(Rev. January 2020) Department of the Treasury Internal Revenue Service EXTENDED TO NOVEMBER 16, 2020

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.

OMB No. 1545-0047 Open to Public Inspection

<u>A</u>	For th	e 2019 calendar year, or tax year beginning and	ending		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre	se NOORA HEALTH			
	Name chang	e Doing business as		46-47465	92
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return			40298104	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,539,194.
	Amen	SAN FRANCISCO, CA 94113		H(a) Is this a group re	
	Application pendi			for subordinates	
		18833 WHISPERING TRAIL, TRAVERSE CITY,		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	1	list. (see instructions)
		te: WWW.NOORAHEALTH.ORG	1	H(c) Group exemptio	
	orm o	organization: X Corporation Trust Association Other ► Summary	L Year	of formation: ZUI4 N	1 State of legal domicile: CA
	$\overline{}$		וותשעים	T E O	
ģ	1	Briefly describe the organization's mission or most significant activities: SEE S	осперо.	пе О	
an	2	Check this box if the organization discontinued its operations or dispos	od of moro	than 25% of its not ass	
Governance	3			3	6
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			6
Ē.	6	Total number of volunteers (estimate if necessary)			0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ ⋖	b	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
ď	8	Contributions and grants (Part VIII, line 1h)		1,296,105.	3,532,392.
n de	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	6,441.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,671.	361.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,299,776.	3,539,194.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		374,936. 0.	571,444. 0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 36,82		0.	0.
Ë	_D			1,183,577.	1,951,988.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,558,513.	2,523,432.
	19	Revenue less expenses. Subtract line 18 from line 12		-258,737.	1,015,762.
		Trovende 1656 expenses. Cubitact line 16 from line 12	Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		2,543,442.	3,625,121.
Ass	21	Total liabilities (Part X, line 26)		161,478.	227,395.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		2,381,964.	3,397,726.
P	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cinnature of officer		Doto	
Sig		Signature of officer	ED.	Date 11 /	13 / 2020
He	re	EDITH ELLIOTT QUEENY, CEO AND CO-FOUND Type or print name and title	EK		
			Ιr	Date Check	PTIN
Pai	н	Print/Type preparer's name ISAGANI FERDINAND LAGUISM ISAGANI FERDINAN		L	
	u parer	Firm's name SCRUBBED.NET, LLC	<u>"- пи</u> т		45-4572670
	Only	Firm's address 388 MARKET STREET SUITE 1300		FIIIII S EIIV	13 1314010
530	City	SAN FRANCISCO, CA 94111		Phone no 41	5-994-2036
— Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		I HOUGHO. Z.Z.	X Yes No
	001 01-2		ns.		Form 990 (2019)

Form	1990 (2019) NOORA HEALTH 46-4746592 Page	2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	_
•	TO IMPROVE OUTCOMES AND SAVE LIVES OF AT-RISK PATIENTS BY EMPOWERING	
	FAMILY CAREGIVERS WITH THE SKILLS THEY NEED TO CARE FOR THEIR LOVED	-
	ONES.	_
	ONES.	_
_		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	0 104 200	_,
₹a	NOORA HEALTH DEVELOPS SYSTEMS TO TRAIN AT-RISK PATIENTS AND THEIR	- '
		_
	FAMILIES WITH HIGH-IMPACT HEALTH SKILLS TO IMPROVE OUTCOMES AND SAVE	_
	LIVES. BYTRAINING FAMILIES WITH SIMPLE, BUT CRITICAL SKILLS, THEY ARE	_
	ABLE TO TAKE CARE INTO THEIR OWN HANDS AND HOMES. IN 2019, THE NOORA	_
	HEALTH PROGRAM REACHED OVER 334,888 FAMILY MEMBERS REPRESENTING OVER	
	223,259 PATIENTS, DOUBLING THE NUMBER OF PEOPLE REACHED THROUGH OUR	
	PARTNERS FOR A THIRD CONSECUTIVE YEAR. THIS BRINGS THE TOTAL NUMBER OF	
	FAMILY MEMBERS TRAINED AS OF DECEMBER 31, 2019 TO 638,566. IN 2019,	_
	2,837 NEW NURSES / FAMILY HEALTH EDUCATORS WERE EQUIPPED TO DELIVER	_
	TRAINING TO FAMILIES AND 78 HOSPITAL PARTNERSHIPS WERE ADDED. THE	_
	PROGRAM IS NOW LIVE OR UNDERGOING IMPLEMENTATION IN OVER 159 FACILITIES	_
		_
	WITH CONTENT AVAILABLE FOR POST-SURGICAL, CARDIAC, ONCOLOGY, AND	_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
		_
		_
		-
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_ :
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
 4е	Total program service expenses 2,184,380.	_
70	Total program service expenses	_

Form 990 (2019) NOORA HEALTH 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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	In the convenient in a subset of a subset of a subset of 70/h/4//A//:\0.000	13		X
14a	Did the appropriation projection of the control of the Helbert Older	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		 ^``
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	140	22	
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	4-		- v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			l _
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2019) NOORA HEALTH
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			\sqcup
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in 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			177
	(gambling) winnings to prize winners?	1c	990	(2010)

