** PUBLIC DISCLOSURE COPY **

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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.

Inspection

OMB No. 1545-0047

Department of the Treasury

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

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change NOORA HEALTH Name change 46-4746592 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 402-981-0421 2443 FILLMORE ST. 380-3203 termin-ated 6,231,273. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended SAN FRANCISCO, CA 94115 H(a) Is this a group return Applica-F Name and address of principal officer: NIRA JETHANI Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.NOORAHEALTH.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 2014 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: NOORA HEALTH'S MISSION IS TO Activities & Governance IMPROVE OUTCOMES AND SAVE LIVES OF AT-RISK PATIENTS BY EMPOWERING oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>12</u> 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 8,079,546. 4,563,396. Contributions and grants (Part VIII, line 1h) Revenue Ō. Program service revenue (Part VIII, line 2g) 440,691. 1,645,669. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 79. 22,208. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,231,273. 8,520,316 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 5,018,642. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,607,964. 2,019,156. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 6,612,890. 3,780,364. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,220,854. 10,818,162. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -4,586,889. 299,462. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 47,829,815. 52,383,968. 20 Total assets (Part X, line 16) 574,444. 607,180. 21 Total liabilities (Part X, line 26) 47,222,635. 51,809,524**.** Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign NIRA JETHANI, CFO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature if self-employed SHEBA B. DALANEY SHEBA B. DALANEY 11/15/24 P00351252 Paid ABBOTT, STRINGHAM & LYNCH Firm's EIN 77-0051130 Preparer Firm's name Firm's address 1901 S BASCOM AVE STE 105 Use Only Phone no. (408)377-8700 CAMPBELL, CA 95008

X Yes

Forn	m 990 (2023) NOORA HEALTH	46-4746592 Page 2
Pa	art III Statement of Program Service Accomplishments	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: NOORA HEALTH'S MISSION IS TO IMPROVE OUTCOMES AND SAY	
	AT-RISK PATIENTS BY EMPOWERING FAMILY CAREGIVERS WITH	
	NEED TO CARE FOR THEIR LOVED ONES.	THE SKILLS THEI
	MEED TO CARE FOR THEIR BOVED ONED:	
_		h
2	Did the organization undertake any significant program services during the year which were not listed on t	
	prior Form 990 or 990-EZ?	Yes A No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses, and
	revenue, if any, for each program service reported.	
4a		
	NOORA HEALTH DEVELOPS CONTENT AND SYSTEMS TO TRAIN AT	-RISK PATIENTS AND
	THEIR FAMILIES WITH HIGH-IMPACT HEALTH SKILLS TO IMPE	ROVE OUTCOMES AND
	SAVE LIVES. SINCE ITS FOUNDING IN 2014, THE NOORA HEA	LTH PROGRAM
	IMPLEMENTED THE CARE COMPANION PROGRAM (CCP) IN 10,93	
	INCLUDED 10,088 CLINICS AND 849 HOSPITALS REACHING 5.	
	CAREGIVERS CUMULATIVELY. THE PROGRAM IS RUNNING IN IN	
	AND INDONESIA WITH CONTENT AVAILABLE FOR POST-SURGICA	
	ONCOLOGY, NEONATAL/ANTENATAL CARE, AND TUBERCULOSIS.	
	CREATES MORE RESILIENT HEALTH SYSTEMS, LOWERS PREVENT	
	COMPLICATIONS, LOWERS RE-ADMISSIONS, AND SIGNIFICANTI	
	FOR CARGIVERS.	I REDUCED ANXIETT
	FOR CARGIVERS.	
415		(-
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 \$ Total program service expenses 10,137,103.)

Form 990 (2023) NOORA HEALTH Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u>-</u> -
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ ₃₂
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) NOORA HEALTH Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		7.7	
	Schedule J	23	Х	-
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			_ v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.0			
	filed for the calendar year ending with or within the year covered by this return	12		77	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		
D	If "Yes," enter the name of the foreign country				
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		Eo.		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		- Ou		
~	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	ne pavor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	ŀ			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi	ired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1	098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	, , , , , , , , , , , , , , , , , , , ,		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
D	· · · · · · · · · · · · · · · · · · ·				
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	•	IZU		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	•	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

NOORA HEALTH Form 990 (2023) 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 5 **b** Enter the number of voting members included on line 1a, above, who are independent _____ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

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 NIRA JETHANI - 917-538-5930

2443 FILMORE ST. 380-3203, SAN FRANCISCO, CA 94115

Form 990 (2023) NOORA HEALTH 46-4746592 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Ĭ		((C)	•		(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box offic	, unle cer an	ss pe ıd a d	rson i irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	istee (truste		ao	ben sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com	١.	1099-NEC)		and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHAHED ALAM	40.00	_	_	Ť			_			
CO-CEO AND CO-FOUNDER	1.00	Х		Х				254,152.	6,430.	38,463.
(2) EDITH ELLIOTT QUEENY	40.00									
CO-CEO AND CO-FOUNDER		Х		Х				248,102.	0.	49,987.
(3) NIRA JETHANI	40.00									
CFO AND BOARD TREASURER				Х				171,187.	0.	38,162.
(4) KERI WATCHER	40.00									
SENIOR DIRECTOR OF EXTERNAL RELATION				Х				156,421.	0.	6,719.
(5) ARJUN RANGARAJAN	40.00								_	
SENIOR DIRECTOR OF GLOBAL HEALTH						Х		104,544.	0.	43,622.
(6) KELLY HAGLER	40.00									
ASSOCIATE DIRECTOR OF COMMUNICATION	4.0.00					Х		106,476.	0.	21,970.
(7) JACQUELINE COOKSEY	40.00							110 000		
DIRECTOR OF CAREGIVING	40.00					Х		113,962.	0.	14,441.
(8) WILLIAM FUNK	40.00							101 000	0	06 444
SENIOR DEVELOPMENT LEAD	40.00					X		101,032.	0.	26,444.
(9) SHIRLEY YAN	40.00	-				٠,,		100 075	2 562	10 127
ASSOCIATE DIRECTOR OF LEARNING AND S	1.00					Х		100,275.	2,563.	10,137.
(10) ANN KIM	0.50	٠,,							0	0
BOARD MEMBER	0 50	Х						0.	0.	0.
(11) IQBAL DHALIWAL	0.50	X						0.	0.	0
BOARD MEMBER (12) KATHRYN COURTEAU	0.50	^						0.	0.	0.
,,	0.50	X		х				0.	0.	0.
CHAIRMAN OF THE BOARD (13) CLAIRE MAZUMDAR	0.50	^		^				0.	0.	0.
BOARD MEMBER	0.30	X						0.	0.	0.
(14) AJAY SONDHI	0.50	Δ						0.	0.	<u> </u>
BOARD MEMBER AND FINANCE COMMITTEE C	0.50	X						0.	0.	0.
DOMES PROPER AND PERMITTEE C								0.	0.	
		1								
		-								

Form 990 (2023) NOORA HEA									46-47	7465	92	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than of the street is the stre	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Esti amo	(F) mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s SC/	comp fro orgai and	ensation m the nization related nizations
										\perp		
										_		
									\dashv			
									\dashv			
										$\overline{}$		
1b Subtotal c Total from continuation sheets to Part VI								1,356,151.	8,99	93.	249	,945.
d Total (add lines 1b and 1c)								1,356,151.	8,99	93.	249	,945.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportabl	le		10
-												res No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								ghest compensated emp			3	Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	=		-					· · · · · · · · · · · · · · · · · · ·	the organization		4	х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	from	any	unr	elat	ted organization or indiv			5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest co the organization. Report compensation for	•	-								ıpensa	tion fro	om
(A) Name and business								(B) Description of s	ervices	Co	(C) mpens	
THE BRIDGESPAN GROUP, INC STREET SUITE 200, SAN FRA	ANCISCO				41(8 0		CONSULTING			115	,743.
DEBBE STERN COMMUNICATION 318 AVILA ROAD, SAN MATEO		44(02					PUBLIC RELAT	IONS		108	,776.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2023) NOORA H.
Part VIII Statement of Revenue

		Check if Schedule O	contains a	a response	or note to any lir	ne in this Part VIII			
		Check ii Ceriedaie C	0011141110	атооропоо	or rioto to diriy iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
(0 (0)									560110115 512 - 514
발		Federated campaigns		1a					
<u> </u>	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c					
盲	d	Related organizations		1d					
S,E		Government grants (conti		1e					
ΘΩ		All other contributions, gifts,							
E ct	-	similar amounts not included		1f	4,563,396.				
호텔	~	Noncash contributions included in		1g \$	-,,				
듯핕	_					4,563,396.			
- " 		Total. Add lines 1a-1f				4,303,330.			
_	_				Business Code				
<u>:</u>	2 a	·							
e ⊆	b								
en S	С	:							
e a	d	l							
Program Service Revenue	е								
ᇫ	f	All other program service	revenue						
	q	—							
\neg	3								
	Ū	Investment income (including dividends, interest, and other similar amounts)				1,645,669.			1645669.
	4	Income from investment				2,020,000.			2010007.
	4			-					
	5	Royalties	······	(i) Real					
				(i) Real	(ii) Personal				
		Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss	s)						
	7 a	Gross amount from sales of	(i) S	Securities	(ii) Other				
		assets other than inventory	7a						
	h	Less: cost or other basis							
e l	~	and sales expenses	7b						
ther Revenue	_	Gain or (loss)	-						
é									
┈		Net gain or (loss)							
뀵	8 a	Gross income from fundraisi	ng events (` .					
0		including \$		_ of					
		contributions reported on		I					
		Part IV, line 18		8a					
	b	Less: direct expenses		8b					
	С	Net income or (loss) from	fundraisir	ng events					
		Gross income from gamin							
		Part IV, line 19	-	I					
	h	Less: direct expenses							
		Net income or (loss) from			ı				
	и а	Gross sales of inventory,							
	-	and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from	sales of ir	nventory					
<u>s</u>					Business Code				
e eo	11 a	OTHER INCOME			541900	22,208.	22,208.		
an	b								
Miscellaneous Revenue	С								
Ĩš B	d	All other revenue							
_		Total. Add lines 11a-11d				22,208.			
	12	Total revenue. See instruction				6,231,273.	22,208.	0.	1645669.

