

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning and ending

|  |  |                                      |   |
|--|--|--------------------------------------|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>NOORA HEALTH</b>   |                                      | <b>D</b> Employer identification number<br><b>46-4746592</b>  |
|  | Doing business as  |                                      | <b>E</b> Telephone number<br><b>4029810421</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address)                                 | Room/suite                           | <b>G</b> Gross receipts \$ <b>3,539,194.</b>  |
|  | <b>2443 FILLMORE ST. 380-3203</b>  |                                      | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>SAN FRANCISCO, CA 94115</b> |                                      | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>F</b> Name and address of principal officer: <b>EDITH ELLIOTT QUEENY</b><br><b>18833 WHISPERING TRAIL, TRAVERSE CITY, MI 4</b>  |  | <b>H(c)</b> Group exemption number ▶ |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |                                      |   |
| <b>J</b> Website: ▶ <b>WWW.NOORAHEALTH.ORG</b>   |  |                                      |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |                                      | <b>L</b> Year of formation: <b>2014</b>   |
|  |  |                                      | <b>M</b> State of legal domicile: <b>CA</b>   |

**Part I Summary**

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>                                       |  |                                   |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |                                   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>6</b>                          |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>5</b>                          |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>   | <b>6</b>                          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>0</b>                          |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>                         |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39                     | <b>7b</b>  | <b>0.</b>  |                                   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b><br>1,296,105.  | <b>Current Year</b><br>3,532,392. |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 0.   | 0.                                |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 0.   | 6,441.                            |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 3,671.   | 361.                              |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1,299,776.   | 3,539,194.                        |
|   | <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0.                                |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |  | 0.   | 0.                                |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |  | 374,936.   | 571,444.                          |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |  | 0.   | 0.                                |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>36,829.</b>         |  |  |                                   |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |  | 1,183,577.   | 1,951,988.                        |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 1,558,513.   | 2,523,432.   |                                   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | -258,737.  | 1,015,762.   |                                   |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br>2,543,442.                             | <b>End of Year</b><br>3,625,121.  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 161,478.   | 227,395.                          |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 2,381,964.   | 3,397,726.                        |

**Part II Signature Block**

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

|                               |  |   |                               |   |                          |
|-------------------------------|--|---|-------------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><i>EDITH ELLIOTT QUEENY</i>                              | Date<br><b>11 / 13 / 2020</b>                       |                               |   |                          |
|                               | Type or print name and title<br><b>EDITH ELLIOTT QUEENY, CEO AND CO-FOUNDER</b>  |   |                               |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>ISAGANI FERDINAND LAGUISM</b>                   | Preparer's signature<br><b>ISAGANI FERDINAND LA</b> | Date<br><b>11/12/20</b>       | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01883604</b> |
|                               | Firm's name ▶ <b>SCRUBBED.NET, LLC</b>   | Firm's EIN ▶ <b>45-4572670</b>                      |                               |   |                          |
|                               | Firm's address ▶ <b>388 MARKET STREET SUITE 1300<br/>SAN FRANCISCO, CA 94111</b> |   | Phone no. <b>415-994-2036</b> |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,184,380. including grants of \$ ) (Revenue \$ ) NOORA HEALTH DEVELOPS SYSTEMS TO TRAIN AT-RISK PATIENTS AND THEIR FAMILIES WITH HIGH-IMPACT HEALTH SKILLS TO IMPROVE OUTCOMES AND SAVE LIVES. BY TRAINING 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 \$ )

4e Total program service expenses 2,184,380.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (6), 1b (5), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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







