Public Disclosure Copy

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



<u>A</u> F	A For the 2023 calendar year, or tax year beginning and ending									
B c	heck if pplicab	e: C Name of organization	D Employer identifie	cation number						
	Addre chang		NURU INTERNATIONAL							
	Name	e Doing business as	26-12507	16						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r					
	Final		600	949-667-						
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,522,730.						
	Amen return	WASHINGTON, DC 20008	H(a) Is this a group re							
	Applie tion pendi	F Name and address of principal officer: AERTE CHARGALA		for subordinates	? Yes 🔀 No					
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
<u> </u>]	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions					
	Vebsi			H(c) Group exemption						
		organization: X Corporation Trust Association Other	L Year	of formation: 2007 N	A State of legal domicile: DC					
Pa	art I	Summary								
Ð	1	Briefly describe the organization's mission or most significant activities:								
anc		THE MOST VULNERABLE AND MARGINALIZED COMM								
Activities & Governance		Check this box if the organization discontinued its operations or dispos	sed of more							
Ň					5					
ي م		Number of independent voting members of the governing body (Part VI, line 1b)			4					
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			16					
iviti	6	Total number of volunteers (estimate if necessary)		6	4					
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
				Prior Year	Current Year					
ne	8	Contributions and grants (Part VIII, line 1h)		<u>1,753,802</u> . 0.	5,505,896.					
Revenue	9	Program service revenue (Part VIII, line 2g)		-2,177.	<u> </u>					
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-						
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,382.	6,169.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>1,762,007.</u> 931,917.	<u>5,512,536</u> 1,071,586.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	1,071,588.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,423,516.	1,527,112.					
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>	0.					
ens	108	Professional fundraising fees (Part IX, column (A), line 11e)	87	0.	0•					
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		862,065.	1,158,186.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,217,498.	3,756,884.					
		Revenue less expenses. Subtract line 18 from line 12		-1,455,491.	1,755,652.					
or				ginning of Current Year	End of Year					
ets o	20	Total assets (Part X, line 16)		858,084.	2,276,845.					
Assets (Balanc	20			954,644.	617,753.					
Vet ∕ ind		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		-96,560.	1,659,092.					
P ²	nrt II	Signature Block		50,500.	1,035,052.					

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

		,	· · ·		-					
Sign	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	04/29	/24	P0067141	8			
Preparer	Firm's name SIKICH LLP				Firm's EIN 36	5-3168081				
Use Only	Firm's address 1415 W. DIEHL RD.	SUITE 400								
	NAPERVILLE, IL 60563-2349 Phone no. (630)									
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

	990 (2023) NURU INTERNATIONAL t 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
	Briefly describe the organization's mission:	
	CULTIVATE LASTING MEANINGFUL CHOICES IN THE MOST VULN	IERABLE AND
	MARGINALIZED COMMUNITIES IN THE WORLD.	
	Did the experimetion conducted a provide the experiment of the descent of the conductive set that a set	44 -
2	Did the organization undertake any significant program services during the year which were not listed on t	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	/ices? Yes X No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program servic	os as moasured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2, 370, 682. including grants of \$1, 071, 586.)	
	IN 2023, NURU NIGERIA WORKED WITH FARMER HOUSEHOLDS T	O BUILD RESILIENCE
	CAPACITIES IN REMOTE RURAL COMMUNITIES OF NORTHEAST N	
	INTERVENTION INCLUDED OFFERING 4,827 FARMERS ACCESS T	
	· · · · · ·	
	INPUT LOANS, TAILORED EXTENSION SERVICES, AND TRAININ	
	CROP PRODUCTION. FURTHER ACTIVITIES INCLUDED TRAINING	
	ORGANIZATIONS ON SUSTAINABLE MANAGEMENT PRACTICES, ES	TABLISHING SAVING
	AND LOAN ACTIVITIES, ENGAGING YOUTH IN SPRAY SERVICES	FOR EXTENSION
	SERVICES, AND DISTRIBUTING SMALL RUMINANTS FOR WOMEN'	
	GENERATION. SURVEYS OF YIELDS AND INCOMES FROM THE PR	
	ASSESSMENTS DETERMINED THAT LIVELIHOOD ACTIVITIES INC	REASED INCOME BY
	65% AND CROP YIELD BY 121% COMPARED TO BASELINE.	
4b	(Code:) (Expenses \$ 58,951. including grants of \$)	(Revenue \$
	NURU INTERNATIONAL'S AWARENESS PROGRAM LEADS EVENTS A	
	THROUGHOUT THE COUNTRY AND PUBLISHES VIDEOS AND EDUCA	
	THROUGH SOCIAL MEDIA. THIS PROGRAM EDUCATES AUDIENCES	
	LOCALLY-LED DEVELOPMENT, CLIMATE-RESILIENT AGRICULTUR	RE, AND RESILIENCE
	BUILDING AS A WAY TO ADDRESS EXTREME POVERTY, CLIMATE	E CHANGE, AND STATE
	FRAGILITY. IN 2023, NURU TEAM MEMBERS SHARED NURU'S	STORY WITH OVER
	1,050 PEOPLE AT OVER 13 VIRTUAL AND IN-PERSON VENUES	AROUND THE WORLD.
	LASTLY, NURU PROMOTED AWARENESS OF HOW TO END EXTREME	
	PRESS RELEASES, INTERVIEWS, UPDATES, BLOG POSTS, PHOT	
	THROUGH EMAIL AND ON FACEBOOK, INSTAGRAM, AND LINKEDI	
	OVER 12,300 PEOPLE ON FACEBOOK, OVER 700 FOLLOWERS ON	I INSTAGRAM, AND
	OVER 5,100 PEOPLE ON LINKEDIN ARE MORE AWARE OF NURU'	S WORK.
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
10	(vouc) (Expenses #)	
.	Other program services (Describe on Schedule O.)	
4d		
4d	(Expenses \$ including grants of \$) (Revenue \$)
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 2,429,633.)
) Form 990 (202
4e		