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

			1		Yes	No				
2 a	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	6							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
3a				3a		_X_				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			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	ccour	nt)?	4a		X				
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	, , , , , , , , , , , , , , , , , , , ,									
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		60		х				
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a						
D	were not tax deductible?		•	6b						
7	Organizations that may receive deductible contributions under section 170(c).			OD						
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vicae r	rovided to the payor?	7a		Х				
b		-	payor:	7b						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
Ĭ	to file Form 8282?	•		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		•	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g						
h	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:		1							
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:	1	I.							
	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against	د								
10-	amounts due or received from them.)	1041	1	10-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 12b	1	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> 120</u>	1							
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.			iou						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				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		or							
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X				
	If "Yes," complete Form 4720, Schedule O.				200					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SMARTER GOOD INC 415-871-0852			
	180 19TH AVE, SAN FRANCISCO, CA 94118			

Form 990 (2019) NOORA HEALTH 46-4746592 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	organization compensated (C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		rson is both an			compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	In stit utio nal tru stee		/ee	m pen		(***2/1099-101130)		and related
	below	dualt	utiona	-	Key employee	st co	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) EDITH ELLIOTT QUEENY	40.00									
CEO AND CO-FOUNDER		Х		Х				95,319.	0.	0.
(2) ANN KIM	0.50									
BOARD MEMBER		Х						0.	0.	0.
(3) IQBAL DHALIWAL	0.50									
BOARD MEMBER		Х						0.	0.	0.
(4) KATE COURTEAU	0.50									
BOARD MEMBER		Х						0.	0.	0.
(5) KATHY DYER	0.50									
BOARD MEMBER		Х						0.	0.	0 .
(6) SHAHED ALAM	40.00									
PRESIDENT		Х		Х				100,000.	0.	0.
(7) AJAY SONDHI	0.50									
BOARD MEMBER		Х						0.	0.	0.
(8) REBECCA WEINTRAUB	0.50									
BOARD MEMBER		Х						0.	0.	0.
		1								
		1								
		1								
			_		_					
		4								
	1	-	_		_					
		4								
	1	-	_		_					
]	l	l	l	1	l			

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hours for related organizations organizations organizations organizations organizations organizations organizations organizations organizations organization (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
hours per week (list any bours for list any list any list and list any list any list and list any list any list and list any list and list any list and list any list any list and list any	amount of other compensation from the organization and related
hours per week (list any hours for	other compensation from the organization and related
(list any bours for bours for selection organizations of selection of the organizations of the organizations of the organization of the organizati	compensation from the organization and related
hours for	from the organization and related
related organizations below line) line) Journal of the properties of the propert	organization and related
organizations below line) Officer Compension Compe	and related
below line) West amployee out the month of	
line) Individual Individual	
1b Subtotal 195,319. 0.	0
	0
105 210	0
d Total (add lines 1b and 1c)	
compensation from the organization	
Compondation from the organization	Yes No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	
	3 X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	
	4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	
, ,	5 X
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensatio	on from
the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) (B)	(C)
	mpensation
KARUN KUMBERA, 4/4, 2ND FLOOR, SWEET ABODE PROFESSIONAL	104 456
WHEELER ROAD EXTENSION, BANGALOR SERVICES	104,456
 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 	

		Check if Schedule O co	ontains a response	or note to any lir	ne in this Part VIII			
				,	(A)	(B)	(C)	_ (D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S (s	1 2	Federated campaigns	1a					
ants					-			
5 5		Membership dues			-			
fts,		Fundraising events			-			
ig ig		Related organizations			-			
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contrib			-			
atio er 9	Ť	All other contributions, gifts, g		E22 202				
듗된		similar amounts not included a		<u>,532,392.</u>	-			
ont od (_	Noncash contributions included in lin			2 522 202			
<u>0 g</u>	h	Total. Add lines 1a-1f		1	3,532,392.			
				Business Code				
9	2 a							
e <u>Ķ</u>	b							
Sugar	С		_					
eve	d							
Program Service Revenue	е							
ď	f	All other program service re	evenue					
	g	Total. Add lines 2a-2f						
	3	Investment income (includia						
		other similar amounts)	-		6,441.	6,441.		
	4	Income from investment of						
	5	Royalties	-					
	_	[(i) Real	(ii) Personal				
	6 a	Gross rents	6a	,	1			
			6b		-			
		· · · · · · · · · · · · · · · · · · ·	6c		-			
	ا	Net rental income or (loss)	•					
		Gross amount from sales of	(i) Securities	(ii) Other				
	ı a			(ii) Other	-			
		í F	7a		-			
	D	Less: cost or other basis						
Revenue			7b		-			
š		Gain or (loss)						
		Net gain or (loss)		<u></u>				
ther	8 a	Gross income from fundraising	g events (not					
ᄚ		including \$	of					
		contributions reported on li	, I					
		Part IV, line 18			-			
		Less: direct expenses) 				
	С	Net income or (loss) from fu	undraising events					
	9 a	Gross income from gaming	· I					
		Part IV, line 19	9:	1				
	b	Less: direct expenses	91)				
	С	Net income or (loss) from g	aming activities	<u></u>				
	10 a	Gross sales of inventory, le	ss returns					
		and allowances	10	а				
	b	Less: cost of goods sold		b				
		Net income or (loss) from sa		.				
				Business Code				
sno (11 a	OTHER INCOME		541900	361.	361.		
E a	b							
Miscellaneous Revenue	С							
<u>is</u>	d	All other revenue						
2	е	Total. Add lines 11a-11d .			361.			
	12	Total revenue. See instruction			3,539,194.	6,802.	0.	0.