**Part VIII Statement of Revenue**

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

|  |  |  | (A)                  | (B)                                | (C)                        | (D)  |
|--|--|--|----------------------|------------------------------------|----------------------------|--|
|  |  |  | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns  | <b>1a</b>            |                                    |                            |  |
|  | <b>b</b>   | Membership dues  | <b>1b</b>            |                                    |                            |  |
|  | <b>c</b>   | Fundraising events   | <b>1c</b>            |                                    |                            |  |
|  | <b>d</b>   | Related organizations  | <b>1d</b>            |                                    |                            |  |
|  | <b>e</b>   | Government grants (contributions)  | <b>1e</b>            |                                    |                            |  |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 3,532,392.                         |                            |  |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$                                 |                            |  |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f  |                      | 3,532,392.                         |                            |  |
| Program Service Revenue                                | <b>2 a</b>   |  | <b>Business Code</b> |                                    |                            |  |
|  | <b>b</b>   |  |                      |                                    |                            |  |
|  | <b>c</b>   |  |                      |                                    |                            |  |
|  | <b>d</b>   |  |                      |                                    |                            |  |
|  | <b>e</b>   |  |                      |                                    |                            |  |
|  | <b>f</b>   | All other program service revenue  |                      |                                    |                            |  |
|  | <b>g</b>   | <b>Total.</b> Add lines 2a-2f  |                      |                                    |                            |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts)   |                      | 6,441.                             | 6,441.                     |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                             |                      |                                    |                            |  |
|  | <b>5</b>   | Royalties  |                      |                                    |                            |  |
|  | <b>6 a</b>   | Gross rents  | (i) Real             |                                    |                            |  |
|  |  |  | (ii) Personal        |                                    |                            |  |
|  |  |  |                      |                                    |                            |  |
|  | <b>6 b</b>   | Less: rental expenses  |                      |                                    |                            |  |
|  | <b>6 c</b>   | Rental income or (loss)  |                      |                                    |                            |  |
|  | <b>d</b>   | Net rental income or (loss)  |                      |                                    |                            |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                         | (i) Securities       |                                    |                            |  |
|  |  |  | (ii) Other           |                                    |                            |  |
|  |  |  |                      |                                    |                            |  |
|  | <b>7 b</b>   | Less: cost or other basis and sales expenses                                   |                      |                                    |                            |  |
|  | <b>7 c</b>   | Gain or (loss)   |                      |                                    |                            |  |
| <b>d</b>   | Net gain or (loss)   |  |                      |                                    |                            |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 |  |                      |                                    |                            |  |
|  |  |  |                      |                                    |                            |  |
|  |  |  |                      |                                    |                            |  |
| <b>8 b</b>   | Less: direct expenses  |  |                      |                                    |                            |  |
| <b>c</b>   | Net income or (loss) from fundraising events   |  |                      |                                    |                            |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19  |  |                      |                                    |                            |  |
|  |  |  |                      |                                    |                            |  |
|  |  |  |                      |                                    |                            |  |
| <b>9 b</b>   | Less: direct expenses  |  |                      |                                    |                            |  |
| <b>c</b>   | Net income or (loss) from gaming activities  |  |                      |                                    |                            |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances  |  |                      |                                    |                            |  |
|  |  |  |                      |                                    |                            |  |
|  |  |  |                      |                                    |                            |  |
| <b>10 b</b>  | Less: cost of goods sold   |  |                      |                                    |                            |  |
| <b>c</b>   | Net income or (loss) from sales of inventory   |  |                      |                                    |                            |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  | <b>OTHER INCOME</b>  | <b>Business Code</b> | 541900                             | 361.                       | 361.   |
|  | <b>b</b>   |  |                      |                                    |                            |  |
|  | <b>c</b>   |  |                      |                                    |                            |  |
|  | <b>d</b>   | All other revenue  |                      |                                    |                            |  |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d  |                      |                                    | 361.                       |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions   |  |                      | 3,539,194.                         | 6,802.                     | 0.   |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 195,319.              | 175,746.                        | 12,547.                                | 7,026.                      |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 346,693.              | 311,950.                        | 22,271.                                | 12,472.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits .....  |                       |                                 |  |                             |
| <b>10</b> Payroll taxes .....   | 29,432.               | 26,479.                         | 1,482.                                 | 1,471.                      |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 242.                  | 40.                             | 201.                                   | 1.                          |
| <b>c</b> Accounting .....   | 28,219.               | 4,682.                          | 23,366.                                | 171.                        |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 1,301,768.            | 1,080,462.                      | 219,700.                               | 1,606.                      |
| <b>12</b> Advertising and promotion .....   | 23,411.               | 23,411.                         |  |                             |
| <b>13</b> Office expenses .....   | 23,026.               | 8,740.                          | 13,954.                                | 332.                        |
| <b>14</b> Information technology .....  | 37,656.               | 37,647.                         | 9.                                     |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 3,123.                | 1,918.                          |  | 1,205.                      |
| <b>17</b> Travel .....  | 94,286.               | 86,105.                         | 3,383.                                 | 4,798.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 1,873.                | 780.                            |  | 1,093.                      |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 2,000.                |                                 | 2,000.                                 |                             |
| <b>23</b> Insurance .....   | 2,737.                |                                 | 2,737.                                 |                             |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> RESEARCH   | 203,042.              | 203,042.                        |  |                             |
| <b>b</b> DIRECT PROGRAM SERVICE   | 193,380.              | 193,380.                        |  |                             |
| <b>c</b> MEALS  | 15,927.               | 15,435.                         |  | 492.                        |
| <b>d</b> TRAININGS  | 7,723.                | 7,723.                          |  |                             |
| <b>e</b> All other expenses   | 13,575.               | 6,840.                          | 573.                                   | 6,162.                      |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 2,523,432.            | 2,184,380.                      | 302,223.                               | 36,829.                     |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)   |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 2,427,303.               | <b>1</b>   | 3,607,540.         |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>   |                    |
|   | <b>3</b> Pledges and grants receivable, net .....  | 102,112.                 | <b>3</b>   | 2,112.             |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>   |                    |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 972.                     | <b>9</b>   | 4,414.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 10,004.       |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 4,152.        | <b>10c</b> | 5,852.             |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>  |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 5,203.                   | <b>15</b>  | 5,203.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 2,543,442.   | <b>16</b>                | 3,625,121. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 161,478.                 | <b>17</b>  | 227,395.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other 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 .....     |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b>  |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 161,478.                 | <b>26</b>  | 227,395.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 2,381,964.               | <b>27</b>  | 3,397,726.         |
|   | <b>28</b> Net assets with donor restrictions .....   |                          | <b>28</b>  |                    |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 2,381,964.               | <b>32</b>  | 3,397,726.         |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 2,543,442.               | <b>33</b>  | 3,625,121.         |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 3,539,194. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 2,523,432. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,015,762. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 2,381,964. |
| 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 | 3,397,726. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 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? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