Form 990 (2023) NOORA HEALTH 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 respor				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	5,018,642.	5,018,642.		
4	Benefits paid to or for members		, ,		
5	Compensation of current officers, directors,				
	trustees, and key employees	829,862.	731,025.	44,813.	54,024.
6	Compensation not included above to disqualified	·	-		-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	756,772.	488,331.	215,172.	53,269.
8	Pension plan accruals and contributions (include	-	-	-	
	section 401(k) and 403(b) employer contributions)	14,597.	10,545.		4,052.
9	Other employee benefits	312,342.	240,713.	53,572.	4,052. 18,057.
10	Payroll taxes	105,583.	81,142.	17,301.	7,140.
11	Fees for services (nonemployees):				
а	Management				
	Legal	35,091.	35,091.		
	Accounting	64,500.		64,500.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,425,569.		40,034.	17,220.
12	Advertising and promotion	311,408.	311,408.		
13	Office expenses	89,146.	88,683.	372.	91.
14	Information technology	279,851.	233,493.	45,461.	897.
15	Royalties				
16	Occupancy	48,402.	48,402.		
17	Travel	356,630.	326,845.	11,988.	17,797.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	221,013.	221,013.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,395.		1,395.	
23	Insurance	8,821.		8,821.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PARTNER PROGRAM IMPLEME	521,843.	521,843.		
b	PLC TECHNOLOGY SERVICES	303,569.	303,569.		
С	TRAINING	63,263.	63,058.	205.	
d	EQUIPMENT EXPENSES	44,985.	44,985.		1 101
е	All other expenses	4,878.	40.40= 100	3,697.	1,181.
25	Total functional expenses . Add lines 1 through 24e	10,818,162.	10,137,103.	507,331.	173,728.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (2000)

Form 990 (2023)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			19,690,058.	1	128,679.
	2	Savings and temporary cash investments				2	21,107,320.
	3	Pledges and grants receivable, net			17,335,834.	3	13,086,950.
	4	Accounts receivable, net			148,285.	4	479,293.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges			19,308.	9	93,577.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	15,602.			
	b	Less: accumulated depreciation	10b	12,289.	4,708.	10c	3,313.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	15,072,525.	12	12,722,541.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	113,250.	15	208,142.		
	16	Total assets. Add lines 1 through 15 (must equ			52,383,968.	16	47,829,815.
	17	Accounts payable and accrued expenses			479,532.	17	543,003.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offi	cer, director,			
≝		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
_	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X	04.040		64.455
		of Schedule D			94,912.	25	64,177.
	26	Total liabilities. Add lines 17 through 25			574,444.	26	607,180.
ý		Organizations that follow FASB ASC 958, che	ck her	e X			
nce		and complete lines 27, 28, 32, and 33.			00 016 155		04 500 400
a <u>la</u>	27	Net assets without donor restrictions			28,016,157.	27	24,598,420.
g B	28	Net assets with donor restrictions			23,793,367.	28	22,624,215.
جَ		Organizations that do not follow FASB ASC 9	58, ch	eck here 📖			
P.		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F	F1 000 F04	31	47 000 605
Š	32	Total net assets or fund balances			51,809,524.	32	47,222,635.
	33	Total liabilities and net assets/fund balances			52,383,968.	33	47,829,815.

Form **990** (2023)

Form 990 (2023) NOORA HEALTH 46-4746592 Page **12**

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				73.
2	Total expenses (must equal Part IX, column (A), line 25)	2				62.
3	Revenue less expenses. Subtract line 2 from line 1	3				89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51	<u>,80</u>	9,5	24.
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	47	<u>, 22</u>	2,6	35.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	· · · · · · · · · · · · · · · · · · ·		X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					l
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit	:			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

OMB No. 1545-0047

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

Inspection

NOORA HEALTH 46-4746592 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

	NOOKA REAL					OJJA Page 2
Part II Support Schedule for	· Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(\	/i)
(Complete only if you check			-	n failed to qualify ι	under Part III. If the	e organization
fails to qualify under the test	ts listed below, plea	se complete Part	III.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	3532392.	3231057.	46825703.	8079546.	4563396.	66232094.
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3	3532392.	3231057.	46825703.	8079546.	4563396.	66232094.
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						13741744.
6 Public support. Subtract line 5 from line 4						52490350.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	3532392.	3231057.	46825703.	8079546.	4563396.	66232094.
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources	6,441.	7,956.	807.	463,959.	1645669.	2124832.
9 Net income from unrelated business	, [
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)	361.	810.		79.	22,208.	23,458.
11 Total support. Add lines 7 through 10						68380384.
12 Gross receipts from related activities	s, etc. (see instruction	ons)			12 5	,005,715.
13 First 5 years. If the Form 990 is for t	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	

76.76 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 76.45 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2023. 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 X b 33 1/3% support test - 2022. 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 - 2023. 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 - 2022. 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

Schedule A (Form 990) 2023

organization, check this box and stop here

Section C. Computation of Public Support Percentage

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 6	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	() 0040	(1.) 0000	() 0001	(1) 0000	() 0000	(0 T
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	ction C. Computation of Publ						
15	Public support percentage for 2023 (ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				_
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2022. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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2		
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3a		
3b		
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3с		
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4a		
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Health organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alense or together with persons described on lines 11b and 11c below. He powering body of a supported organization? A stail in the person of the powering body of a supported organization? A stail in Pert VI. Section B. Type I Supporting Organizations Vea	Par	t IV	Supporting Organizations (continued)			
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a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				structio		
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trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			··· -			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а			32		
	h		· · · · · · · · · · · · · · · · · · ·	Ja		
				3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations		
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 mus	st complet	te Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see	

Schedule A (Form 990) 2023

instructions).

	dule A (Form 990) 2023 NOORA HEALTH		4	16-4746592 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	_
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns 3	
4	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
	From 2020			
d	From 2021			
е	From 2022			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Carryover from 2018 not applied (see instructions)			
Ť	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
-	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2023, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
J	-			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			

Schedule A (Form 990) 2023

a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

[Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

NOORA HEALTH

Employer identification number

46-4746592

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Oh a a la if		a source of thrust the Compared Divide are a Comparied Divide				
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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 (entering "N/A" in column (b) instead of the contributor name and address), 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\$					
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements of Schedule B (Form 990).				

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

Name of organization Employer identification number

NOORA HEALTH

46-4746592

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$189,150 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 300,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	* 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	\$ 2,000,000.	Person X Payroll

Name of organization Employer identification number

NOORA HEALTH

46-4746592

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$102,021.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 265,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NOORA HEALTH

46-4746592

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

Schedule B (Form 990) (2023) Name of organization **Employer identification number** 46-4746592 NOORA HEALTH 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from 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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NOORA HEALTH

Employer identification number 46-4746592

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		illiai i ulius Ul <i>F</i>	Accounts.Complete if the
		(a) Donor advised t	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	~		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor of	•		
	impermissible private benefit?			
Pa			on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat			orically important land area
	Protection of natural habitat	F	Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribut	ion in the form of a co	
	day of the tax year.			Held at the End of the Tax Yea
а				2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui	•		
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	rcina conservation e	asements during the year
•	Amount of expenses mounted in monitoring, inspecting, name	ing or violations, and emo	reing conservation of	ascinents during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	Ü		
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, 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 95	8, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that descr	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB A			•
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990. Part X			\$

Par	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accession	n, and other record	ls, checl	k any of the	following tha	at make si	gnificant	use of its	1	
	collection items (check all that apply).									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	lections and explai	n how th	ney further t	he organizat	ion's exem	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	•	te if the	organizatior	n answered "	Yes" on F	orm 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	ın, or other interme	diary for	contribution	ns or other a	ssets not	included	_	_	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabilit	y?	L	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if t									
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three ye	ears back	(e) Four yo	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	ó								
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the posses	sion of the organiz	ation tha	at are held a	nd administe	ered for the	е			
	organization by:									es No
	(i) Unrelated organizations?									
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organizat								. 3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered									
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book v	/alue
		basis (investr	nent)	basis	(other)	depi	reciation			
	Land									
	Buildings									
С	Leasehold improvements			- 1	F (00		10 00			212
d	Equipment			1	5,602.		12,28	99.	3	,313.
	Other								~	212
Total	. Add lines 1a through 1e. (Column (d) must eq	ıual Form 990, Part	X, line 1	Oc, column	(B))				3	,313.