Form 990 (2019) NOORA HEALTH Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 210	175 746	10 547	7 026
_	trustees, and key employees	195,319.	175,746.	12,547.	7,026.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	346,693.	211 050	22,271.	10 470
7	Other salaries and wages	340,033.	311,950.	44,411.	12,472.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,432.	26,479.	1,482.	1,471.
10	Payroll taxes	23,432.	20,479.	1,402.	1,4/1.
11	Fees for services (nonemployees):				
a	Management	242.	40.	201.	1
b	•	28,219.	4,682.	23,366.	171.
	Accounting	20,213.	4,002.	23,300.	<u> </u>
d e					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	1,301,768.	1,080,462.	219,700.	1,606.
12	Advertising and promotion	23,411.	23,411.	223 / 7 0 0 0	1,000.
13	Office expenses	23,026.	8,740.	13,954.	332.
14	Information technology	37,656.	37,647.	9.	3321
15	Royalties	0.7000	0.,02.0		
16	Occupancy	3,123.	1,918.		1,205.
17	Traval	94,286.	86,105.	3,383.	4,798.
18	Payments of travel or entertainment expenses	- ,	,	, , , , ,	,
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,873.	780.		1,093.
20	Interest	•			•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,000.		2,000.	
23	Insurance	2,737.		2,737.	
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 O.)				
а	RESEARCH	203,042.	203,042.		
b	DIRECT PROGRAM SERVICE	193,380.	193,380.		400
С	MEALS	15,927.	15,435.		492.
d	TRAININGS	7,723.	7,723.		
		13,575.	6,840.	573.	6,162.
25	Total functional expenses. Add lines 1 through 24e	2,523,432.	2,184,380.	302,223.	36,829.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

46-4746592 Page 11 Form 990 (2019)
Part X | Balance Sheet NOORA HEALTH

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,427,303.	1	3,607,540.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	102,112.	3	2,112.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified pe				
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
တ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			972.	9	4,414.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	10,004.			
	b	Less: accumulated depreciation		4,152.	7,852.	10c	5,852.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	5,203.	15	5,203.		
	16	Total assets. Add lines 1 through 15 (must e		ı	2,543,442.	16	3,625,121
	17	Accounts payable and accrued expenses			161,478.	17	227,395.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or for	ormer offic	er, director,			
litie		trustee, key employee, creator or founder, su	ıbstantial (ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese pers	ons		22	
ן כ	23	Secured mortgages and notes payable to un	related thi	d parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			161,478.	26	227,395.
		Organizations that follow FASB ASC 958, or	check her	$\mathbf{P} \triangleright \mathbf{X} $			
ces		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			2,381,964.	27	3,397,726.
Ba	28	Net assets with donor restrictions				28	
ᄪ		Organizations that do not follow FASB AS	C 958, ch	ck here 🕨 🔲			
딘		and complete lines 29 through 33.					
0 8	29	Capital stock or trust principal, or current fun				29	
set	30	Paid-in or capital surplus, or land, building, o	r equipme	nt fund		30	
t As	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			2,381,964.	32	3,397,726.
	33	Total liabilities and net assets/fund balances			2,543,442.	33	3,625,121.

46-4746592 Page **12** NOORA HEALTH Form 990 (2019)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			2 52	0 1	^ 4		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,53				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,52				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,01				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,38	1,9	<u>64.</u>		
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	3,39	7,7	<u> 26.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
	Act and OMB Circular A-133?	-	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** 46-4746592 NOORA HEALTH Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	745,320.	1607712.	2214322.	1296105.	3532392.	9395851.
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	745,320.	1607712.	2214322.	1296105.	3532392.	9395851.
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)						5989777.
	Public support. Subtract line 5 from line 4.						3406074.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	745,320.	1607712.	2214322.	1296105.	3532392.	9395851.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					6,441.	6,441.
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.)				3,671.	361.	4,032.
11	Total support. Add lines 7 through 10						9406324.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	•			•	. , . ,	
0	organization, check this box and stop	here					
	tion C. Computation of Publi						26 21
	Public support percentage for 2019 (li					14	36.21 %
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2018. If the o	•		•		•	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact			=		-	
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets th		•		•		
40	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a b	pox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar	na see instructions	·

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received					+	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(a) 2013	(b) 2010	(6) 2017	(u) 2018	(e) 2019	(i) Total
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						<u> </u>
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here					-	>
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (li	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the						17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation If the organization	n did not check a	hay an line 1/1 10	a or 10h chack th	nie hav and eag inc	etructions	

932023 09-25-19

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
За		
- Oa		
3b		
3с		
4-		
4a		
4b		
4c		
r-		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
30		
9с		
10a		
401-		
10b		

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		T., 1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
Sec	nion b. All Type III Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Did the averagination was ide to each of the average and averaginations by the last day of the fifth we cath of the		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	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• •	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	 s).		
а		.,-		
b				
С		structions)_	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2 b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou				
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in Part VI). See instructions.			
9		outable amount for 2019 from Section C, line 6			
		B amount divided by line 9 amount			
10	LIIIO C	amount divided by line o amount	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		over from 2014 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		uinder. Subtract lines 4a and 4b from 4.			
		uning underdistributions for years prior to 2019, if			
_		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
•		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7					
7		ss distributions carryover to 2020. Add lines 3j			
	and 4				
		down of line 7:			
		ss from 2015			
		ss from 2016			
		es from 2017			
		ss from 2018			
е	Exces	ss from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Complemental Information
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.)
	Coo management.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization	Employer identification number	
NOORA I	HEALTH	46-4746592

Organization type (check one):						
Filers of	f:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: O	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigset \$				
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

NOORA HEALTH

46-4746592

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>195,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>186,827.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,611.	Person X Payroll

Name of organization

Employer identification number

46-4746592

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Name, address, and Zir + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Training, data 200, direction 1 1	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

46-4746592

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Hame, address, and Air + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NOORA HEALTH 46-4746592