Form 990 (2019)



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 745,320. | 1607712. | 2214322. | 1296105. | 3532392. | 9395851.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 745,320. | 1607712. | 2214322. | 1296105. | 3532392. | 9395851.  |
| <b>5</b> 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.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 3406074.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....   | 745,320. | 1607712. | 2214322. | 1296105. | 3532392. | 9395851.  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          | 6,441.   | 6,441.    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                              |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |          |          |          | 3,671.   | 361.     | 4,032.    |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 9406324.  |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |           |

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) ..... | <b>14</b> | 36.21 % |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....                       | <b>15</b> | %       |

**16a 33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**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 |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (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 |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? <i>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.</i> |     |    |
| <b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

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

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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? <i>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.</i> | Yes | No |
| <b>b</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? <i>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.</i>  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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? <i>Provide details in Part VI.</i>  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by line 9 amount  |                     |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2019</b> | <b>(iii)<br/>Distributable<br/>Amount for 2019</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2019   |                                     |   |  |
| <b>a</b> From 2014   |                                     |   |  |
| <b>b</b> From 2015   |                                     |   |  |
| <b>c</b> From 2016   |                                     |   |  |
| <b>d</b> From 2017   |                                     |   |  |
| <b>e</b> From 2018   |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2019 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2019 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2019 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2015  |                                     |   |  |
| <b>b</b> Excess from 2016  |                                     |   |  |
| <b>c</b> Excess from 2017  |                                     |   |  |
| <b>d</b> Excess from 2018  |                                     |   |  |
| <b>e</b> Excess from 2019  |                                     |   |  |

**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.)

Multiple horizontal lines for supplemental information.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

NOORA HEALTH

Employer identification number

46-4746592

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |   |
|---|---|
| Name of organization<br><br><b>NOORA HEALTH</b> | Employer identification number<br><br><b>46-4746592</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 80%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 30%;"></div> | \$ 195,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 20%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 70%;"></div> | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <div style="background-color: #cccccc; height: 15px; width: 25%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 60%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 75%;"></div>  | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <div style="background-color: #cccccc; height: 15px; width: 35%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 85%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 95%;"></div>  | \$ 186,827.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 60%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 80%;"></div> | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <div style="background-color: #cccccc; height: 15px; width: 25%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 50%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 65%;"></div>  | \$ 50,611.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>NOORA HEALTH</b> | Employer identification number<br><br><b>46-4746592</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> | \$ 151,600.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> | \$ 150,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> | \$ 30,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>NOORA HEALTH</b> | Employer identification number<br><br><b>46-4746592</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 13         | <div style="background-color: #cccccc; height: 15px; width: 100%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 15%; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; height: 15px; width: 80%;"></div> | \$ 2,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/> <hr/>   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|   |   |
|---|---|
| Name of organization<br><br><b>NOORA HEALTH</b> | Employer identification number<br><br><b>46-4746592</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><b>NOORA HEALTH</b> | Employer identification number<br><b>46-4746592</b> |
|---|---|