Schedule D (Form 990) 2023 NOORA HEALT	H	46	-4746592 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CERTIFICATE OF DEPOSIT	12,700,000.	END-OF-YEAR MARKET	
(B) INVESTMENT IN SUBSIDIARY	22,541.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	12,722,541.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY - NON	
(3) CURRENT	25,974.
(4) OPERATING LEASE LIABILITY -	
(5) CURRENT	38,203.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	64,177.

^{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... X

NOORA HEALTH Schedule D (Form 990) 2023

OUTIC	edule D (1 01111 990) 2023 110 01111 111111111111111111111111			Trage I
Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Rever	nue per Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	6,231,273.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	6,231,273.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5				6,231,273.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expe	nses per Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	10,818,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	10,818,162.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18.)	5	10,818,162.

| 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.

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE REVENUE AND TAXATION CODE OF THE STATE OF CALIFORNIA. ACCORDINGLY, NO PROVISIONS FOR INCOME TAXES OR RELATED CREDITS ARE INCLUDED IN THESE FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(I) AND 170(B)(A)(VI) OF THE INTERNAL REVENUE CODE.

THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARD RELATED TO UNCERTAINTIES IN INCOME TAXES. THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS THROUGH ITS REVIEW OF THE SOURCE OF REVENUE TO IDENTIFY

Part XIII Supplemental Information (continued)
UNRELATED BUSINESS INCOME AND CERTAIN OTHER MATTERS, INCLUDING THOSE WHICH
MAY AFFECT ITS TAX EXEMPT STATUS. MANAGEMENT BELIEVES THEIR ESTIMATES
RELATED TO INCOME TAX UNCERTAINTIES ARE APPROPRIATE BASED ON THE CURRENT
FACTS AND CIRCUMSTANCES.
THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
(FORM 990) FOR YEARS ENDED DECEMBER 31, 2020 AND AFTER ARE SUBJECT TO
EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.
THE ORGANIZATION'S STATE RETURNS (FORM 199) FOR THE YEARS ENDED DECEMBER
31, 2019 AND AFTER COULD BE SUBJECT TO EXAMINATION BY STATE TAXING
AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED.

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047
2023

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization				Employer identification number		
NOORA HEALTH					46-474659	92
	ormation on A	ctivities Ou	tside the United States. Compl	ete if the orgar	ization answered "	Yes" on
Form 990, Part						
 For grantmakers. Doe 	s the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other		
the grantees' eligibility	for the grants or	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes No
	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	tside the
United States.	The following Dod	t I lina O tabla a	on he dunlicated if additional anges is	pandad \		
(a) Region	(b) Number of		an be duplicated if additional space is (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) Hogieri	offices	èmplovees.	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	1	specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
SOUTH ASIA -		in and region				
AFGHANISTAN,				PROGRAM MAN	AGEMENT AND	
BANGLADESH, BHUTAN,				GENERAL OPE	ERATING	
INDIA, MALDIVES,	1	2	PROGRAM SERVICES	EXPENSES		5,668,986.
						1
3 a Subtotal	1	2	2			5,668,986.
b Total from continuation]				
sheets to Part I	0	(0.
c Totals (add lines 3a	1					5,668,986.
and 3b)	1 -	1 4				J,000,300.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO PROVIDE PROGRAM SERVICES	5542986.	WIRE TRANSFER	0.		FAIR MARKET VAULE
			TO PROVIDE PROGRAM SERVICES	126,000.	WIRE TRANSFER	0.		FAIR MARKET VAULE
				·				

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 NOORA HEALTH 46-4746592 Page 3

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

46-4746592

Par	t 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 the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	X 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 the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No

the Instructions for Form 5713; don't file with Form 990)

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

Schedule F (Form 990) 2023

6

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) omplete this part to (estimated number of recipients), as applicable. Also

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
PART I, LINE 2:	
WE RECEIVED MONTHLY OR QUARTERLY INVOICES FROM OUR VENDORS IN BANGLADESH	
AND INDIA. THESE INVOICES ARE CHECKED BY THE CFO FOR ACCURACY AGAINST	
FUNDS UTILIZED AND HELD BY THE VENDORS FROM PAST PAYMENTS. INVOICES ARE	
ASSESSED AGAINST THE WORK OR PROJECT WHICH IS ASSIGNED TO THE VENDORS.	_
SUCH WORK IS SUPERVISED BY THE ORGANIZATION'S MANAGEMENT TEAM. NOORA	
HEALTH ALSO CREATES MILESTONES WHICH HAVE TO BE MET BY VENDOR CLIENTS.	
PART I, LINE 3:	-
ACCRUAL	-
	_
	•
	•
	•
	•
	•
	•

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 46-4746592

	NOORA HEALTH	46-47465	92	
Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel	nal use		
	Travel for companions Payments for business use of personal re	sidence		
	Tax indemnification and gross-up payments Health or social club dues or initiation feet	3		
	Discretionary spending account Personal services (such as maid, chauffed	ır, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
	and onlocks, and onlocks, modeling the open-productive billocks, regularing the forme chooses on into its.			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	2		
Ŭ	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization			
	establish compensation of the CEO/Executive Director, but explain in Part III.	on to		
	Compensation committee X Written employment contract			
	Independent compensation consultant Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation compensat	ommittoo		
	Approval by the board of compensation c	ommittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
_		4a		Х
a	Receive a severance payment or change-of-control payment?			X
D	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_ ^
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n l		
Ŭ	contingent on the revenues of:	<i>"</i> "		
а	The organization?	5a		Х
		l		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on l		
Ü	contingent on the net earnings of:	""		
_	· ·	6.		Х
d h	The organization?	6a		X
Ŋ	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	'	122
7	,			
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		х	
_	not described on lines 5 and 6? If "Yes," describe in Part III		$+^{\Delta}$	1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
ч	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 NOORA HEALTH 46-4746592 Page 2

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

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

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

		(B) Breakdown of W	J-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHAHED ALAM	(i)	254,152.	0.	0.	10,166.	27,912.	292,230.	0.
	(ii)	6,430.	0.	0.	0.	385.	6,815.	0.
(2) EDITH ELLIOTT QUEENY	(i)	248,102.	0.	0.	9,052.	40,935.	298,089.	0.
CO-CEO AND CO-FOUNDER	(ii) [0.	0.	0.	0.	0.	0.	0.
(3) NIRA JETHANI	(i)	171,187.	0.	0.	5,129.	33,033.	209,349.	0.
CFO AND BOARD TREASURER	(ii) [0.	0.	0.	0.	0.	0.	0.
	(i)	156,421.	0.	0.	6,257.	462.	163,140.	0.
SENIOR DIRECTOR OF EXTERNAL RELATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023 NOORA HEALTH	46-4746592	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also comple	te this part for any additional inform	ation.
PART I, LINE 1B:		
WITHIN THE ORGANIZATION'S TRAVEL POLICY, CERTAIN CIRCUMSTANCES ALLOW		
EMPLOYEES TO TRAVEL FIRST CLASS AND TAKE COMPANIONS AS NECESSARY. THE		
TRAVEL GUIDELINES AND APPROPRIATE APPROVALS ARE FOLLOWED PER THE TRAVEL		
POLICY.		
PART I, LINE 7:		
IN DECEMBER 2023, ONE CO-CEO AND AN EMPLOYEE WERE PAID A BONUS TO HELP WITH	H	
THEIR INDIA TAX PAYMENTS.		

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2023

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:

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

ONES.

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

THE FORM 990 WAS PREPARED BY OUTSIDE TAX ACCOUNTANTS. THE LEADERSHIP TEAM REVIEWED THE 990 AND THE FINAL COPY IS SUBMITTED TO THE BOARD OF DIRECTORS.