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** NOORA HEALTH 46-4746592 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 46-4746592 NOORA HEALTH

Pai	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose con	nferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b			
		. ,	2c
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the tax
4	year ►	ament is leasted	
4 5	Does the organization have a written policy regarding the peri		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ū	b	manding of violations, and chilotonig consorv	ation observer to during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservation	easements during the year
	> \$	g or notations, and omorothing contourvation	. caceee aage yea.
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	I)(B)(i)
		, , , ,	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthers	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	,	ain, provide
	the following amounts required to be reported under FASB AS	_	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

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

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, o	r Othei	r Sin	nilar Ass	sets (contin	ued)	<u>gc –</u>
3	Using the organization's acquisition, accession									,	
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 i	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	llections and explair	n how the	ey further th	ne organizatio	n's exen	npt pı	urpose in I	Part XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang								: IV, line 9, or		
	reported an amount on Form 990, Par			Ü				,	, ,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	ontribution	s or other ass	sets not i	includ	ed			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	g						Г		Amount		
С	Beginning balance							1c			
	Additions during the year						. –	1d			
۰ م	Distributions during the year							1e			
f	Ending balance							1f			
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.	·					•		. —		140
Par											
	T T T T T T T T T T T T T T T T T T T	(a) Current year		rior year	(c) Two year			roo voare h	ack (e) Four	voare h	nack
10	Beginning of year balance	(a) Current year	(D) F	noi yeai	(C) TWO year	15 Dack	(u) 11	ii ee years i	iack (e) i oui	years b	Jack
b	Contributions										
C ~I	Net investment earnings, gains, and losses					1					
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
Ť	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curre	ent year end balance		, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	· · · · · · · · · · · · · · · · · · ·	%									
	The percentages on lines 2a, 2b, and 2c shou	•									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administer	ed for th	e org	anization	Г		
	by:									Yes	No
	(i) Unrelated organizations									\rightarrow	
	(ii) Related organizations								3a(ii)	\rightarrow	
b	If "Yes" on line 3a(ii), are the related organizate								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par											
	Complete if the organization answered			, line 11a. S	See Form 990	, Part X,	line 1	0.	T		
	Description of property	(a) Cost or o			t or other	٠,		ulated	(d) Bool	< value	
		basis (investn	nent)	basis	(other)	de	precia	tion			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			1	.0,004.		4	<u>,152.</u>		5,85	<u>2.</u>
е	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum	n (B). line 1	0c.)			🗲		5,85	2.

Schedule D (Form 990) 2019

	Complete if the organization answered "Yes"			
a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	et value
Financia	al derivatives			
Closely	held equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
t al . (Col. (t	b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8) (9)				
(9)	b) must equal Form 990, Part X, col. (B) line 13.)			
(9)	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
(9) tal. (Col. (t	o) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(9) tal . (Col. (t	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	k value
(9) tal . (Col. (t	Other Assets. Complete if the organization answered "Yes"			k value
(9) tal. (Col. (t Part IX	Other Assets. Complete if the organization answered "Yes"			k value
(9) tal. (Col. (to Part IX)	Other Assets. Complete if the organization answered "Yes"			k value
(9) tal. (Col. (t) Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"			k value
(9) tal. (Col. (to part IX) (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"			k value
(9) tal. (Col. (top art IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"			k value
(1) (2) (3) (4) (6)	Other Assets. Complete if the organization answered "Yes"			k value
(9) tal. (Col. (top art IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"			k value
(9) tal. (Col. (to part IX) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"			k value
(9) tal. (Col. (to part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columbia)	Other Assets. Complete if the organization answered "Yes"	Description	(b) Boo	k value
(9) tal. (Col. (to part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columbia)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line	Description	(b) Boo	k value
(9) tal. (Col. (to part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columbia)	Other Assets. Complete if the organization answered "Yes" (a) (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description	(b) Boo	
(9) tal. (Col. (to part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columer X)	Other Assets. Complete if the organization answered "Yes" (a) (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	(b) Boo	
(9) tal. (Col. (to part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu.) Part X	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Boo	
(9) ral. (Col. (trart IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columerat X) (1) Fed (2)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Boo	
(9) tal. (Col. (t) (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu.) (art X) (1) Fed (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Boo	
(9) tal. (Col. (t) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (2) (1) Fed (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Boo	
(9) tal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Boo	
(9) otal. (Col. (t) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colument X) (1) Fed (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Boo	
(9) Ital. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column of the column of t	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Boo	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Boo	

932053 10-02-19

Schedule D (Form 990) 2019

Pai	rt XI Reconcili	ation of Revenue per Audited Financ	ial Statements With Revenue p	er Return.	
	Complete if	the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total revenue, gains	s, and other support per audited financial statem	nents	1	3,539,194.
2	Amounts included of	on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains	s (losses) on investments	2a		
b	Donated services ar	nd use of facilities	2b		
С		year grants			
d	Other (Describe in F	Part XIII.)	2d		
е	9				0.
3	Subtract line 2e fro	m line 1		3	3,539,194.
4		on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		es not included on Form 990, Part VIII, line 7b			
b	Other (Describe in F	Part XIII.)	4b		•
С	Add lines 4a and 4b				0.
5	Total revenue. Add	lines 3 and 4c. (This must equal Form 990. Part	l. line 12.)	5	3,539,194.
Pa		ation of Expenses per Audited Finan	•	s per Returr	l .
		the organization answered "Yes" on Form 990, F			0 500 400
1		losses per audited financial statements		1	2,523,432.
2		on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		nd use of facilities			
b		nts			
С					
d	,	Part XIII.)			0
е		ıh 2d			0. 2,523,432.
3		m line 1		3	2,323,432.
4		on Form 990, Part IX, line 25, but not on line 1:	1.1		
a		es not included on Form 990, Part VIII, line 7b			
b		Part XIII.)		4-	0.
	Add lines 4a and 4b				2,523,432.
5 Pa	rt XIII Sunnleme	d lines 3 and 4c. <i>(This must equal Form 990, Pal</i> ental Information.	<u>† I, line 18.) </u>	5	2,323,432.
		required for Part II, lines 3, 5, and 9; Part III, lines	1 a and 4: Dort IV lines 1b and 2b: Dort	V line 4: Dort V	line 2: Dort VI
	•	XII, lines 2d and 4b. Also complete this part to p		v, iiile 4, Fait A	, IIIIe Z, Fait XI,
111163	20 and 40, and Fart	All, lilles 20 and 40. Also complete this part to p	orovide arry additional information.		