**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 Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year .....   |                              |                              |
| 2 Aggregate value of contributions to (during year) .....   |                              |                              |
| 3 Aggregate value of grants from (during year) .....  |                              |                              |
| 4 Aggregate value at end of year .....  |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 10,004.                         | 4,152.                       | 5,852.         |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 5,852.         |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes (1) Federal income taxes, rows (2) through (9), and Total.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 3,539,194.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 2,523,432.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

NOORA HEALTH

Employer identification number

46-4746592

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 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? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| SOUTH ASIA  | 0                                   | 0  | FUNDRAISING  |  | 2,825.   |
| SOUTH ASIA  | 0                                   | 0  | PROGRAM SERVICES   | TRAVEL AND LODGING   | 79,975.  |
| SOUTH ASIA  | 0                                   | 0  | PROGRAM SERVICES   | MEASURE AND EVALUATION   | 193,380.   |
| SOUTH ASIA  | 0                                   | 0  | PROGRAM SERVICES   | PROGRAM MANAGEMENT & IMPLEMENTATION  | 3,772.   |
| SOUTH ASIA  | 0                                   | 0  | PROGRAM SERVICES   | CONTENT DEVELOPMENT  | 23,411.  |
| SOUTH ASIA  | 0                                   | 0  | PROGRAM SERVICES   | RESEARCH   | 203,042.   |
| SOUTH ASIA  | 0                                   | 0  | PROGRAM SERVICES   | TECHNOLOGY DEVELOPMENT   | 14,393.  |
| SOUTH ASIA  | 0                                   | 0  | PROGRAM SERVICES   | TRAININGS  | 9,298.   |
| <b>3 a</b> Subtotal .....                               | 0                                   | 0  |  |  | 530,096.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 403,229.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 0  |  |  | 933,325.   |

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

Schedule F (Form 990) 2019

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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.                            |
| SOUTH ASIA          | 0                                   | 0   | PAYROLL  |  | 137,536.                          |
| SOUTH ASIA          | 0                                   | 0   | OTHER MEASURE AND EVALUATION   |  | 7,685.                            |
| SOUTH ASIA          | 0                                   | 0   | OFFICE EXPENSES, BANK FEES, DUES AND SUBSCRIPTION AND OTHER EXPENSES   |  | 16,898.                           |
| 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.                           |
| SOUTH ASIA          | 0                                   | 0   | PROFESSIONAL SERVICES  |  | 173,330.                          |
| SOUTH ASIA          | 0                                   | 0   |  |  |                                   |
| <b>Totals</b> ..... |                                     |   |  |  | 403,229.                          |







Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  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  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  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  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  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  No

Schedule F (Form 990) 2019

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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<br><b>NOORA HEALTH</b> | Employer identification number<br><b>46-4746592</b> |
|---|---|

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<br><b>NOORA HEALTH</b> | Employer identification number<br><b>46-4746592</b> |
|---|---|

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 INDEPENDENT CERTIFIED  
PUBLIC ACCOUNTANT, IN CONFORMITY WITH GENERALLY ACCEPTED ACCOUNTING  
STANDARDS, UNDER SUPERVISION OF THE AUDIT COMMITTEE.





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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://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 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](http://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.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>NOORA HEALTH</b>                                       | Taxpayer identification number (TIN)<br><b>46-4746592</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>2443 FILLMORE ST. 380-3203</b>                |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SAN FRANCISCO, CA 94115</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | 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.

**1** 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:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> 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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**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.