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 THE INTERESTED PERSON WILL LEAVE THE BOARD MEETING WHILE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. 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 THE TRANSACTION OR ARRANGEMENT IS 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, ITSHALL TAKE

Schedule O (Form 990) 2023 Page **2**

Name of the organization NOORA HEALTH	Employer identification number 46-4746592
APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE DETERMINATION OF THE REASONABLENESS SHALL BE BASED UP	ON INFORMATION
ABOUT COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATION	ONS FOR SIMILAR
SERVICES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	REST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	1,368,315.
MANAGEMENT AND GENERAL EXPENSES	40,034.
FUNDRAISING EXPENSES	17,220.
TOTAL EXPENSES	1,425,569.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,425,569.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs

Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization Employer identification number NOORA HEALTH 46-4746592 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Legal domicile (state or Direct controlling Primary activity Total income End-of-year assets of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)		1)	(i)	(j		(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Disproportionate allocations?		I amount in how If		ging ner?	ercentage ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No					

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(ti)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ship 512(b)(1	
		Courtry)		·				Yes	No
NOORA HEALTH PRIVATE LIMITED COMPANY	CREATE HEALTH RELATED								
853, GROUND FLOOR, 10TH MAIN, 4TH CROSS ROAD	CONTENT AND TECH								
INDIRANAGAR, BANGALORE - KARNATAKA, INDIA	rools	INDIA	NOORA HEALTH	C CORP	16,524.	62,151.	99.90%	Х	
									<u> </u>
									<u> </u>

Page 3

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions with one of	or more r	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a		X	
b Gift, grant, or capital contribution to related organization(s)									
c Gift, grant, or capital contribution from related organization(s)									
d	Loans or loan guarantees to or for related organization(s)					1d	X		
	Loans or loan guarantees by related organization(s)					1e		Х	
f Dividends from related organization(s)									
 g Sale of assets to related organization(s) h Purchase of assets from related organization(s) 									
- ;:	Exchange of assets with related organization(s)					1h 1i		X	
	Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s)					1j		X	
J	Lease of facilities, equipment, of other assets to related organization(s)					-1)			
k	Lease of facilities, equipment, or other assets from related organization(s)					1k		Х	
-1	Performance of services or membership or fundraising solicitations for related organization(s)					11		X	
m	Performance of services or membership or fundraising solicitations by related organization(s)					1m	X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		X	
o Sharing of paid employees with related organization(s)								X	
р	Reimbursement paid to related organization(s) for expenses					1 p		X	
q	Reimbursement paid by related organization(s) for expenses					1q		Х	
r	Other transfer of cash or property to related organization(s)					1r		X	
	Other transfer of cash or property from related organization(s)					1s		X	
	If the answer to any of the above is "Yes," see the instructions for information on who must co								
	(a) (b) Name of related organization (type (a))	ction	(c) Amount involved	Me	(d) thod of determining amount invo	olved			
1)]	NOORA HEALTH PRIVATE LIMITED COMPANY B		6,000.	CASH					
2)]	NOORA HEALTH PRIVATE LIMITED COMPANY M		303,569.	CASH					
3)]	NOORA HEALTH PRIVATE LIMITED COMPANY D		116,431.	CASH					
4)									
5)									
6)									
2016	22 00 00 00				Schadula E	(Forr	n aan	2023	

46-4746592 Page 4

Schedule R (Form 990) 2023 NOORA HEALTH

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispro	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	0
										\sqcup	
										Ш	

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.									
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:									
NAME AND ADDRESS OF RELATED ORGANIZATION:	_								
NOORA HEALTH PRIVATE LIMITED COMPANY									
853, GROUND FLOOR, 10TH MAIN, 4TH CROSS ROAD	_								
INDIRANAGAR, BANGALORE - KARNATAKA, INDIA 560038									
	_								
	_								
	_								

(Rev. December 2023) Department of the Treasury

Information Return of U.S. Persons With **Respect to Certain Foreign Corporations**

Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by

OMB No. 1545-0123

Attachment Sequence No. 121

internal Revenue Service Section 898) (See I	instructions) beginning OOL 3	, 4043, and endin	g DEC 31, 202	<u> </u>					
Name of person filing this return		A Identifying nun	nber						
NOORA HEALTH		46-4746	592						
Number, street, and room or suite no. (or P.O. box number if 2443 FILLMORE ST. 380 –		B Category of filer (See instructions. Check applicable box(es).): 1a X 1b 1c 2 3 X 4 X 5a 5b 5c							
City or town, state, and ZIP code	3203		ercentage of the foreign (-				
SAN FRANCISCO, CA 941		you owned at th	ne end of its annual accou	-		.90 %			
Filer's tax year beginning JAN 1	, 2023 , and ending $$ D	EC 31	,2023						
D Check box if this is a final Form 5471 for the for	• .								
E Check if any excepted specified foreign financia						<u> </u>			
F Check the box if this Form 5471 has been comp			40			<u> </u>			
 G If the box on line F is checked, enter the corresp H Person(s) on whose behalf this information reti 		on (see instructions)							
				(4) Che	ck applicable	box(es)			
(1) Name	(2) Address		(3) Identifying number	Shareholder	Officer	Director			
				<u> </u>					
Important Filippi Profession	all and the All information and the		ata ha ba atata di a	110	_				
Important: Fill in all applicable lines and s unless otherwise indicated.	chedules. All information must be	e in English. All amou	ints must be stated in	U.S. dolla	rs				
1a Name and address of foreign corporation			b(1) Employer identif	 fication nur	nber, if any				
· · · · · · · · · · · · · · · · · · ·			000000						
			b(2) Reference ID nu	mber (see i	nstructions)				
			1						
NOORA HEALTH INDIA P		aa boab	b(3) Previous referen	ce ID numb	per(s), if any	(see instr.)			
853, GROUND FLOOR, 1 INDIRANAGAR, BANGALO				de e e e lecce					
INDIA INDIA	RE, KAKNATAKA 300	030	c Country under v	mose laws	incorporated	ı			
d Date of e Principal place of business	f Principal g Princ	ipal business activity		nal currenc	y code				
incorporation BANGALORE	business activity code number TE	CH TOOLS							
07/03/23INDIA	541600 HE	ALTH RELAT	ED	IN	IR				
2 Provide the following information for the foreign									
a Name, address, and identifying number of bran	ch office or agent (if any) in the United	States	b If a U.S. income tax r						
			(i) Taxable income or (lo	oss) (ii)	U.S. income (after all cre				
				_	(
c Name and address of foreign corporation's stat	tutory or resident agent	Name and address (in	ncluding corporate depart	ment, if ap	plicable) of				
in country of incorporation			with custody of the books location of such books an			eign			
		corporation, and the	iocation of Sacir Books ar	a rocoras,	ii diiioront				
Schedule A Stock of the Foreig	n Corporation								
			(b) Number of sha	ares issued	and outstan	ding			
(a) Description	on of each class of stock		(i) Beginning of annua		(ii) End of ar				
			accounting period		accounting p				
COMMON				0	5	0,000			
				_					

Form 5471 (Rev. 12-2023) Page **2**

Schedule B Shareholders of Forei			
Part I U.S. Shareholders of Foreig	n Corporation (see instructions)		
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a). (c) Number of shares held beginning of annual accounting pe	at shares held at f end of annual accounting	(e) Pro rata share of Subpart F income (enter as a percentage)
NOORA HEALTH 2443 FILMORE ST 380-320 SAN FRANCISCO CA 94115 45-4746592	COMMON	0 49,950	99.90%
Part II Direct Shareholders of Fore	eign Corporation (see instructions)	•	,
(a) Name, address, and identifying number of shareholder. Also, include country of incorporation of formation, if applicable.	(b) Description of each class of stock held by shareholder.	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
NOORA HEALTH 2443 FILMORE ST 380-320 SAN FRANCISCO CA 94115 45-4746592	COMMON	0	49,950
ANIL KRISHNA FLAT NO.1002, TOWER NO.9 GHAZIABAD UTTAR PRADESH 00-0000000	COMMON	0	50

Form **5471** (Rev. 12-2023)

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Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

		ſ	Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a	25,297,400.	303,569.
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c	25,297,400.	303,569.
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3	25,297,400.	303,569.
пе	4 Dividends	4		
ncome	5 Interest	5		
<u>ء</u>	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
	8a Foreign currency transaction gain or loss - unrealized	8a		
	b Foreign currency transaction gain or loss - realized	8b		
	9 Other income (attach statement)	9		
	10 Total income (add lines 3 through 9)	10	25,297,400.	303,569.
	11 Compensation not deducted elsewhere	11	19,373,083.	232,477.
	12a Rents	12a	1,676,833.	20,122.
	b Royalties and license fees	12b		
suc	13 Interest	13		
Ĕ	14 Depreciation not deducted elsewhere	14	211,917.	2,543.
Deductions	15 Depletion	15		_
Ŏ	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit)) SEE STATEMENT 2	17	2,660,892.	31,886.
	18 Total deductions (add lines 11 through 17)	18	23,922,725.	287,028.
_	19 Net income or (loss) before unusual or infrequently occurring items, and		4 254 655	4.6. 5.44
Net Income	income tax expense (benefit) (subtract line 18 from line 10)	19	1,374,675.	16,541.
υc	20 Unusual or infrequently occurring items	20		
et =	21a Income tax expense (benefit) - current	21a		
Ž	b Income tax expense (benefit) - deferred	21b	1 254 655	16 544
	22 Current year net income or (loss) per books (combine lines 19 through 21b)	22	1,374,675.	16,541.
š.	23a Foreign currency translation adjustments	23a		
Other Comprehensive Income	b Other	23b		
Ott Inco	c Income tax expense (benefit) related to other comprehensive income	23c		
Con	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
	line 23c)	24		F 474 (D. 40.000)