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

NOORA HEALTH 46-4746592 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SOUTH ASIA 0 0 FUNDRAISING 2,825. 0 0 PROGRAM SERVICES TRAVEL AND LODGING 79,975. SOUTH ASIA 0 0 SOUTH ASIA PROGRAM SERVICES MEASURE AND EVALUATION 193,380. PROGRAM MANAGEMENT & IMPLEMENTATION 0 SOUTH ASIA 0 PROGRAM SERVICES 3,772. SOUTH ASIA PROGRAM SERVICES 0 0 CONTENT DEVELOPMENT 23,411. SOUTH ASIA 0 0 PROGRAM SERVICES RESEARCH 203,042. SOUTH ASIA 0 0 PROGRAM SERVICES TECHNOLOGY DEVELOPMENT 14,393. 0 0 PROGRAM SERVICES TRAININGS 9,298. SOUTH ASIA 0 0 530,096. **3 a** Subtotal **b** Total from continuation 0 0 403,229. sheets to Part I Totals (add lines 3a

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

0

Schedule F (Form 990) 2019

933,325.

and 3b)

Schedule F (Form 990)	NOORA HE	\mathtt{ALTH}		46-474659	2 Page 1
Part I Continuation	n of Activities	s per Regior	1. (Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	MEALS	14,728.
SOUTH ASIA	0	0	PROGRAM SERVICES	HARDWARE/EQUIPMENT	3,434.
GOVERN AGEN	0	0	PAYROLL		127 526
SOUTH ASIA	0	0	LYLVORD		137,536.
SOUTH ASIA	0	0	OTHER MEASURE AND EVALUATION		7,685.
SOUTH ASIA	0		OFFICE EXPENSES, BANK FEES, DUES AND SUBSCRIPTION AND OTHER EXPENSES		16,898.
SOUTH ASIA			OTHER BALENDES		10,050.
SOUTH ASIA	0	0	IT SOFTWARE AND HARDWARE		24,897.
SOUTH ASIA	0	0	LEGAL AND ACCOUNTING		5,645.
SOUTH ASIA	0	0	CONSULTANTS		19,076.
GOVERN ACT					452 222
SOUTH ASIA	0	0	PROFESSIONAL SERVICES		173,330.
					-
Totals					403,229.

<u>Schedule</u> F (Form 990) 2019 NOORA HEALTH 46-4746592 Page 2

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)
			ecognized as charities by the f					
by the IRS, or for whice 3 Enter total number of			ion 501(c)(3) equivalency letter			>		

Part II

Schedule F (Form 990) 2019 NOORA HEALTH 46-4746592 Page 3

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 additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

46-4746592

Schedule F (Form 990) 2019

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

932074 10-12-19

932075 10-12-19 Schedule F (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NOORA HEALTH

Employer identification number 46-4746592

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

TO IMPROVE OUTCOMES AND SAVE LIVES OF AT-RISK PATIENTS BY EMPOWERING

FAMILY CAREGIVERS WITH THE SKILLS THEY NEED TO CARE FOR THEIR LOVED

ONES.

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

NEONATAL/ANTENATAL CARE. THE PROGRAM CREATES MORE RESILIENT HEALTH

SYSTEMS, LOWERS PREVENTABLE COMPLICATIONS, LOWERS RE-ADMISSIONS, AND

SIGNICANTLY REDUCES ANXIETY FOR CAREGIVERS. IN 2019, NOORA HEALTH

CONTINUED TO EXPAND INTO THE PUBLIC HOSPITAL SYSTEM AND PARTNER CLOSELY

WITH GOVERNMENTS, MOST RECENTLY IN BANGLADESH, TO REACH THOSE PATIENTS

WHO ARE MOST AT-RISK.

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

THE FORM 990 WAS PREPARED BY OUTSIDE TAX ACCOUNTANTS. THE GOVERNING BODY

WAS GIVEN A COPY OF THE FORM 990 FOR THEM TO REVIEW AND APPROVE BEFORE IT

WAS FILED WITH IRS.