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 Form 990 (2023)
 NURU
 INTERNATIONAL

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<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?			37
	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		<u>X</u>
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,	14-	х	
b	Part VI	<u>11a</u>	<u></u>	
a	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		
C	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
d	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			- 23
•	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	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	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
.e 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,			<u> </u>
~	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
332003	12-21-23	Form	990	(2023)

332003 12-21-23

Form	990	(2023)
	330	

 Form 990 (2023)
 NURU
 INTERNATIONAL

 Part IV
 Checklist of Required Schedules (continued)

			N/		
~~			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х		
04-	Schedule J	23	A		
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			x	
	Schedule K. If "No," go to line 25a	24a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
-1	any tax-exempt bonds?	24c			
	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	050		x	
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a			
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				
06	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%	26		x	
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		- 23	
27					
	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x	
28		21		- 23	
20	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):				
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
a		28a		x	
h	"Yes," complete Schedule L, Part IV	28b		X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		- 23	
C		28c		x	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25			
50	contributions? If "Yes," complete Schedule M	30		x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
0L		32		x	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34	х		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x	
	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?				
	Note: All Form 990 filers are required to complete Schedule O	38	Х		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
_			Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c			
332004	12-21-23	Form	990	(2023)	
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Form	990 (2023) NURU INTERNATIONAL	26-1250	716	Р	age 5		
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 16					
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	X			
			3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ac		_		v		
			5a		X X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the line for an of her did the experimentary for form 2000 TO		5b		<u> </u>		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>				
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6.		x		
h	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>				
a	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	-	6h				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		x		
a b			7a 7b		- 23		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required					
U	to file Form 8282?		7c		x		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		x		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8							
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l l					
	organization is licensed to issue qualified health plans	13b	-				
С	Enter the amount of reserves on hand	13c			37		
14a			14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				- v		
	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	income?	16		X		
4-	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 active the trust is the imposition of an avoid to avoid the trust of an avoid to avoid the trust of an avoid to avoid the trust of a section 4051, 4050 ar 40500.		4-				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
00000	If "Yes," complete Form 6069.		Eorm	990	(2023)		
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Form 990	(2023)
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NURU INTERNATIONAL

 Form 990 (2023)
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 26-1250/16
 Page

 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 i	f Scheo	dule () cor	ntains a respon	se or note to any	/ line in this Part VI	