Form **5471** (Rev. 12-2023)

Form 5471 (Rev. 12-2023) Page **4**

Schedule F | Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	0.	109,253.
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	(()
3	Derivatives	3		
4	Inventories	4		
5	Other current assets (attach statement) SEE STATEMENT 3	5		38,376.
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a	0.	
b		9b	(0.)	(2,543)
10a	Depletable assets	10a		
	Less accumulated depletion	10b	()	()
11	Land (net of any amortization)	11		
12	Intangible assets:			
а	Goodwill	12a		
b	Organization costs	12b		
C	Patents, trademarks, and other intangible assets	12c		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	(()
13	Other assets (attach statement) SEE STATEMENT 4	13		9,360.
14	Total assets	14		178,644.
	Liabilities and Shareholders' Equity			
15	Accounts payable Other current liabilities (attach statement) SEE STATEMENT 5	15	0.	7,039.
16	Other current liabilities (attach statement) SEE STATEMENT 5	16		32,633.
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement) SEE STATEMENT 6	19		116,431.
20	Capital stock:			
а	Preferred stock	20a		
b	Common stock	20b	_	
21	Paid-in or capital surplus (attach reconciliation)	21	0.	6,000.
22	Retained earnings	22	0.	16,541.
23	Less cost of treasury stock	23	(()
	Total liabilities and shareholders' equity	24		178,644.
Sc	hedule G Other Information			
				Yes No

	Todalo G		
		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
	If "Yes," see the instructions for required statement.		
2	During the tax year, did the foreign corporation own an interest in any trust?		X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from		
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign		
	branches (see instructions)?		Х
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign		
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion		
	payment made or accrued to the foreign corporation (see instructions)?		Х
	If "Yes," complete lines 4b and 4c.		
b	Enter the total amount of the base erosion payments	\$	
C	Enter the total amount of the base erosion tax benefits	\$	
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not		
	allowed under section 267A?		X
	If "Yes," complete line 5b.		
b	Enter the total amount of the disallowed deductions (see instructions)	\$	

FORM 5471 NAME, ADDRESS, IDENTIFY SHARES SUBSCRIBED TO THE STOCK OF THE	BY EACH SUBSCE	RIBER TO	STATEMENT 1
NAME AND ADDRESS		IDENTIFYI NUMBER	NG NUMBER OF SHARES
N/A			
FORM 5471 OTHER D	EDUCTIONS		STATEMENT 2
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
TRAVEL OTHER DIRECT EXPENSES OFFICE PROFESSIONAL FEES TRAINING	775,417. 1,367,167. 17,308. 492,167. 8,833.	83.107128 83.107128 83.107128	9,305. 16,406. 163. 5,906. 106.
TOTAL TO 5471, SCHEDULE C, LINE 17	2,660,892.		31,886.
FORM 5471 OTHER CUR	RENT ASSETS		STATEMENT 3
DESCRIPTION		OF ANNUAL CCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PREPAID EXPENSES ADVANCE TAX ASSET ICICI INSURANCE GST INPUT TAX CREDIT LOANS AND ADVANCES		0. 0. 0. 0.	8,984. 15,600. 5,683. 7,509. 600.

TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5

38,376.

0.

NOORA HEALTH 46-4746592

FORM 5471	OTHER ASSETS		STATEMENT	4
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUA ACCOUNTING PERIOD	
SECURITY DEPOSIT		0.	9,360	0.
TOTAL TO 5471, PAGE 4,	SCHEDULE F, LINE 13	0.	9,360	0.
FORM 5471	OTHER CURRENT LIABILIT	TIES	STATEMENT	 5
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUA ACCOUNTING PERIOD	
ACCRUED EXPENSES		0.	32,633	3.
TOTAL TO 5471, PAGE 4,	SCHEDULE F, LINE 16	0.	32,633	3.
FORM 5471	OTHER LIABILITIES		STATEMENT	6
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUA ACCOUNTING PERIOD	
ADVANCE FROM NOORA HEA	LTH	0.	116,431	<u> </u>
TOTAL TO 5471, PAGE 4,	SCHEDULE F, LINE 19	0.	116,431	<u> </u>

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Schedule G	Other	Information	(continued)
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			Yes	No
6a	Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any			
	transactions with the foreign corporation?			_X_
	If "Yes," complete lines 6b, 6c, and 6d. See instructions.			
b	Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the			
	filer included in its computation of foreign-derived deduction eligible income (FDDEI)	\$		
C	Enter the amount of gross receipts derived from all sales of intangible property to the foreign corporation that the filer inclu	ded		
	in its computation of FDDEI	\$		
d	Enter the amount of gross receipts derived from all services provided to the foreign corporation that the filer included in			
	its computation of FDDEI			
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?			<u>X</u>
	If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in			
	which the foreign corporation was a participant during the tax year.			
8	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a			
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations			
	section 1.358-6(b)(2))?			_X
9a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.			
	transferor is required to report a section 367(d) annual income inclusion for the tax year?			X
	If "Yes," go to line 9b.			
b	Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)			
	(2)(B) for the tax year			
0	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section			77
	1.7874-12(a)(9)?			X
	If "Yes," see instructions and attach statement.			
11	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations			v
	section 1.6011-4?			_X_
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).			
12	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under			v
				X
13	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat			v
	foreign taxes that were previously suspended under section 909 as no longer suspended?			$\frac{X}{X}$
14	Did you answer "Yes" to any of the questions in the instructions for line 14?			
	If "Yes," enter the corresponding code(s) from the instructions and attach statement			Х
15	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? If "Yes." enter the amount			
16	If "Yes," enter the amount Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward	Φ		
10				Х
	to the current tax year (see instructions)? If "Yes," enter the amount	e		
172	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year	Ψ		
1 / a	(and individual)			Х
h	(see instructions)? If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated			
-				
l8a	Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations			
	section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest within the relevant safehaven			
	range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)?			Х
b	Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations			
	section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest outside the relevant safehaven			
	range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)?			X
9a	Did the filer issue a covered debt instrument in any of the transactions described in Regulations section 1.385-3(b)			
	(2) with respect to the foreign corporation during the tax year, or, did the filer issue or refinance indebtedness			
	owed to the foreign corporation during the 36 months before or after the date of a distribution or acquisition			
	described in Regulations section 1.385-3(b)(3)(i) made by the filer of this Form 5471, and either the issuance or			
	refinance of indebtedness, or the distribution or acquisition, occurred during the tax year?			Х
b	If the answer to question 19a is "Yes," provide the following.			
	(1) The amount of such transaction(s), distribution(s), and acquisition(s)	\$		
	(2) The amount of such related party indebtedness	\$		

NOORA HEALTH 46-4746592

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of	U.S. shareholder NOORA HEALTH Idea	ntifying number	45-4746592				
1 a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign of	corporation					
	(see instructions)			1a			
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see ins	tructions)		1b			
C	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F ϵ	exception					
	under section 954(c)(6)			1c			
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F ex	ception					
	under section 954(c)(6)			1d			
е	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from W	orksheet A)		1e			
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksho	eet A)		1f			
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Work	sheet A)		1g			
h	Other subpart F income (enter result from Worksheet A)			1h			
2	Earnings invested in U.S. property (enter the result from Worksheet B)			2			
3	Reserved for future use			3			
4	Factoring income			4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.						
5 a	Section 245A eligible dividends (see instructions)			5a			
b	Extraordinary disposition amounts (see instructions)			5b			
C	Extraordinary reduction amounts (see instructions)			5c			
d	Section 245A(e) dividends (see instructions)			5d			
е	Dividends not reported on line 5a, 5b, 5c, or 5d			5e			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits			6			
					١	es	No
7 a	Was any income of the foreign corporation blocked?						Х
b	Did any such income become unblocked during the tax year (see section 964(b))?						Х
If the an	swer to either question is "Yes," attach an explanation.						
8 a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the						
	any time during the tax year (see instructions)?				L		X
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the	e beginning of the	CFC year				
	\$ and at the end of the tax year \$ P	rovide an attachm	ent detailing any changes	s from th	ne .		
	beginning to the ending balances.						
C	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to all U.S. shareholders at the balance with respect to the balance wi						
	\$ and at the end of the tax year \$ P	rovide an attachm	ent detailing any changes	s from th	ne .		
	beginning to the ending balances.						
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corpor	ation (see instruct			171 (Day		

Form **5471** (Rev. 12-2023)

Page 6

SCHEDULE E (Form 5471)