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

AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST

AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE

DIRECTORS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL

FACTS, THE INTERESTED PERSON WILL LEAVE THE BOARD MEETING WHILE THE

DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE

REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE

CHAIRPERSON OF THE BOARD SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization **Employer identification number** 46-4746592 NOORA HEALTH PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING CONFLICT OF INTEREST, THE BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER TRANSACTION OF ARRANGEMENT IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE AN INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE INTERESTED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE INTERESTED PERSON AN OPPORTUNITY TO EXPLAIN ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE INTERESTED PERSON'S RESPONSE AND MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD DETERMINES THE INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. FORM 990, PART VI, SECTION B, LINE 15: THE DETERMINATION OF THE REASONABLENESS SHALL BE BASED UPON INFORMATION ABOUT COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR SIMILAR SERVICES. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENT WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Name of the organization NOORA HEALTH	Employer identification number 46-4746592
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	17,159.
MANAGEMENT AND GENERAL EXPENSES	85,631.
FUNDRAISING EXPENSES	626.
TOTAL EXPENSES	103,416.
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	26,865.
MANAGEMENT AND GENERAL EXPENSES	134,069.
FUNDRAISING EXPENSES	980.
TOTAL EXPENSES	161,914.
AURORA HEALTH:	
PROGRAM SERVICE EXPENSES	1,036,438.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,036,438.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,301,768.
FORM 990, PART XII, LINE 2C	
THE FINANCIAL STATEMENTS SHALL BE AUDITED BY AN INDEPENDEN	NT CERTIFIED
PUBLIC ACCOUNTANT, IN CONFORMITY WITH GENERALLY ACCEPTED A	ACCOUNTING
STANDARDS, UNDER SUPERVISION OF THE AUDIT COMMITTEE.	

2019 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
	MACHINERY & EQUIPMENT														
1	MACBOOK PRO	07/24/17	SL	5.00	1	16	3,081.				3,081.	887.		616.	1,503.
2	MACBOOK PRO	10/24/17	SL	5.00	[16	4,171.				4,171.	990.		834.	1,824.
3	APPLE EQUIPMENT	06/22/18	SL	5.00		16	2,752.				2,752.	275.		550.	825.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						10,004.				10,004.	2,152.		2,000.	4,152.
	* GRAND TOTAL 990 PAGE 10 DEPR						10,004.				10,004.	2,152.		2,000.	4,152.

928111 04-01-19

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print NOORA HEALTH 46-4746592 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 2443 FILLMORE ST. 380-3203 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94115 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 SMARTER GOOD INC. The books are in the care of ► 180 19TH AVE - SAN FRANCISCO, CA 94118 Telephone No. ► 415-871-0852 Fax No. ● If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

| Initial return

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Change in accounting period

any nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2020)

0.

| Final return

3b

TAXABLE YEAR 2019

California Exempt Organization Annual Information Return

928941 12-04-19 FORM

199

Calendar Yea	2019 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/d	dd/yyyy	')					
Corporation/O	ganization name	California corporation number						
NOORA	HEALTH	3	3642	<u>548</u>				
Additional info	mation. See instructions.	FEIN						
			16-4	746	<u>592</u>			
	(suite or room)		PMB no.					
	ILLMORE ST. 380-3203		ZIP code					
CAN ED			9411	_				
Foreign countr			Foreign p					
r oreign count	To organ province/state/county		r oreign p	ostar co	ac			
A First Ret	urn Yes X No J If exempt under R&TC Section	n 2370	1d has t	he oro	 vanization			
B Amende	I Return Yes X No engaged in political activities?					No		
	ion 4947(a)(1) trust Yes X No K Is the organization exempt un							
	rmation Return? If "Yes," enter the gross receip							
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If Organization is a public Chai	rity exe	mpt und	er R&	TC			
	(mm/dd/yyyy) • Section 23701d and meets the	e filing	fee exce	ption,	check			
	counting method: (1) Cash (2) $\overline{\mathbf{X}}$ Accrual (3) Other box. No filing fee is required .							
	eturn filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Is the organization a Limited L	_iability	Compai	ny ?	• Yes X	No		
	Other 990 series N Did the organization file Form					- 1		
	group filing? See instructions Yes X No report taxable income?					No		
	ganization in a group exemption Yes X No 0 Is the organization under audi					No		
ii yes, v	vhat is the parent's name? IRS audited in a prior year? P Is federal Form 1023/1024 pe							
I Did the c	rganization have any changes to its guidelines Date filed with IRS				163 _23	L INU		
	ted to the FTB? See instructions							
	Complete Part I unless not required to file this form. See General Information B and C.							
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	6,80	2 00		
	Gross dues and assessments from members and affiliates			2		00		
Receipts	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	MT	1•	3	3,532,39			
and	This line must be completed. If the result is less than \$50,000, see General Information B			4	3,539,19	4 00		
Revenues	5 Cost of goods sold • 5		00					
	6 Cost or other basis, and sales expenses of assets sold • 6		00	_ 1				
	7 Total costs. Add line 5 and line 6			7	3,539,19	00		
	8 Total gross income. Subtract line 7 from line 4		_	8 9	2,523,43			
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	1,015,76	$\overline{}$		
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Total payments			11	1,013,70	00		
	12 Use tax. See General Information K			12		00		
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13		00		
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		_	14		00		
	15 Filing fee \$10 or \$25. See General Information F			15	1	0 00		
	16 Penalties and Interest. See General Information J			16		00		
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	od to the	best of m	17	adde and belief	0 00		
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	as any ki	nowledge.	y KIIOWI	sage and belief,			
Here	Signature Signat	Date /	13 / 20	020	Telephone			
	of officer Date				● PTIN			
	Preparer's TOACANT EEDDINAND TAGUTOMA 11/12/20	Check if self-emp			P01883604			
Daid		Sen-emp	oloyed -	•	● Firm's FEIN			
Paid Preparer's	Firm's name (or yours, SCRUBBED.NET, LLC				45-4572670			
Use Only	if self- employed) 388 MARKET STREET SUITE 1300				• Telephone			
500 Omy	and address SAN FRANCISCO, CA 94111				415-994-203	6		
	May the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	No No			
-								