X

Sec	tion A. Governing Body and Management						
4 -	Enter the number of unting members of the entermine hads at the set of the barriers	a.	1	5	Y	es	No
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	+	4			
	If there are material differences in voting rights among members of the governing body, or if the governing						
b	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent	1b		1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-			
2	officer, director, trustee, or key employee?			2	,		х
3	Did the organization delegate control over management duties customarily performed by or under the						
5				3			х
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			Х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?	-		7	a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			71	5		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?			8		X	
b	Each committee with authority to act on behalf of the governing body?			8	5 2	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9)		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
					Y	es	No
	Did the organization have local chapters, branches, or affiliates?			10	a	_	<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
				10			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11	a 4	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12		X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	± d	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y	, -		10		x	
40	on Schedule O how this was done Did the organization have a written whistleblower policy?			12		X	
13 14				14		X	
15	Did the organization have a written document retention and destruction policy?						
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	u by in	dependent				
а	The organization's CEO, Executive Director, or top management official			15	a Z	x	
	Other officers or key employees of the organization			15		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 w	vith a				
	taxable entity during the year?			16	a		Х
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	ization	ı's				
	exempt status with respect to such arrangements?			16	ib		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed DC , CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990)-T (section 501(c)(3)s onl	y) ava	ailab	le
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, ar	id fina	ancial		
statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boot $\mathbf{FI}_{\mathbf{T}}$	oks an	d records				
	ELIZABETH ATHERTON - 949-667-0796 2020 PENNSYLVANIA AVE NW, STE 600, WASHINGTON, DC	200	006				
220000		200		Ec		90 /	2023)
332006	12-21-23 6			г	, iii J	JJ (2023)
	v						

Form 990 (2023)	NURU INTERNATIONAL	26-1250716	Page 7
Part VII Comper	nsation of Officers, Directors, Trustees, Key Employees	, Highest Compensated	
Employ	ees, and Independent Contractors		
Check if S	chedule O contains a response or note to any line in this Part VII		
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Emp	ployees	
	e for all persons required to be listed. Report compensation for the calence anization's current officers, directors, trustees (whether individuals or or	, ,	

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

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

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

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

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per week	box offic	not c , unle:	heck i ss per	more rson i	than c s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) AERIE CHANGALA CEO	60.00	x		х				228,652.	0.	29,026.
(2) ELIZABETH ATHERTON COO	60.00			x				160,318.	0.	17,589.
(3) WILLIAM WILLIAMS	60.00					x				
STRATEGIC PARTNERSHIPS DIRECTOR (4) MATTHEW LINEAL	60.00					Δ		120,627.	0.	28,608.
CPO (5) JOHN HANCOX	1.00			X				123,789.	0.	23,170.
CHAIRMAN (6) DON FAUL	1.00	X		X				0.	0.	0.
TREASURER (7) KARINA SOBIESKI	1.00	х		х				0.	0.	0.
MEMBER		x		х				0.	0.	0.
(8) JAKE HARRIMAN MEMBER	1.00	x		x				0.	0.	0.
332007 12-21-23										Form 990 (2023)

7

332007 12-21-23

Form 990 (2023)

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	990 (2023) NURU INTE									26-1250	0716 Page 8
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		· /	
	(A) Name and title	(B) Average hours per week	Average hours per losition (do not check more t box, unless person is			than d is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	Subtotal								633,386.	0.	
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								633,386.	0.	
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	4
3	Did the organization list any former officer,				•	•		Ŭ	• •	•	Yes No
4	line 1a? <i>If "Yes," complete Schedule J for su</i> For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	3 X 4 X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services	4 X 5 X
Sec	tion B. Independent Contractors	piele Schedule	3 70	or st		Jers	:077 .				<u> </u>
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	ation from
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation
2	Total number of independent contractors (ir	•	ot lin	nitec	d to f		-	ted	above) who received mo	ore than	
	\$100,000 of compensation from the organiz	ation				(J				Form 990 (2023)

332008 12-21-23

Pal			Check if Schedule O			onse	or note to any line	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
contributions, Girts, Grants and Other Similar Amounts	1		Federated campaigns								
5 ē			Fundraising events								
ГAI			Related organizations								
nila			Government grants (cont				420,283.				
ŝ			All other contributions, gifts,								
her		•	similar amounts not included			5,	085,613.				
ō		g	Noncash contributions included in				10,122.				
anc		-	Total. Add lines 1a-1f					5,505,896.			
Τ							Business Code				
,	2	а									
đ		b									
Revenue		с									
eve		d									
,œ		е									
		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (inclu	-							
			other similar amounts)					310.			310.
	4		Income from investment				1				
	5		Royalties	· · <u>· · · · · · · · · · · · · · · · · </u>							
					(i) Rea	l	(ii) Personal				
	6		Gross rents								
			Less: rental expenses	6b							
			Rental income or (loss) 6c								
		d Net rental income or (loss)									
	7	а	Gross amount from sales of				(ii) Other				
			assets other than inventory	7a	10,3	55.					
		b	Less: cost or other basis	_	10 10	1					
			and sales expenses			<u>54.</u>					
			Gain or (loss)			-		161.			161.
	-		Net gain or (loss)			··· <u>····</u>		101.			101.
	8	а	Gross income from fundrais								
			including \$								
			contributions reported or		-						
		Ŀ.	Part IV, line 18			8a 8b					
			Less: direct expenses Net income or (loss) from								
	٥		Gross income from gamir		-						
	9	a	Part IV, line 19	-		9a					
		h				9b					
			Net income or (loss) from								
	10		Gross sales of inventory,	•	•	<u> </u>					
	10	u	and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from								
╡		-		24100		·	Business Code				
	11	а	MISCELLANEOUS	S II	NCOME		900099	6,169.	6,169.		
Revenue	Ĵ	b						•			
eve		c									
ř			All other revenue								
			Total. Add lines 11a-11d					6,169.			
_	12		Total revenue. See instructi					5,512,536.	6,169.	0.	471.
2000	12	-21-									Form 990 (2023)

