_4		
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is cheo	ked.			
	describe in Part II.							
								_

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

Schedule M (Form 990) 2022

232141 09-09-22

26-1250716 Page 2

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

232142 09-09-22	Schedule M (Form 990) 2022

10006451

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



NURU INTERNATIONAL

26-1250716

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

IN SOUTHERN ETHIOPIA. THE INTERVENTION FACILITATED ACCESS TO FARM

INPUTS AND PROVIDED TRAINING AND EXTENSION SERVICES TO 18,194 FARMER

HOUSEHOLDS ACROSS 119 FARMER COOPERATIVES. ON AVERAGE, NURU FARMERS

ACHIEVED A 72% INCREASE IN CROP YIELDS AND 73% INCREASE IN INCOME

COMPARED TO BASELINE.

IN 2022, NURU KENYA'S INTEGRATED SOCIAL IMPACT ACTIVITIES BUILT ECONOMIC OPPORTUNITY IN PARTICIPANT COMMUNITIES. THE INTERVENTION OFFERED FARM INPUT LOANS FOR CROP AND DAIRY PRODUCTION, EXTENSION SERVICES, AND SAVINGS BEHAVIOR PROMOTION TO 2,886 FARMER HOUSEHOLDS IN 42 COOPERATIVES. PARTICIPANT FARMERS IN ADDITION TO AGRICULTURAL CROP YIELD AND INCOME GAINS, THESE FARMERS WERE ALSO ABLE PRODUCE A 79% INCREASE IN MILK YIELDS ENABLING A DAILY SOURCE OF INCOME FOR MEMBER HOUSEHOLDS. NURU KENYA ALSO EXPANDED ITS REACH TO OPERATE ACROSS THREE COUNTIES IN SOUTHWESTERN KENYA.

IN 2022, NURU BURKINA FASO WORKED WITH PARTICIPANT HOUSEHOLDS TO ADAPT TO CLIMATE CHANGE AND BUILD RESILIENCE IN THE MIDST OF POLITICAL INSTABILITY. THE INTERVENTION LAUNCHED IN TWO DPARTMENTS IN SOUTHERN BURKINA FASO WORKING WITH 1,086 FARMER HOUSEHOLDS. NURU WAS ABLE TO SECURE INITIAL BASELINE DATA FOR FARMER HOUSEHOLDS AND INTRODUCE THEM TO WEATHER FORECASTING SERVICES VIA SMS.

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

WORK.

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

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 COMMITEE TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTIONS.

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

THE COMPENSATION COMMITTEE CONSISTS OF THE HR DIRECTOR, COO, AND CPO. THIS COMMITTEE MAKES EVERY EFFORT TO FAIRLY AND TRANSPARENTLY RECOMMEND STARTING SALARIES AND RAISES ADHERING TO THE BUDGET. THEY SEEK INPUT FROM THE MANAGER AND USE THE COMPENSATION GUIDELINES OUTLINED IN THE ORGANIZATION'S COMPENSATION POLICY TO RECOMMEND STARTING SALARIES, RAISES, AND PROMOTIONS TO THE CEO. THE COMP COMMITTEE AND CEO AGREE ON THE FINAL SALARY. ALL Schedule O (Form 990) 2022

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WELL AS ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE UPON REQUEST.	THE F	TINA	NCI	ALS	STATE	MENT	S AND	TAX	RETUR	NS ARE	AVA	ILABI	LE UPC	N REQ	QUEST,	AS	
	WELL	AS	ON	THE	ORGA	NIZA	rion's	WE	BSITE.	GOVER	NING	DOCI	JMENTS	AND	POLIC	IES	ARE
	MADE	AVA	ILA	BLE	UPON	REQU	JEST.										
2222 10-2422 Schedule O (Form 990) 20																	
28212 10-26-22 Schedule O (Form 990) 20																	
22212 10-26-22 Schedule 0 (Form 990) 20																	
20222 10-28-22 Schedule Q (Form 990) 20																	
22212 10-28-22 Schedule 0 (Form 990) 20																	
22212 10-28-22 Schedule O (Form 990) 20																	
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	232212 10-:	28-22												So	hedule O	(Form 9	90) 202:
47 021109 765826 1000645.0 2022.05000 NURU INTERNATIONAL 1000	21109	76	582	6 10	0064	5.0					0 NUR	U IN	TERNA	TIONA	L	:	10006

SALARY DISCUSSIONS ARE TREATED AS CONFIDENTIAL.

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

Schedule O (Form 990) 2022

Name of the organization

NURU INTERNATIONAL

Page 2

Employer identification number 26-1250716

1

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.

NURU INTERNATIONAL

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NURU INTERNATIONAL SELF HELP GROUP							
PO BOX 176							
ISIBANIA, KEHANCHA, KENYA 40414	AGRICULTURE, EDUCATION	KENYA			N/A		Х
NURU INTERNATIONAL ETHIOPIA							
ARBA MINCH, GAMO							
SNNPR, ETHIOPIA	AGRICULTURE, EDUCATION	ETHIOPIA			N/A		Х
NURU INTERNATIONAL NIGERIA							
SUITE B09 TSUKUNDA HOUSE CENTRAL BUSINESS DI							
ABUJA, NIGERIA	AGRICULTURE, EDUCATION	NIGERIA			N/A		х
NURU INTERNATIONAL BURKINA FASO							
SECTEUR 18 LOT 48 PARCELLES 08 SECTION 479							
OUAGADOUGOU, BURKINA FASO	AGRICULTURE, EDUCATION	BURKINA FASO			N/A		х

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

Schedule R (Form 990) 2022

2022 Open to Public Inspection

Employer identification number

26-1250716

SCHEDULE R	1
(Form 990)	

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Schedule R (Form 990) 2022 NURU INTERNATIONAL

26-1250716 Page 2

Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 3	34, because it had one or more related
 organizations treated as a partnership during the tax year.			

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)											
Name, address, and EIN of related organization	Primary activity	(state or entity	Legal domicile (state or foreign Direct controlling entity entity (related, unrelated, excluded from tax under	9 Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income S (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income Sr (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box	Genera managi partne	or Percentage ownership						
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0											
	-																					
	1																					
	-																					
	1																					
	1																					
	4																					

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	(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	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2022 NURU INTERNATIONAL

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-I	IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	ζ
Gift, grant, or capital contribution from related organization(s)		X	ζ
Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)	1f		+
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)		_	4
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)		X	ζ
Reimbursement paid to related organization(s) for expenses	1 p		
Reimbursement paid by related organization(s) for expenses		-	+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Cher transfer of cash or property from related organization(s)	1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NURU INTERNATIONAL SELF HELP GROUP	В	160,270.	
(2) NURU INTERNATIONAL ETHIOPIA	В	320,786.	
(3) NURU INTERNATIONAL NIGERIA	В	326,187.	
(4) NURU INTERNATIONAL BURKINA FASO	В	119,174.	
(5) NURU INTERNATIONAL NIGERIA	с	72,770.	
(6)			

Schedule R (Form 990) 2022 NURU INTERNATIONAL

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.

(2)	<u> </u>	F	(d)	10		(#)	(ന)		_ \	(1)	(3	(k)
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d)	(e Are partners 501(c orgs	all	(f) Share of	(g) Share of		n)	(i) Code V URI	(j) General (
of entity	Primary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c	s sec. :)(3)	total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
orentity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No)
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												+
				+								
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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