022

3651194

Form 199 2019 Side 1

NOORA HEALTH

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

928951	12-04-19

		1	Gross sales or receipts from all bu	isiness ad	tivities. See instru	ctions		•	1			00
		2	Interest						2		6,441	. 00
		3	Dividends						3			00
Recei	nts	4	Gross rents					_	4			00
from	'	5	Gross royalties						5			00
Other		6	Gross amount received from sale	of assets	(See Instructions)			•	6			00
Source		7	Other income	01 433013	(Occ manachons)		SEE STA	TEMENT 2 •	7		361	
Outio	"	8	Total gross sales or receipts from	other so	urcae Add lina 1 tl	hrough lin	o 7 Enter here and o	n Side 1 Part I line 1	8		6,802	
		9	Contributions, gifts, grants, and si			-			9		0,002	00
		10	Disbursements to or for members						10			00
		11	Compensation of officers, director	TEMENT 3 •	11		195,319					
		12	Other salaries and wages	•	12		346,693					
Expen		13							13			00
and	1363	14	Interest						14		29,432	
Disbu		15	Taxes						15		3,123	
		16	Rents	otruotion	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰				16		2,000	
ments	'	17	Depreciation and depletion (See in Other Expenses and Disbursemen	isti uction to	8)		CFF CTA	TEMENT 4	17		1,946,865	
			Total expenses and disbursement	lS			ore and an Cide 1 De	rt Lling 0	18		2,523,432	
Sch	اللم		Balance Sheet	s. Auu IIII	Beginning of				of tax			100
		CL	Dalalice Silect			I LAXADIE S	(b)			abic y		
Asset			-		(a)		2,427,303	(c)		•	(d) 3,607,5	10
1 C			n rangiughla				2,427,505			•	3,001,3	40
			s receivable							•		—
			ceivable							•		—
			etata gayaramant ahligationa							•		
			state government obligations							•		
			in other bonds							•		
			in stock							•		
	lortga	-								•		
			ments		10,004			10,0	0.4	•		
IU a	Debi	COOL	le assets		2,152		7,852				5,8	5.2
			mulated depreciation		2,132	1	1,052	4,13	_ /	•		<u> </u>
11 L	allu		STMT 5				108,287			•	11,7	20
							2,543,442			•	3,625,1	21
							2,343,442				3,023,1	
			et worth				161,478			•	227,3	9.5
			yable				101,470			•		<u> </u>
			s, gifts, or grants payable							•		
			otes payable							•		
			ayable							•		
			es							•		
			or principal fund							•		
			tal surplus. Attach reconciliation				2,381,964			•	3,397,7	26
			nings or income fund				$\frac{2,501,904}{2,543,442}$			•	3,625,1	21
Sch			ies and net worth			_	2,343,442				3,023,1	
	euui	C IV	I-1 Reconciliation of income per Do not complete this schedu		mount on Schedu	le L, line	13, column (d), is les	s than \$50,000.				
1 N	et inc	ome p	oer books	•	1,015,	762	7 Income recorded	on books this year				
			me tax				not included in th	is return		•		
			pital losses over capital gains				8 Deductions in this	s return not charged				
4 Ir	ncome	not r	recorded on books this year				against book inco	ome this year		•		
5 E	xpens	es red	corded on books this year not				9 Total. Add line 7	and line 8				
d	educte	ed in t	this return	•			Net income per re	eturn.				
6 T	otal. A	dd lir	ne 1 through line 5		1,015,	762	Subtract line 9 fro	om line 6			1,015,7	62
			<u> </u>									

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	SI	ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
			195,000.
			200,000.
			200,000.
			186,827.
			50,000.
			50,611.
			100,000.
			151,600.
			5,000.
			150,000.
			30,000.
			200,000.

2,000,000.

TOTAL INCLUDED ON LINE 3

3,519,038.

CA 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER INCOME		361.
TOTAL TO FORM 199, PART II, L	JINE 7	361.

CA 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
EDITH ELLIOTT QUEENY 2443 FILLMORE ST. 380-3203 SAN FRANCISCO, CA 94115	CEO AND CO-FOUNDER 40.00	95,319.
ANN KIM 2443 FILLMORE ST. 380-3203 SAN FRANCISCO, CA 94115	BOARD MEMBER 0.50	0.
IQBAL DHALIWAL 2443 FILLMORE ST. 380-3203 SAN FRANCISCO, CA 94115	BOARD MEMBER 0.50	0.
KATE COURTEAU 2443 FILLMORE ST. 380-3203 SAN FRANCISCO, CA 94115	BOARD MEMBER 0.50	0.
KATHY DYER 2443 FILLMORE ST. 380-3203 SAN FRANCISCO, CA 94115	BOARD MEMBER 0.50	0.
SHAHED ALAM 2443 FILLMORE ST. 380-3203 SAN FRANCISCO, CA 94115	PRESIDENT 40.00	100,000.
AJAY SONDHI 2443 FILLMORE ST. 380-3203 SAN FRANCISCO, CA 94115	BOARD MEMBER 0.50	0.
REBECCA WEINTRAUB 2443 FILLMORE ST. 380-3203 SAN FRANCISCO, CA 94115	BOARD MEMBER 0.50	0.
TOTAL TO FORM 199, PART II, LINE 11		195,319.