Income, War Profits, and Excess Profits Taxes Paid or Accrued

(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of	person filing Form 5471													ng number	
NOOR	A HEALTH												46-	47465	92
	foreign corporation	PRIV	ATE LI	MITED					EIN (if a	any) 000000			Referen	ce ID numl	per (see instructions)
a S	eparate Category (Enter code	e - see instr	ructions.) .										>	951A	
b If	code 901j is entered on line	a, enter the	e country o	ode for the sanction	oned country	(see ins	struction	ns)							
	one of the RBT codes is ente					country	(see inst	tructions)					>		
Part	I Taxes for Which	a Foreig	ın Tax C	redit Is Allowe	ed										
Sectio	n 1 - Taxes Paid or Accr	ued Direc	ctly by Fo	reign Corporat							, ,				
	(a) Name of Payor Entity 1 NOORA HEALTH INDIA PRIVATE LIMITE				EIN or Ref ID Numb Payor E	ference per of Entity	(c) Unsuspend Taxes	(Enter co Use a se	(d) or U.S. Possession hich Tax Is Paid de - see instruction parate line for each	structions. Entity to writer rax ne		ear of Pay Tax Rela th/Day)	elates to Which) (Year/I		ear of Payor Entity ch Tax Relates //Month/Day) 3/12/31
	NOOKA REALTR I	NDIA 1	PRIVA	E DIMILER	00-000	10000		-	<u> IN</u>		1043/.	14/31	-	202	3/12/31
<u>3</u> 4							H								
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	If taxes a U.S. sour	(h) are paid or rce income ck box	e, Which Tax Is (enter code - see	s Payable instructions)	(in loca	al currer	Accrued ncy in which payable)	Conversion	S. Dollars (divide colu		(I) In U.S. Dollars column (j) by colum			(m) nctional Currency reign Corporation
1	1,374,675.			INR						83	3				0.
3															
4															
	Total (combine lines 1 through			so report amount o	n Schedule	E-1, line	4								
	Total (combine lines 1 through												<u> </u>		
Sectio	n 2 - Taxes Deemed Pai	d by Fore	ign Corp	oration	(b)				(-)						(0)
	Name of Lower-Tier	(a) Distributing	g Foreign (Corporation	EIN or Refer Number of Lo Distributing Corpora	ower-Tier Foreign		(c) Country or U.S. Possession to Which T Paid (Enter code-see instructions. Use a separate line for each.)			ax Is			l) Group code)	(e) Annual PTEP Account (enter year)
1															
2															
3															_
4								1						(i)	
			(g) Amount of PTEP oup (in functional currency)			Total Amou	to PTEP Group (USD)			· ·	(I) In Income Taxes Properly Attributable to PTEI and not Previously Deemed Paid column (f)/column (g)) x column (h)) (USD)				
1															
2															
3															
<u>4</u>	And the second s	4 - 6 1	(')\ A1		0-1	4 10 0									
312445	otal (combine lines 1 through					i, line 6					🕨				

Schedule	e E (Form 5471) (Rev. 12-2021)								Page 2			
	foreign corporation A HEALTH INDIA PRIVA	ATE LIMITED				EIN (if any) 0 0 0 0 0 0 0 0 0		Reference ID n	umber (see instructions)			
a	Separate Category (Enter code - see ins	structions.)				•		▶ 953	LA			
b	If code 901j is entered on line a, enter t	he country code for t	he sanctioned co	untry (see instructio	ns)			>				
	If one of the RBT codes is entered on li											
Part	II Election											
For tax	years beginning after December 31, 200	04, has an election be	en made under s	ection 986(a)(1)(D) t	o translate taxes ι	using the exchange r	ate on the date of	payment?				
		state date of election										
Part I				nter in functiona	I currency of fo	oreign corporation	n.)					
	(a) Name of Payor Entity	(b) EIN or Reference ID No. of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and ((e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total			
1												
2												
3	In functional currency (combine lines 1	and 2)						>				
4	In U.S. dollars (translated at the averag	e exchange rate, as c	defined in section	989(b)(3) and relate	d regulations (see	instructions))			,			
Sche	dule E-1 Taxes Paid, Accru	ued, or Deemed	Paid on Earn	ings and Profit	s (E&P) of For	eign Corporation	n					
					Taxes related to:							
IMPO	RTANT: Enter amounts in U.S. dollars.	(a) Subpart F Income	(b) Tested Incom	e Resi	(c) dual Income	(d) Suspended Taxes						
1a	Balance at beginning of year (as repor	ted in prior year Sche	edule E-1)									
b	Beginning balance adjustments (attac											
С	Adjusted beginning balance (combine											
2	Adjustment for foreign tax redetermina											
3a	Taxes unsuspended under anti-splitter											
b	Taxes suspended under anti-splitter ru											
4	Taxes reported on Schedule E, Part I,											
5	Taxes carried over in nonrecognition to											
6	Taxes reported on Schedule E, Part I,											
7	Other adjustments (attach statement)											
8	Taxes paid or accrued on current inco											
	1c through 7)		•									
9	Taxes deemed paid with respect to inc											
10	Taxes deemed paid with respect to ac	•	•									
11	Taxes on amounts reclassified to sect											
12	Other (attach statement)			•								
13	Balance of taxes paid or accrued (com	nbine lines 8 through	12 in columns (a).	(b), and (c))								
14	Reserved for future use											
15	Reduction for other taxes not deemed											
16	Balance of taxes paid or accrued at th											
-	and (c) must always equal zero. So, if											
	columns (a), (b), and (c) in amounts su	•										
	zero. For the remaining columns, com											

Page 3 Schedule E (Form 5471) (Rev. 12-2021)

Name of foreign corporation	Reference ID number (see instructions)							
NOORA HEALTH INDIA PRIVATE LIMITED	00000000	1						
a Separate Category (Enter code - see instructions.)		▶ 951A						
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)								
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)								
Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Pro	its (E&P) of Foreign Corporation	on (continued)						

				(e) Taxes related	to previously tax	ced E&P (see in	structions)		(oonanaca)	
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
с										
2										
3a										
b										
4										
5										
6										
7										
8										
9 10										
11										
12										
13										
14										
15										
16										

SCHEDULE H (Form 5471)

(Rev. December 2021)

Current Earnings and Profits

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Identifying number Name of person filing Form 5471 46-4746592 NOORA HEALTH Reference ID number (see instr.) Name of foreign corporation EIN (if any) 00000000 NOORA HEALTH INDIA PRIVATE LIMITE

1	Current year net income or (loss) per foreign books of account	t				1	1,	,374,	675.
2	Net adjustments made to line 1 to determine current								
	earnings and profits according to U.S. financial and tax								
	accounting standards (see instructions):		Net Addition	าร	Net Subtractions				
а	Capital gains or losses	2a							
b	Depreciation and amortization								
С	Depletion								
d	Investment or incentive allowance								
е	Charges to statutory reserves								
f	Inventory adjustments								
g	Income taxes (see Schedule E, Part I, Section 1, line 6,								
	column (m), and Part III, line 3, column (i))	. 2g							
h	Foreign currency gains or losses								
i	Other (attach statement)								
3	Total net additions								
4	Total net subtractions								
5a	Current earnings and profits (line 1 plus line 3 minus line 4)					5a	1,	,374,	675.
b	DASTM gain or (loss) for foreign corporations that use DASTM					5b			
С	Combine lines 5a and 5b and enter the result on line 5c. Then	enter on	lines 5c(i), 5c(ii)	, and 5	ōc(iii)(A)				
	through 5c(iii)(D) the portion of the line 5c amount with respec	t to the c	ategories of inc	ome sl	nown				
	on those lines					5с	1,	,374,	675.
	(i) General category (enter amount on applicable Schedule J	I, Part I,							
	line 3, column (a))			5c(i)	1,374,675.				
	(ii) Passive category (enter amount on applicable Schedule J								
	line 3, column (a))		5	c(ii)					
	(iii) Section 901(j) category:								
	(A) Enter the country code of the sanctioned country								
	and enter the line 5c amount with respect to the sanc	tioned							
	country on this line 5c(iii)(A) and on the applicable Sch	hedule J,							
	Part I, line 3, column (a)		5c	(iii)(A)					
	(B) Enter the country code of the sanctioned country ▶								
	and enter the line 5c amount with respect to the sanc	tioned							
	country on this line 5c(iii)(B) and on the applicable Sch	hedule J,							
	Part I, line 3, column (a)		5c	(iii)(B)					
	(C) Enter the country code of the sanctioned country ▶								
	and enter the line 5c amount with respect to the sanc	tioned							
	country on this line 5c(iii)(C) and on the applicable Sci	hedule J,							
	Part I, line 3, column (a)		5c	(iii)(C)					
	(D) Enter the country code of the sanctioned country								
	and enter the line 5c amount with respect to the sanc	tioned							
	country on this line 5c(iii)(D) and on the applicable Sch								
	Part I, line 3, column (a)		5c	(iii)(D)					
d	Current earnings and profits in U.S. dollars (line 5c translated				as				
	defined in section 989(b)(3) and the related regulations (see in		-			5d		16,	541.
е	Enter exchange rate used for line 5d			1	83.107128				