# California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **NOORA HEALTH** California corporation number: **3642548**

Additional information. See instructions. FEIN: **46-4746592**

Street address (suite or room): **2443 FILLMORE ST. 380-3203** PMB no. \_\_\_\_\_

City: **SAN FRANCISCO** State: **CA** ZIP code: **94115**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No


**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

|                              |    |  |    |           |    |
|------------------------------|----|--|----|-----------|----|
| <b>Receipts and Revenues</b> | 1  | Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 6,802     | 00 |
|                              | 2  | Gross dues and assessments from members and affiliates   | 2  |           | 00 |
|                              | 3  | Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>   | 3  | 3,532,392 | 00 |
|                              | 4  | 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 | 4  | 3,539,194 | 00 |
|                              | 5  | Cost of goods sold   | 5  |           | 00 |
|                              | 6  | Cost or other basis, and sales expenses of assets sold   | 6  |           | 00 |
|                              | 7  | Total costs. Add line 5 and line 6   | 7  |           | 00 |
|                              | 8  | Total gross income. Subtract line 7 from line 4  | 8  | 3,539,194 | 00 |
| <b>Expenses</b>              | 9  | Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 2,523,432 | 00 |
|                              | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | 10 | 1,015,762 | 00 |
| <b>Filing Fee</b>            | 11 | Total payments   | 11 |           | 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 |
|                              | 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 | 10        | 00 |
|                              | 16 | Penalties and Interest. See General Information J  | 16 |           | 00 |
|                              | 17 | <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result   | 17 | 10        | 00 |

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

Signature of officer:  Title: **CEO AND CO-FOU** Date: **11/13/2020** Telephone: \_\_\_\_\_

Preparer's signature: **ISAGANI FERDINAND LAGUISMA** Date: **11/12/20** Check if self-employed:  PTIN: **P01883604**

Firm's name (or yours, if self-employed) and address: **SCRUBBED.NET, LLC** Telephone: **45-4572670**  
**388 MARKET STREET SUITE 1300**  
**SAN FRANCISCO, CA 94111** Telephone: **415-994-2036**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**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

|                                    |                                   |  |   |    |                 |                 |              |
|------------------------------------|-----------------------------------|--|---|----|-----------------|-----------------|--------------|
| <b>Receipts from Other Sources</b> | 1                                 | Gross sales or receipts from all business activities. See instructions   | •   | 1  |                 | 00              |              |
|                                    | 2                                 | Interest   | •   | 2  | 6,441           | 00              |              |
|                                    | 3                                 | Dividends  | •   | 3  |                 | 00              |              |
|                                    | 4                                 | Gross rents  | •   | 4  |                 | 00              |              |
|                                    | 5                                 | Gross royalties  | •   | 5  |                 | 00              |              |
|                                    | 6                                 | Gross amount received from sale of assets (See Instructions)   | •   | 6  |                 | 00              |              |
|                                    | 7                                 | Other income   | •   | 7  | SEE STATEMENT 2 | 361 00          |              |
|                                    | 8                                 | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | •   | 8  | 6,802           | 00              |              |
|                                    | 9                                 | Contributions, gifts, grants, and similar amounts paid   | •   | 9  |                 | 00              |              |
|                                    | 10                                | Disbursements to or for members  | •   | 10 |                 | 00              |              |
|                                    | 11                                | Compensation of officers, directors, and trustees  | •   | 11 | SEE STATEMENT 3 | 195,319 00      |              |
|                                    | 12                                | Other salaries and wages   | •   | 12 | 346,693         | 00              |              |
|                                    | <b>Expenses and Disbursements</b> | 13   | Interest  | •  | 13              |                 | 00           |
|                                    |                                   | 14   | Taxes   | •  | 14              | 29,432          | 00           |
|                                    |                                   | 15   | Rents   | •  | 15              | 3,123           | 00           |
|                                    |                                   | 16   | Depreciation and depletion (See instructions)   | •  | 16              | 2,000           | 00           |
|                                    |                                   | 17   | Other Expenses and Disbursements  | •  | 17              | SEE STATEMENT 4 | 1,946,865 00 |
|                                    |                                   | 18   | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | •  | 18              | 2,523,432       | 00           |