Form 990 (2023)

9

NURU INTERNATIONAL Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	4.4.3			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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		4 954 596		
	individuals. See Part IV, lines 15 and 16	1,071,586.	1,071,586.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				165 662
-	trustees, and key employees	582,545.	265,826.	151,056.	165,663
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	691,956.	315,471.	160 950	206,635.
7	Other salaries and wages	.052,900.	313,4/1.	169,850.	200,035
8	Pension plan accruals and contributions (include	21,925.	10,070.	7,915.	3,940.
0	section 401(k) and 403(b) employer contributions)	140,111.	64,354.	50,581.	25,176
9 10	Other employee benefits	90,575.	51,161.	15,588.	23,826
10	Payroll taxes		51,101.	±3,300•	23,020
11	Fees for services (nonemployees):				
a b	F	42,930.	42,930.		
b		42,550.			
c d	Č				
e					
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	28,124.		28,124.	
12	Advertising and promotion	,			
13	Office expenses	10,885.	2,026.	7,688.	1,171.
14	Information technology	29,663.	5,289.	16,120.	8,254.
15	Royalties				
16	Occupancy	8,404.	2,200.	3,040.	3,164.
17	Travel	249,969.	133,117.	66,213.	50,639.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	19,415.		19,415.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,608.	3,975.	3,095.	1,538.
23	Insurance	21,135.	11,365.	3,419.	6,351.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CONTRACTUAL SERVICES	673,748.	416,836.	53,465.	203,447.
b	TRAINING AND DEVELOPMEN	26,822.	15,965.	10,265.	592.
с	BOOKS, SUBSCRIPTIONS &	19,025.	11,178.	3,279.	4,568.
d	LICENSES & FEES	12,401.	220.	11,691.	490.
е	All other expenses	7,057.	6,064.	160.	833.
25	Total functional expenses. Add lines 1 through 24e	3,756,884.	2,429,633.	620,964.	706,287.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

332010 12-21-23

Check here

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if following SOP 98-2 (ASC 958-720)

10 2023.03040 NURU INTERNATIONAL Form 990 (2023)

I UI	• • •						
		Check if Schedule O contains a response or note	e to any	line in this Part X			······
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			15,932.	1	216,980.
	2	Savings and temporary cash investments			14.	2	1,187,041.
	3	Pledges and grants receivable, net			809,204.	3	815,376.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former of	officer, director,			
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e persoi	าร		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			21,979.	9	46,164.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		36,547. 25,263.			
	b	Less: accumulated depreciation	10,955.	10c	11,284.		
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		····· -		15	0.056.045
	16	Total assets. Add lines 1 through 15 (must equa			858,084.	16	2,276,845.
	17	Accounts payable and accrued expenses			240,664.	17	117,753.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst			015 000		0
iab.		controlled entity or family member of any of thes		Γ	215,000.	22	0.
-	23	Secured mortgages and notes payable to unrela			498,980.	23	500,000.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D		·····	954,644.	25	617 752
	26	Total liabilities. Add lines 17 through 25		X	954,044.	26	617,753.
ŝ		Organizations that follow FASB ASC 958, che	ск nere				
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			-923,923.	27	838,809.
ala	27				827,363.	27	820,283.
Б	28	Organizations that do not follow FASB ASC 9			027,505.	20	020,2031
E I		and complete lines 29 through 33.	56, chec				
ç	29	Capital stock or trust principal, or current funds			29		
Net Assets or Fund Balances	29 30	Paid-in or capital surplus, or land, building, or eq	fund		29 30		
Ass	31	Retained earnings, endowment, accumulated inc				31	
et /	32	Total net assets or fund balances			-96,560.	31	1,659,092.
Ž	32				858,084.	32	2,276,845.
	33				000,001.	33	Form 990 (2023)
							Form 990 (2023

Form 990 (2023)

Part X Balance Sheet

Form	1990 (2023) 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	5,512		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,756		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,755		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-96	5,5	60.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,659	9,0	92.
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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2023)