Schedule H (Form 5471) (Rev. 12-2021)

SCHEDULE I-1 (Form 5471)

Information for Global Intangible Low-Taxed Income

(Rev. December 2021)

Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Identifying number

NOOI	OORA HEALTH 46-4746592									
	f foreign corporation			EIN (if any)		•	ا ا	per (see instructions)		
NOOI	RA HEALTH INDIA PRIVATE LI	MITH	£D (C	00000	00	0	1			
	Separate Category (Enter code - see instructions)							GEN		
						Functional	Conversion	U.S. Dollars		
						Currency	Rate	U.S. Dollars		
1	Gross income (see instructions if cost of goods so	ld exce	ed gross							
	receipts)			1	25297400.					
2	Exclusions (see instructions if cost of goods sold									
а	Effectively connected income	2a								
b	Subpart F income	2b								
С	High-tax exception income per section 954(b)(4)	2c								
d	Related party dividends	2d								
е	Foreign oil and gas extraction income	2e								
3	Total exclusions (combine lines 2a through 2e)				3					
4	Gross income less total exclusions (line 1 minus lin	ne 3) (se	ee instructi	ions)	-	25297400.				
5	Deductions properly allocable to amount on line 4				5	23922725.				
6	Tested income (loss) (line 4 minus line 5)				6	1374675.	83.107128	16,541.		
7	Tested foreign income taxes				7		83.107128			
8	Qualified business asset investment (QBAI)				8		83.107128			
9a	Interest expense included on line 5	9a								
b	Qualified interest expense	9b								
С	Tested loss QBAI amount	9с								
d	Tested interest expense (line 9a minus the sum of	line 9b	and line							
	9c). If zero or less, enter -0-			g)d		83.107128			
10a	Interest income included in line 4									
b	Qualified interest income									
С	Tested interest income (line 10a minus line 10b). If									
	enter -0-			1	0с		83.107128			
	·									

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

SCHEDULE J (Form 5471) (Rev. December 2020)

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Department of the Treasury

Internal Revenue Service

Identifying number

NOC	ORA HEALTH							46-	4746592
Name	of foreign corporation				EIN (if any)		Reference ID num	ber	
NOC	DRA HEALTH INDIA PRIVATE LIMITED)			000000	000	1		
а	Separate Category (Enter code - see instructions.)							D GEN	Ī
b	If code 901j is entered on line a, enter the country code for the	sanctioned country (s	ee instructions)					▶	
Pai	t I Accumulated E&P of Controlled Foreign Co	orporation							
	Check the box if person filing return does not have all U.S. sha	areholders' information		nt in col	umn (e) (see in	structions).			
Impo	ortant: Enter amounts in functional currency.	(a)	(b) Post-1986 Undistributed Earnings	Du- 46	(c)	(d)		iously Taxed	E&P (see instructions)
		Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(post-1986 and pre-2018 section (pr	Previ (pre-1	e-1987 E&P Not reviously Taxed re-1987 section 69(c)(3) balance)	Hovering Defi and Deduction for Suspenden Taxes	on (i) Re	eclassified 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior								
	year Schedule J)								
b	Beginning balance adjustments (attach statement)								
c	Adjusted beginning balance (combine lines 1a and 1b)								
2a	Reduction for taxes unsuspended under anti-splitter rules								
b	Disallowed deduction for taxes suspended under								
	anti-splitter rules								
3	Current year E&P (or deficit in E&P) (enter amount								
	from applicable line 5c of Schedule H)	1,374,675.							
4	E&P attributable to distributions of previously taxed								
	E&P from lower-tier foreign corporation								
5a									
b	Reclassify deficit in E&P as hovering deficit after								
	nonrecognition transaction								
6	Other adjustments (attach statement)								
7	Total current and accumulated E&P (combine lines	1 274 675							
	1c through 6)	1,374,675.							
8	Amounts reclassified to section 959(c)(2) E&P from								
	section 959(c)(3) E&P								
9	Actual distributions								
10	Amounts reclassified to section 959(c)(1) E&P								
	from section 959(c)(2) E&P								
11	Amounts included as earnings invested in U.S. property								
10	and reclassified to section 959(c)(1) E&P (see instructions)								
12	Other adjustments (attach statement)								
13	Hovering deficit offset of undistributed post-	1	1	l		I	1		1

1,374,675.

transaction E&P (see instructions) ...

Balance at beginning of next year (combine lines 7 through 13)

- are	Accumulated Ear of Continued Toreign Corporation (Continued)										
		(e) Previously Taxed	E&P (see instructions)							
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified s	section 245A(d) PTEP	(vi) Section 965(a) I	PTEP	(vii) Section 965(b) PTEP				
1a											
b											
С											
2a											
b											
3											
4											
5a											
b											
6											
7											
8											
9											
10											
11											
12											
13											
14											
		(e) Previously Taxed E&P	(see instructions)				(f)				
	(viii) Section 951A PTEP	(ix) Section 245A((d) PTEP	P (x) Section 951(a)(1)(A) PTEP			(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))				
1a											
b											
С											
2a											
b											
3							1,374,675.				
4											
5a											
b											
6											
7							1,374,675.				
8											
9											
10											
11											
12											
13											
14							1,374,675.				

Part	II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))			
Import	ant: Enter amounts in functional currency.			
1	Balance at beginning of year	•	1	
2	Additions (amounts subject to future recapture)	•	2	
3	Subtractions (amounts recaptured in current year)	•	3	
4	Balance at end of year (combine lines 1 through 3)	•	4	

Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE M (Form 5471)

(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filling Form 5471

Identifying number

1

NOORA HEALTH 46-4746592

Name of foreign corporation EIN (if any) Reference ID number

NOORA HEALTH INDIA PRIVATE LIMITE 000000000

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ightharpoonup INDIA, RUPEE 83.107128 (f) 10% or more U.S. shareholder of (C) Any domestic corporation or partnership controlled by (d) Any other foreign corporation or partnership controlled by (e) 10% or more U.S. shareholder of controlled (a) Transactions of (b) U.S. person filing this return foreign corporation (other than the U.S. person filing this return) any corporation controlling the foreign corporation foreign corporation U.S. person filing this return U.S. person filing this return 1 Sales of stock in trade (inventory) 2 Sales of tangible property other than stock in trade 3 Sales of property rights (patents, trademarks, etc.) 4 Platform contribution transaction payments received 5 Cost sharing transaction payments received 6 Compensation received for technical, managerial, engineering, construction, 303,569. or like services 7 Commissions received 8 Rents, royalties, and license fees received 9 Hybrid dividends received (see instr.)... 10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income) 11 Interest received 12 Premiums received for insurance or reinsurance 13 Loan guarantee fees received 6,000. 0. 0. 0. **14** Other amounts received (att. statement) 309,569. 15 Add lines 1 through 14 16 Purchases of stock in trade (inventory) 17 Purchases of tangible property other than stock in trade 18 Purchases of property rights (patents, trademarks, etc.) **19** Platform contribution transaction payments paid 20 Cost sharing transaction payments paid 21 Compensation paid for technical, managerial, engineering, construction, or like services 22 Commissions paid 23 Rents, royalties, and license fees paid 24 Hybrid dividends paid (see instructions) 25 Dividends paid (exclude hybrid dividends 26 Interest paid 27 Premiums paid for insurance or reinsurance 28 Loan guarantee fees paid 29 Other amounts paid (attach statement) 30 Add lines 16 through 29

NAME of person filing Form 5471

Identifying number

46 – 4746592

NOOKA HEALTH	40-4/40392				
(a) Transactions of foreign corporation	(b) U.S. person filing this return	(C) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instr.	444 444				
33 Accounts Receivable					
34 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

Schedule M (Form 5471) (Rev. 12-2021)

SCHEDULE O (Form 5471)

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

Information about Schedule Õ (Form 5471) and its instructions is at www.irs.gov/form5471

Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 Identifying number 46-4746592 NOORA HEALTH Name of foreign corporation EIN (if any) Reference ID number 00000000 NOORA HEALTH INDIA PRIVATE LIMITED Important: Complete a separate Schedule O for each foreign corporation for which information must be reported. To Be Completed by U.S. Officers and Directors (c) Identifying number of shareholder (d) Date of original (a)
Name of shareholder for whom (e) Date of additional Address of shareholder acquisition information is reported 10% acquisition 10% acquisition To Be Completed by U.S. Shareholders Note; If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A - General Shareholder Information (c) For shareholder's latest U.S. income tax return filed, indicate: Date (if any) shareholder last filed information Name, address, and identifying number (3) of shareholder(s) filing this schedule (2) Date return filed return under section 6046 Type of return (enter form number) Internal Revenue Service Center where filed for the foreign corporation STMT 8 NOORA HEALTH 990 11/15/23E-FILED 2443 FILMORE ST 380- SAN FRANC 46-4746592 Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation (d) (a) (b) (c) Check appropriate Name of U.S. officer or director Social security number Address box(es) Officer Director Section C - Acquisition of Stock (e) (d) Number of shares acquired Class of stock Date of Method of Name of shareholder(s) filing this schedule acquired acquisition acquisition (1) (2) (3) Directly Constructively Indirectly