| Schedule L Balance Sheet                             | Beginning of taxable year |           | End of taxable year |             |
|--|---------------------------|-----------|---------------------|-------------|
|  | (a)                       | (b)       | (c)                 | (d)         |
| <b>Assets</b>  |                           |           |                     |             |
| 1 Cash   |                           | 2,427,303 |                     | • 3,607,540 |
| 2 Net accounts receivable                            |                           |           |                     | •           |
| 3 Net notes receivable                               |                           |           |                     | •           |
| 4 Inventories  |                           |           |                     | •           |
| 5 Federal and state government obligations           |                           |           |                     | •           |
| 6 Investments in other bonds                         |                           |           |                     | •           |
| 7 Investments in stock                               |                           |           |                     | •           |
| 8 Mortgage loans                                     |                           |           |                     | •           |
| 9 Other investments                                  |                           |           |                     | •           |
| 10 a Depreciable assets                              | 10,004                    |           | 10,004              |             |
| b Less accumulated depreciation                      | ( 2,152 )                 | 7,852     | ( 4,152 )           | 5,852       |
| 11 Land  |                           |           |                     | •           |
| 12 Other assets                                      |                           | 108,287   |                     | • 11,729    |
| 13 <b>Total assets</b>                               |                           | 2,543,442 |                     | 3,625,121   |
| <b>Liabilities and net worth</b>                     |                           |           |                     |             |
| 14 Accounts payable                                  |                           | 161,478   |                     | • 227,395   |
| 15 Contributions, gifts, or grants payable           |                           |           |                     | •           |
| 16 Bonds and notes payable                           |                           |           |                     | •           |
| 17 Mortgages payable                                 |                           |           |                     | •           |
| 18 Other liabilities                                 |                           |           |                     |             |
| 19 Capital stock or principal fund                   |                           |           |                     | •           |
| 20 Paid-in or capital surplus. Attach reconciliation |                           |           |                     | •           |
| 21 Retained earnings or income fund                  |                           | 2,381,964 |                     | • 3,397,726 |
| 22 <b>Total liabilities and net worth</b>            |                           | 2,543,442 |                     | 3,625,121   |

**Schedule M-1** Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

|  |             |   |           |
|--|-------------|---|-----------|
| 1 Net income per books   | • 1,015,762 | 7 Income recorded on books this year not included in this return      | •         |
| 2 Federal income tax   | •           | 8 Deductions in this return not charged against book income this year | •         |
| 3 Excess of capital losses over capital gains                      | •           | 9 Total. Add line 7 and line 8  |           |
| 4 Income not recorded on books this year                           | •           | 10 Net income per return.   |           |
| 5 Expenses recorded on books this year not deducted in this return | •           | Subtract line 9 from line 6   | 1,015,762 |
| 6 Total. Add line 1 through line 5                                 | 1,015,762   |   |           |

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT   |
|--------------------|-----------------------|--------------|----------|
| [REDACTED]         | [REDACTED]            |              | 195,000. |
| [REDACTED]         | [REDACTED]            |              | 200,000. |
| [REDACTED]         | [REDACTED]            |              | 200,000. |
| [REDACTED]         | [REDACTED]            |              | 186,827. |
| [REDACTED]         | [REDACTED]            |              | 50,000.  |
| [REDACTED]         | [REDACTED]            |              | 50,611.  |
| [REDACTED]         | [REDACTED]            |              | 100,000. |
| [REDACTED]         | [REDACTED]            |              | 151,600. |
| [REDACTED]         | [REDACTED]            |              | 5,000.   |
| [REDACTED]         | [REDACTED]            |              | 150,000. |
| [REDACTED]         | [REDACTED]            |              | 30,000.  |
| [REDACTED]         | [REDACTED]            |              | 200,000. |

NOORA HEALTH

46-4746592



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, LINE 7

361.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT 3

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

| CA 199                              | OTHER EXPENSES | 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 BALANCES | STATEMENT 6  |             |
|--|---------------|--------------|-------------|
| DESCRIPTION                            |               | BEG. OF YEAR | END OF YEAR |
| NET ASSETS WITHOUT DONOR RESTRICTIONS  |               | 2,381,964.   | 3,397,726.  |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 |               | 2,381,964.   | 3,397,726.  |