332012 12-21-23

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
2023
Open to Public Inspection

Name of	the organization							identification number		
		INTERNATI						6-1250716		
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The orgai	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(⁻	1)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(i	ii).				
4	A medical research organiz						(iii). Enter	the hospital's name,		
	city, and state:						. ,			
5	An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in		
	section 170(b)(1)(A)(iv). (0		5		, ,					
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v)				
							e deneral i	oublic described in		
, []	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	•				nd in ooniu	upotion with a	land grant			
9	An agricultural research org	-			-		-	-		
	or university or a non-land-g	grant college of agric	ulture (see instructions).		lame, city	, and state of	the college			
10	university:	II	then 00 1 /00/ of its summ					d aurona un activata fuerra		
10	An organization that norma									
	activities related to its exen									
	income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.		
	See section 509(a)(2). (Co									
11	An organization organized a									
12	An organization organized a	-	•	-			•			
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 5	509(a)(3). (Check the box on		
_	_lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	f the direc	ctors or trustee	es of the su	Ipporting		
	organization. You must o	complete Part IV, Se	ections A and B.							
b	_ Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	n(s), by hav	ving		
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
	organization(s). You mus	t complete Part IV,	Sections A and C.							
с 🗌	Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,		
	its supported organization	n(s) (see instructions). You must complete l	Part IV, Se	ctions A,	D, and E.				
d 🗌	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)		
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness		
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е	Check this box if the orga		-				I, Type III			
	functionally integrated, or					51 × 51	<i>,</i> ,,			
f Ent	er the number of supported of	<i>.</i>	, , ,	5 5						
	vide the following informatior	•								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
-										
Total										

332021 12-21-23

Schedule A (Form 990) 2023

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

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4650469.	4808193.	4991564.	1753802.	5505896.	21709924.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4650469.	4808193.	4991564.	1753802.	5505896.	21709924.
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)						7150232.
6	Public support. Subtract line 5 from line 4.						14559692.
Sec	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4650469.	4808193.	4991564.	1753802.	5505896.	21709924.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	320.	127.	56.	2.	310.	815.
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.)	2,486.	1,152.	655.	10,382.	6,169.	
11	Total support. Add lines 7 through 10						21731583.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2023 (I					14	67.00 %
	Public support percentage from 2022					15	74.95 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	$\ensuremath{ \text{stop} here.}$ The organization qualifies		U U				
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ne 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	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organia	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A	Form 990) 2023

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
check this box and stop here Section C. Computation of Publ	ic Support Per					
15 Public support percentage for 2023 (column (f))		15	%
		-			16	% %
16 Public support percentage from 2022 Section D. Computation of Invest						70
17 Investment income percentage for 2			ino 13 column (f)		17	%
18 Investment income percentage for 2					18	%
19a 33 1/3% support tests - 2023. If the				e 15 is more than :	· · · ·	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
332023 12-21-23		<u></u>	a, or rob, oncor i			dule A (Form 990) 2023
		15	5		Coner	

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.)

332024 12-21-23

Schedule A (Form 990) 2023

	(Form 990) 2023		INTERNATIONAL
Part IV	Supporting Orga	nizations (d	continued)

1

2

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

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

			ng organization.	
Section C. T	ype II Supp	orting Org	ganizations	

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

Section D.	All Typ	e III Suj	oporting	Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- 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 governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

17

- 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.*

Yes No

332025 12-21-23

Sche	edule A (Form 990) 2023 NURU INTERNATIONAL			26-1250716 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

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26-1250716 Page 7

_	dule A (Form 990) 2023 NURU INTERNAT			2	6-1250716 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

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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						
2019	AMOUNT:	\$ 2,486.					
2020	AMOUNT:	\$ 1,152.					
2021	AMOUNT:	\$ 655.					
2022	AMOUNT:	\$ 10,382.					
2023	AMOUNT:	\$ 6,169.					
332028 12	-21-23		2	20		Schedule A (Form 990) 2023