CA 199 OTHER EXPENSE	S	STATEMENT 4
DESCRIPTION		AMOUNT
RESEARCH		203,042.
DIRECT PROGRAM SERVICE		193,380.
MEALS		15,927.
TRAININGS		7,723.
LEGAL FEES		242.
ACCOUNTING FEES		28,219.
OTHER PROFESSIONAL FEES		1,301,768.
ADVERTISING AND PROMOTION		23,411.
OFFICE EXPENSES		23,026.
INFORMATION TECHNOLOGY		37,656.
TRAVEL		94,286.
CONFERENCES AND CONVENTIONS		1,873.
INSURANCE		2,737.
ALL OTHER EXPENSES		13,575.
TOTAL TO FORM 199, PART II, LINE 17		1,946,865.
CA 199 OTHER ASSETS		STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSIT	0.	0.
PROGRAM RECEIVABLES	0.	0.
OTHER ASSETS	0.	0.
PLEDGES AND GRANTS RECEIVABLE	102,112.	2,112.
PREPAID EXPENSES AND DEFERRED CHARGES	972.	4,414.
SECURITY DEPOSIT	5,203.	5,203.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	108,287.	11,729.
CA 199 FUND BALANCE	S	STATEMENT 6
		END OF YEAR
DESCRIPTION	BEG. OF YEAR	END OF TEAK
DESCRIPTION	2,381,964.	3,397,726.

Corporation Depreciation and Amortization TAXABLE YEAR **CALIFORNIA FORM** FORM 199 FEIN 46-4746592 Attach to Form 100 or Form 100W. Corporation name California corporation number 3642548 NOORA HEALTH Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-(a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (a) Description of property (b) (c) (g) Depreciation (e) (f) Life or (h) Date acquired Cost or Depreciation allowed or Additional Depreciation (mm/dd/yyyy) other basis allowable in earlier years rate for this year PRO MACBOOK 07/24/17 3,081 886 SL 5.00 616 MACBOOK PRO 10/24/17 4,171 990 SL 5.00 834 APPLE EQUIPMENT 2.752 275 SL 5.00 550 06/22/18 TOTALS 10,004 2,151 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 2,000 See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 16 2,000 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 2,000 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 0 Part IV Amortization (e) R&TC (b) (c) (g) Description of property Date acquired Cost or Amortization allowed or Period or Amortization Section (mm/dd/yyyy) allowable in earlier years for this year other basis percentage (see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21

22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

939281 11-26-19

022 7621194 FTB 3885 2019

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the

5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay

for more information.

939035 11-12-19

_ DETACH HERE _ _ _ _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ _ _ _ _ DETACH HERE _ _ _

CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR Payment Voucher for Corporations

and Exempt Organizations e-filed Returns 2019

CALIFORNIA FORM

3586 (e-file)

000000 NOOR 46-4746592 00000000000 19 FORM 3

TYB 01-01-2019 TYE 12-31-2019

NOORA HEALTH

2443 FILLMORE ST 380-3203 CA 94115 SAN FRANCISCO

(402) 981-0421

Amount of Payment 10.

022 6181196 FTB 3586 2019

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

	Check if:						
NOODA HEALEN	1 —	ange of address					
NOORA HEALTH Name of Organization	Am	ended report					
List all DBAs and names the organization uses or has used							
2443 FILLMORE ST. 380-3203 Address (Number and Street)	State Cha	arity Registration Number $\mathtt{CT} \underline{0207091}$					
SAN FRANCISCO, CA 94115 City or Town, State, and ZIP Code	Corporation or Organization No. 3642548						
4029810421 INFO@NOORAHEALTH.ORG	Federal E	mployer ID No. 46-4746592					
Telephone Number E-mail Address							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departn	_	· · · · · · · · · · · · · · · · · · ·					
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	e			
Less than \$25,000 0 Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$1 :	_ 50			
Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million	ո \$75	Between \$10,000,001 and \$50 million	\$22				
		Greater than \$50 million	\$30	00			
PART A - ACTIVITIES	1.0	10/01/00/0					
For your most recent full accounting period (beginning $\frac{01/01/20}{}$	<u>19</u> end	ling <u>12/31/2019</u>) list:					
2 520 104 11 12 13 14		0	c 1	21			
Gross Annual Revenue \$							
Program Expenses \$2,104,300	Program Expenses \$ 2,104,300 Total Expenses \$ 2,323,432						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD (OF THIS RE	PORT					
Note: All questions must be answered. If you answer "yes" to any of the ques	stions belov	v. vou must attach a separate page					
providing an explanation and details for each "yes" response. Please re			Yes	No			
During this reporting period, were there any contracts, loans, leases or other fi	nancial tran	sactions between the organization					
and any officer, director or trustee thereof, either directly or with an entity in w	hich any suc	ch officer, director or trustee had					
any financial interest?			<u> </u>	X			
During this reporting period, was there any theft, embezzlement, diversion or r or funds?	nisuse of the	e organization's charitable property		х			
3. During this reporting period, were any organization funds used to pay any pen-	alty, fine or	judgment?		x			
4. During this reporting period, were the services of a commercial fundraiser, fundamental fundraiser, fundamental	draising cou	insel for charitable purposes, or					
commercial coventurer used?				X			
5. During this reporting period, did the organization receive any governmental fur	nding?			х			
6. During this reporting period, did the organization hold a raffle for charitable pu	rposes?			Х			
7. Does the organization conduct a vehicle donation program?				X			
Did the organization conduct an independent audit and prepare audited finance generally accepted accounting principles for this reporting period?	cial stateme	nts in accordance with	Х				
At the end of this reporting period, did the organization hold restricted net ass	ets, while re	porting negative unrestricted net assets?		х			
	I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge						
and belief, the content is true, correct and complete, and I am authorized to sign	yıı.	11 / 13 / 2020	n				
EDITH ELLIOTT QUEENY		CEO AND CO-FOUNDER	-				
Signature of Authorized Agent Printed Name		tle Date					