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 46-4746592**

Corporation name

California corporation number

**NOORA HEALTH**

**3642548**

**Part I Election To Expense Certain Property Under IRC Section 179**

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum deduction under IRC Section 179 for California .....  | 1                            | \$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  | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....     | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property (elected IRC Section 179 cost) .....  | 7                            |                  |
| 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 <b>smaller</b> 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 | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12 .....                 | 13                           |                  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| (a)<br>Description of property | (b)<br>Date acquired<br>(mm/dd/yyyy)  | (c)<br>Cost or<br>other basis | (d)<br>Depreciation allowed or<br>allowable in earlier years | (e)<br>Depreciation<br>method | (f)<br>Life or<br>rate | (g)<br>Depreciation<br>for this year | (h)<br>Additional<br>first year<br>depreciation |
|--------------------------------|---|-------------------------------|--|-------------------------------|------------------------|--------------------------------------|---|
| 14 1 MACBOOK PRO               | 07/24/17  | 3,081                         | 886  | SL                            | 5.00                   | 616                                  |   |
| 2 MACBOOK PRO                  | 10/24/17  | 4,171                         | 990  | SL                            | 5.00                   | 834                                  |   |
| 3 APPLE EQUIPMENT              | 06/22/18  | 2,752                         | 275  | SL                            | 5.00                   | 550                                  |   |
| <b>TOTALS</b>                  |   | <b>10,004</b>                 | <b>2,151</b>   |                               |                        |                                      |   |
| 15                             | Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.<br>See instructions for line 14, column (h) ..... | 15                            |  |                               |                        | <b>2,000</b>                         |   |

**Part III Summary**

|    |   |    |              |
|----|---|----|--------------|
| 16 | Total: If the corporation is electing:<br>IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or<br>Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or<br>Depreciation (if no election is made), enter the amount from line 15, column (g) .....  | 16 | <b>2,000</b> |
| 17 | Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....   | 17 | <b>2,000</b> |
| 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.<br>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<br>amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) ..... | 18 | <b>0</b>     |

**Part IV Amortization**

| (a)<br>Description of property | (b)<br>Date acquired<br>(mm/dd/yyyy)   | (c)<br>Cost or<br>other basis | (d)<br>Amortization allowed or<br>allowable in earlier years | (e)<br>R&TC<br>Section<br>(see instructions) | (f)<br>Period or<br>percentage | (g)<br>Amortization<br>for this year |
|--------------------------------|--|-------------------------------|--|--|--------------------------------|--------------------------------------|
| 19                             |  |                               |  |  |                                |                                      |
| 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,<br>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 ..... | 22                            |  |  |                                |                                      |



**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](http://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 **2019** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM  
**3586 (e-file)**

0000000 NOOR 46-4746592 000000000000 19 FORM 3  
TYB 01-01-2019 TYE 12-31-2019  
NOORA HEALTH

2443 FILLMORE ST 380-3203  
SAN FRANCISCO CA 94115

(402) 981-0421

Amount of Payment 10.

022

6181196

FTB 3586 2019

**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.

(For Registry Use Only)

|  |  |
|--|--|
| <p><u>NOORA HEALTH</u><br/>         Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>2443 FILLMORE ST. 380-3203</u><br/>         Address (Number and Street)</p> <p><u>SAN FRANCISCO, CA 94115</u><br/>         City or Town, State, and ZIP Code</p> <p><u>4029810421</u>      <u>INFO@NOORAHEALTH.ORG</u><br/>         Telephone Number      E-mail Address</p> | <p>Check if:<br/> <input type="checkbox"/> Change of address<br/> <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT0207091</u></p> <p>Corporation or Organization No. <u>3642548</u></p> <p>Federal Employer ID No. <u>46-4746592</u></p> |
|--|--|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Department of Justice

| Gross Annual Revenue           | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2019 ending 12/31/2019 ) list:

Gross Annual Revenue \$ 3,539,194 Noncash Contributions \$ 0 Total Assets \$ 3,625,121  
 Program Expenses \$ 2,184,380 Total Expenses \$ 2,523,432


**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

|  | Yes | No |
|--|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? |     | X  |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?  |     | X  |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?  |     | X  |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?   |     | X  |
| 5. During this reporting period, did the organization receive any governmental funding?  |     | X  |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes?   |     | X  |
| 7. Does the organization conduct a vehicle donation program?   |     | X  |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?   | X   |    |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?   |     | X  |

**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.**

11 / 13 / 2020

|  |   |                                    |      |
|--|---|------------------------------------|------|
| <br>Signature of Authorized Agent | <b>EDITH ELLIOTT QUEENY</b><br>Printed Name | <b>CEO AND CO-FOUNDER</b><br>Title | Date |
|--|---|------------------------------------|------|