		Supplement	al Financial Statements		OMB No. 15	545-0047	
			nization answered "Yes" on Form 990,	2022			
(Forn	n 990)		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		204	23	
	ment of the Treasury Revenue Service	ttach to Form 990. 0 for instructions and the latest information.		Open to Inspect			
	e of the organizati	on		Emp	ployer identificatio	n number	
Par	t I Organiza	NURU INTERNATIONAL	d Funds or Other Similar Funds or Ac		<u>26-12507</u>		
Fai		n answered "Yes" on Form 990, Part IV, lin		cour	Its. Complete if tr	ie	
	organizatio			b) Fun	ids and other accou	inte	
4	Total number at a	ad of year		b ji un		1113	
1		nd of year f contributions to (during year)					
2 3							
4		f grants from (during year)					
4 5		t end of year	L I writing that the assets held in donor advised fund				
5	-		exclusive legal control?		Yes	No	
6			dvisors in writing that grant funds can be used or				
0	0	0, , ,	r donor advisor, or for any other purpose conferri	,			
	impermissible priv		, , , , , , , , , , , , , , , , , , , ,	0	Yes		
Par			ganization answered "Yes" on Form 990, Part IV,			└── No	
1		servation easements held by the organization		nne r.			
•		of land for public use (for example, recrea		vrically	important land area		
		of natural habitat	Preservation of a certi			1	
	<u> </u>	n of open space		neu m	Stone Structure		
2			ied conservation contribution in the form of a cor	neorua	tion essement on th	no last	
2	day of the tax year				Held at the End of th		
•				2a			
a b				2a 2b			
U O	-	-	ucture included on line 2a	20 2c			
C d				20			
d		vation easements included on line 2c acqu		2d			
3			eased, extinguished, or terminated by the organiz	<u> </u>	during the tax		
3		valion easements modified, transferred, rei	eased, extinguished, or terminated by the organiz	zation	during the tax		
4	year	 where property subject to conservation eas	poment is located				
- 5		tion have a written policy regarding the per					
5		orcement of the conservation easements it			Yes	No	
6			noids? handling of violations, and enforcing conservatio				
0	Stall and voluntee	a nours devoted to monitoring, inspecting,	narioning of violations, and emotioning conservatio	ii ease		Jai	
7	Amount of oxpone		lling of violations, and enforcing conservation eas	omon	te during the year		
'	Amount of expens	ses incurred in monitoring, inspecting, nanc	and enforcing conservation eas	Semen	is during the year		
8	Does each conser	 vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)				
0	and section 170(h)				Yes	No	
9			on easements in its revenue and expense statem		······		
Ũ		•	note to the organization's financial statements that				
		ounting for conservation easements.					
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imila	r Assets.		
	Complete in	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sł	neet works		
			blic exhibition, education, or research in furtheran				
			ncial statements that describes these items.				
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	-		exhibition, education, or research in furtherance				
		ing amounts relating to these items.	· ·	•	-		
	-				\$		
					\$		
2			asures, or other similar assets for financial gain, p				
		unts required to be reported under FASB A					
а					\$		

а					Form		rt VII	e 1	
			 	_		 			

		-	_		
b	Assets	included	in Foi	rm 990,	Part X
					,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

\$

Sche		TERNATIONAL					2	6-12	50716	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art,	Histo	orical Tre	easures, or	r Other S	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records,	check	any of the f	following that	make sigi	nificant us	se of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain h	now the	ey further th	ne organizatio	on's exemp	ot purpose	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, his	storical treas	sures, or othe	er similar a	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		if the o	organizatior	n answered "	Yes" on Fo	orm 990, I	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi		-						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing ta	able:					A		
									Amount		
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
T	Ending balance						1f				
	Did the organization include an amount on Fe							L	Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if										
		(a) Current year		rior year	(c) Two year		d) Three ye	ars back	(e) Four	vears	hack
1a	Beginning of year balance	(,	()	, ,	(-)		,		(-)	<i></i>	
h	Contributions										
c	Net investment earnings, gains, and losses										
b b	Grants or scholarships										
e	Other expenditures for facilities										
č	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance (line 1a	I. column (a))) held as:						
a	Board designated or quasi-endowment		%	,, (-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		on that	t are held ar	nd administer	ed for the					
	organization by:								[Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as required	d on So	chedule R?					Зb		
4	Describe in Part XIII the intended uses of the		ment fi	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990, I	Part IV	, line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or oth		• •	or other	• •	cumulated	k	(d) Book	valu	е
		basis (investme	ent)	basis	(other)	depr	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			3	6,547.		25,26	3.	11	.,28	84.
	Other									~	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	line 10	<u>)c. column</u>	<u>(B))</u>					.,2	
							S	chedule	D (Form	990)	2023

Schedule D				INTERNATIONAL
Part VII	Investn	nents -	Other Sec	urities

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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	l-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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f. See Form 990. Part X. line 25	
	on on on 330, rait iv, line r		
1. (a) Description of liability	off off 350, 1 art 10, line 1		(b) Book value
(a) Description of lightlity			(b) Book value
1. (a) Description of liability			(b) Book value
1. (a) Description of liability (1) Federal income taxes			(b) Book value
1. (a) Description of liability (1) Federal income taxes (2)			(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
I. (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7)			(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7)			(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) 2023