I HA

(f) Amount paid or value given		Name and addi	(g) ess of person from wh	nom shares were acq	uired		
		Section D - Dispositio	n of Stock				
(a)	(b)	(c)	(d) Method	(e) Number of shares disposed of			
Name of shareholder disposing of stock	Class of stock	Date of disposition	of disposition	(1) Directly	(2) Indirectly	(3) Constructively	
(f)			(g)				
Amount received		Name and address	s of person to whom d	isposition of stock w	as made		
	Section E - Oraș	anization or Reorganiza	tion of Foreign Corne	ration			
Nan	(a) ne and address of trans		and of the ordinate of the ord	(b) (c) Identifying number (if any) Date of transfer			
Assets t	(d) ransferred to foreign co	•	(3)		(e) ssets transferre sued by, foreig	ed by, or notes or	
Description of assets	Fair market va	alue Adjusted was	(3) basis (if transferor s U.S. person)	3000111103 13.	sucu by, foreign	ii corporation	
		Section F - Additional I	nformation				
a) If the foreign corporation or a predecesso tach a statement indicating the year for whi		(or joined with a consol		a U.S. income tax ret	urn for any of t		

- (b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock
- (c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

FORM 5471, SCHEDU	LE M	OTHER AMOUNTS	S RECEIVED	1	STATEMENT 7
DESCRIPTION	US PERSON FILING THIS RETURN	ANY DOMESTIC CORP OR PARTNERSHIP CONTROLLED BY US PERS FILING THIS RETURN	ANY OTHER FGN CORP OR PARTNERSHIP CONTROLLED BY U.S. PERSON FILING THIS RETURN	US SHRHLDER OF CFC (OTHER THAN THE US PRSN FILING	10% OR MORE US SHRHLDER OF ANY CORP
CAPITAL CONTRIBUTIO	6,000.	0.	0.	0.	0.
TOTAL TO LINE 14	6,000.	0.	0.	0.	0.

46-4746592

46-4746592

5471 SCHEDULE O GENERAL	SHAREHOLDER	INFORMAT	ION STA	rement 8
(A)	` '		R'S LATEST U.S. FILED INDICATE:	(C) DATE SHAREHOLD -ER LAST
NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	FILED IN- FORMATION RTN UNDER SEC. 6046
NOORA HEALTH 2443 FILMORE ST 380- SAN FRANC	990	11/15/23	E-FILED	

SCHEDULE P (Form 5471)

(Rev. December 2020)

Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations

➤ Attach to Form 5471.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

	or person filing Form 5471 RA HEALTH		46-4746			
	of U.S. shareholder		Identifying nu			
	RA HEALTH		46-4746			
		N (if any)	Reference ID	Reference ID number (see instructions)		
		1	12.7			
а	Separate Category (Enter code - see instructions.)		<u>GE</u>	iN		
Par	If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) I Previously Taxed E&P in Functional Currency (see instructions)		P			
· ui	Troviduoly raxed Extr in randicional currently (see instructions)	(-)	<i>(</i> 1)	(-)		
		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP		
1a	Balance at beginning of year (see instructions)					
b	Beginning balance adjustments (attach statement)					
С	Adjusted beginning balance (combine lines 1a and 1b)					
2	Reduction for taxes unsuspended under anti-splitter rules					
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation					
4	Previously taxed E&P carried over in nonrecognition transaction					
5	Other adjustments (attach statement)					
6	Total previously taxed E&P (combine lines 1c through 5)					
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P					
8	Actual distributions of previously taxed E&P					
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P					
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)					
11	Other adjustments (attach statement)					
12	Balance at beginning of next year (combine lines 6 through 11)					
LHA	For Paperwork Reduction Act Notice, see instructions. 312365 04-01-23		Schedule P	Form 5471) (Rev. 12-2020)		

Schedule P (Form 5471) (Rev. 12-2020)

Parl	Part I Previously Taxed E&P in Functional Currency (see instructions) (continued)								
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total	
1a									
b									
c								_	
2									
3									
_4									
_5									
6									
7									
8									
9									
10									
11									
12									

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Par	t II Previously Taxed E&P in U.S. Dollars			
		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
_2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
_5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
_7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Parl	Part II Previously Taxed E&P in U.S. Dollars (continued)								
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total	
1a									
b									
c									
2									
_3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Schedule P (Form 5471) (Rev. 12-2020)

SCHEDULE Q (Form 5471)

(Rev. December 2023) Department of the Treasury Internal Revenue Service

CFC Income by CFC Income Groups

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471						Identi	ifying number	
NOORA HEALTH						46	46-4746592	
Name of foreign corporation					EIN (if any)		Reference ID number (see instructions)	
NOORA HEALTH INDIA PRIVA	TE LI	MITED			00000000	1		
Complete a separate Schedule Q with respect to	o each ap	plicable category of inc	come (see instructions).		•	•		
A Enter separate category code with resp	ect to whi	ch this Schedule Q is b	eing completed (see ins	tructions for codes)			GEN	
B If category code "PAS" is entered on lin	e A, enter	the applicable groupin	g code (see instructions)				
C If code "901j" is entered on line A, enter	the coun	try code for the sanctic	oned country (see instruc	ctions)				
Complete a separate Schedule Q for U.S. sourc								
D Indicate whether this Schedule Q is beir	ng comple	eted for:	U.S. source income or	X Foreign s	ource income			
Complete a separate Schedule Q for FOGEI or F	ORI incor	me.		_				
E If this Schedule Q is being completed for	r FOGEI c	or FORI income, check	this box					
Enter amounts in functional currency of the	(i) Country	(ii) Gross Income	(iii) Definitely Related	(iv) Related Person	(v) Other Interest	(vi) Research & Expe	(vii)	
foreign corporation (unless otherwise noted).	Code	Gross income	Expenses	Interest Expense		Expenses		
1 Subpart F Income Groups								
a Dividends, Interest, Rents, Royalties,								
& Annuities (Total)								
(1) Unit name:								
(2) Unit name:								
b Net Gain From Certain Property								
Transactions (Total)								
(1) Unit name:								
(2) Unit name:								
c Net Gain From Commodities								
Transactions (Total)								
(1) Unit name:								
(2) Unit name:								
d Net Foreign Currency Gain (Total)								
(1) Unit name:								
(2) Unit name:								
e Income Equivalent to Interest (Total)								
(1) Unit name:								
(2) Unit name:								
f Other Foreign Personal Holding								
Company Income (Total) (attach								
statement - see instructions)								
(1) Unit name:								
(2) Unit name:								

Schedule Q (Form 5471) (Rev. 12-2023)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Electio	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
a							<u> </u>		
(1)							Ш		
(2)							Ш		
b									
(1)							Ш		
(2)							Ш		
_с							.		
(1)							$\sqcup \sqcup$		
(2)							ш		
d									
(1)							+++		
(2)								_	
e									
(1)							+++		
(2)								_	
_									
f									
(1)							+++		
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (Rev. 12-2023)

Schedule Q (Form 5471) (Rev. 12-2023)

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach statement)
1 Subpart F Income Groups							
g Foreign Base Company Sales							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
h Foreign Base Company Services							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name:							
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
I Bribes, Kickbacks, and Other							
Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)			23,922,725.				
(1) Unit name: NOORA HEALTH I	IN	25,297,400.	23,922,725.				
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
5 Total		25,297,400.	23,922,725.				

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (Rev. 12-2023)

Schedule Q (Form 5471) (Rev. 12-2023)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
g									
(1)							+++		
(2)							ш		
h									
(1)							\Box		
(2)									
i									
(1)									
(2)							Ш		
j									
(1)							+++		
(2)							ш		
k									
1									
m									
3									
3				1,374,675. 1,374,675.		14,861,641. 14,861,641.			1,374,675. 1,374,675.
(1)				1,374,675.		14,861,641.	111		1,374,675.
(2)							\coprod		
4									
(1)									
(2)				1 204 605					1 254 655
5				1,374,675.					1,374,675.

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (Rev. 12-2023)

SCHEDULE R (Form 5471) (December 2020)

Department of the Treasury Internal Revenue Service **Distributions From a Foreign Corporation**

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 Identifying number 46-4746592 NOORA HEALTH Name of foreign corporation EIN (if any) Reference ID number (see instructions) NOORA HEALTH INDIA PRIVATE LIMITED 000000000 (d) Amount of E&P (c) Amount of distribution in distribution in (b) foreign corporation's functional currency foreign (a) Description of distribution Date of distribution corporation's functional currency 12/31/2023 1 N/A 2 5 6 7 8 9 10 11 12 13 15 16 17 18 19 20 21 22 23