332053 09-28-23

X

Sche	dule D (Form 990) 2023 NURU INTERNATIONAL		26-3	1250716 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	eturn	<u>u</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	5,512,536.
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			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,512,536.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	5,512,536.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return	ו
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	3,756,884.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,756,884.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,756,884.
Pa	t XIII Supplemental Information			

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

PART X, LINE 2:

THE ORGANIZATION IS A 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. THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX
POSITIONS ON AN ANNUAL BASIS, AND THERE HAVE BEEN NO RECORDED UNCERTAIN
TAX POSITIONS RECORDED. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME
TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION
FILES VARIOUS FEDERAL OR STATE NON-PROFIT TAX RETURNS. THE ORGANIZATION IS
NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES
FOR TAX YEARS PRIOR TO 2020.

30

332054 09-28-23

Part Aili Supplemental Information (continued)	
	Schedule D (Form 990) 2023

332055 09-28-23

(Form 990)		Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, o	or 16.	2	<u> </u>
Department of the Treasury		•		Attach to Form 990.				to Public
Internal Revenue Service		Go to _W	ww.irs.gov/Form	990 for instructions and the latest in	nformation.		Inspe	
Name of the organizatio	n					Employer	identifi	cation number
NURU INTERNA	TION	JAL				26-12	5071	6
Part I General			ctivities Out	side the United States. Comple	ete if the organ	ization ansv	vered "Y	es" on
Form 990,				·	5			
1 For grantmakers	. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,		
the grantees' eligi	bility fo	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	X	Yes 🗌 No
-	. Descr	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	ner assistan	ce outsi	de the
United States.								
3 Activities per Regi (a) Region	<u>ion. (Th</u>	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region		vity listed in	(d)	(f) Total
(a) negion		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service		expenditures
		in the region	independent	gram services, investments, grants to		specific typ		for and
			contractors in the region	recipients located in the region)	of service	(s) in the reg	jion	investments in the region
			In the region					
					AGRICULTURA	L, EDUCAI	ION,	
SUB-SAHARAN AFRICA		4	15	PROGRAM SERVICES	ETC.			1,358,688.
SUB-SAHARAN AFRICA		0	3	GRANTMAKING				1,071,586.
								2 420 054
3 a Subtotal		4	18					2,430,274.
b Total from continues to Part I		0	0					0.
sheets to Part I c Totals (add lines 3		U						5.
and 3b)		4	18					2,430,274.

Statement of Activities Outside the United States

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

LHA 332071 11-29-23

SCHEDULE F

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	353,518.	WIRE	0.		
		KENYA	PROGRAM SUPPORT	99,233.	WIRE	0.		
		NIGERIA	PROGRAM SUPPORT	163,131.	WIRE	0.		
		BURKINA FASO	PROGRAM SUPPORT	455,204.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

4

Page 2

NURU INTERNATIONAL Schedule F (Form 990) 2023

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	ditional space is needed	l					
(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)

34

Schedule F (Form 990) 2023

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

NURU INTERNATIONAL Schedule F (Form 990) 2023

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.

332075 11-29-23

19000429 765826 1000645.0

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	2	
•	ŗ	Compensated Employees		20	Ľ٦	5
-		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organizatior	1	Employer id	dentificatio	on nu	mber
		NURU INTERNATIONAL	26-1	25071	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri-	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1 b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
_						
3		ly, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant				
	X Form 990 of of	ther organizations	ommittee			
л	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	•			4a		x
b						X
	-	aive payment from an equity based compensation exchangement?				X
U	-	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.		то		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the re					
а	•			. 5a		X
		ation?				X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а		-				X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lin	es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AERIE CHANGALA	(i)	228,652.	0.	0.	2,983.	26,043.	257,678.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH ATHERTON	(i)	160,318.	0.	0.	6,611.	10,978.	177,907.	0.
COO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.



26-1250716

NURU INTERNATIONAL

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

IN 2023, NURU ETHIOPIA WORKED WITH SMALLHOLDER FARMERS TO STRENGTHEN

RESILIENCE AND ADAPT TO CLIMATE CHANGE IN RURAL COMMUNITIES IN SOUTHERN

ETHIOPIA. THE INTERVENTION FACILITATED ACCESS TO DIGITAL BLENDED

LEARNING TOOLS, PROVIDED GOOD AGRONOMIC PRACTICES TRAINING, AND

TAILORED EXTENSION SERVICES TO 28,096 FARMER HOUSEHOLDS ACROSS 203

FARMER COOPERATIVES AND 5 UNIONS. ON AVERAGE, NURU FARMERS ACHIEVED A

24% INCREASE IN CROP YIELDS AND 77% INCREASE IN INCOME FROM 2022 IMPACT

REPORTS COMPARED TO THE BASELINE.

IN 2023, NURU KENYA'S INTEGRATED SOCIAL IMPACT ACTIVITIES CONTINUED TO BUILD ECONOMIC OPPORTUNITY IN FARMER COMMUNITIES. THE INTERVENTION OFFERED FARM INPUT LOANS FOR CROP AND DAIRY PRODUCTION, TAILORED EXTENSION SERVICES, AND SAVINGS BEHAVIOR PROMOTION TO 3,525 FARMER HOUSEHOLDS IN 56 COOPERATIVES. IN ADDITION TO AGRICULTURAL CROP YIELD AND INCOME GAINS, THESE FARMERS WERE ALSO ABLE TO PRODUCE AN 80% INCREASE IN MILK YIELDS AND AN AVERAGE OF \$278 USD IN PROFIT PER YEAR PER COW FROM THE SALE OF DAIRY. ADDITIONALLY, TREE PLANTING INITIATIVES HAVE COMMENCED IN NURU KENYA'S LATEST OPERATIONAL COUNTIES IN WESTERN KENYA.

IN 2023, NURU BURKINA FASO WORKED WITH FARMER HOUSEHOLDS TO ADAPT TO CLIMATE CHANGE AND BUILD RESILIENCE THROUGH INCREASED AGRICULTURAL PRODUCTIVITY. THE INTERVENTION CONTINUED OPERATIONS IN 3 MUNICIPALITIES IN CENTRAL BURKINA FASO WORKING WITH 1,912 FARMER HOUSEHOLDS. NURU BURKINA FASO ESTABLISHED DEMONSTRATION PLOTS AND COMMENCED TRAINING ON For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 40

GOOD AGRONOMIC PRACTICES OF GROUNDNUT AND SOYBEANS CROPS, COOR DEVELOPMENT, AND FINANCIAL INCLUSION. ADDITIONALLY, THE INITIZ	PERATIVE
DEVELOPMENT, AND FINANCIAL INCLUSION. ADDITIONALLY, THE INITIA	
	AL
DISTRIBUTION OF LOANS FOR THE SEASONAL CROP PACKAGES, INCLUDIN	1G
GROUNDNUTS, SOYBEANS, INOCULANT, AND PICS (PURDUE IMPROVED CRO	DP

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

 332212 11-14-23
 Schedule O (Form 990) 2023

 41
 41

Name of the organization	Employer identification number
NURU INTERNATIONAL	26-1250716
COMMITTEE MAKES EVERY EFFORT TO FAIRLY AND TRANSPARENTLY R	ECOMMEND STARTING
SALARIES AND RAISES ADHERING TO THE BUDGET. THEY SEEK INPU	T FROM THE
MANAGER AND USE THE COMPENSATION GUIDELINES OUTLINED IN TH	E 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
SALARY DISCUSSIONS ARE TREATED AS CONFIDENTIAL.	

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

THE FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE UPON REQUEST, AS

WELL AS ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND POLICIES ARE

MADE AVAILABLE UPON REQUEST.

332161 09-28-23 LHA

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
	-				
	-				

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 Part II 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

43

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

Schedule R (Form 990) 2023

23 Open to Public Inspection

Employer identification number 26-1250716

Department of the Treasury Internal Revenue Service

Schedule R (Form 990) 2023 NURU INTERNATIONAL

26-1250716 Page 2

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

organizations treated as a pa		(your.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	0	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box	mana partr	aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
											i I	
	-										i I	
											i I	
										+	i	
	-										i I	
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	1										i	
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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	512(b contr	i) b)(13) rolled tity?
		country)		01 11 434		435013		Yes	No
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2023 NURU INTERNATIONAL

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

ote: 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-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	<u> </u>
c Gift, grant, or capital contribution from related organization(s)		X	2
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h 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)			
Lease of facilities, equipment, or other assets from related organization(s)	1k		
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	:
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other 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	99,233.	
(2) NURU INTERNATIONAL ETHIOPIA	В	353,518.	
(3) NURU INTERNATIONAL NIGERIA	В	163,131.	
(4) NURU INTERNATIONAL BURKINA FASO	В	455,204.	
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2023 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	

Schedule R (Form 990) 2023

Part VII Supplemental Information

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

332165 09-28-23

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone