

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No. 1545-0047
2020
 Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending

C Name of organization: NSF INTERNATIONAL
 Address: 789 NORTH DIXBORO ROAD, ANN ARBOR, MI 481059723
 City or town, state or province, country, and ZIP or foreign postal code: ANN ARBOR, MI 481059723

D Employer identification number: 38-1428955
E Telephone number: (734) 769-8010
G Gross receipts \$ 135,567,560

F Name and address of principal officer: MICHAEL P WALSH, 789 NORTH DIXBORO ROAD, ANN ARBOR, MI 481059723

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.NSF.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1952
M State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: NSF INTERNATIONAL IS A GLOBAL, NOT-FOR-PROFIT PUBLIC HEALTH AND SAFETY ORGANIZATION.				
	2 Check this box <input type="checkbox"/>				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9		
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	730		
	6 Total number of volunteers (estimate if necessary)	6	0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	830,906		
b Net unrelated business taxable income from Form 990-T, line 39	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	0	Current Year	0
	9 Program service revenue (Part VIII, line 2g)	122,120,764		122,261,621	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,431,005		1,213,770	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,230		0	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,578,999		123,475,391	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	182,738		176,147	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,450,804		60,461,248	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0	
	b Total fundraising expenses (Part IX, column (D), line 25)				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	53,317,713		46,403,691	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	114,951,255		107,041,086		
19 Revenue less expenses. Subtract line 18 from line 12	9,627,744		16,434,305		
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	472,699,437		484,914,450	
	21 Total liabilities (Part X, line 26)	174,133,440		171,351,774	
22 Net assets or fund balances. Subtract line 21 from line 20	298,565,997		313,562,676		

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.

Sign Here

Signature of officer: _____ Date: 2021-11-12

MICHAEL P WALSH VP/CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name: ERNST & YOUNG US LLP Firm's EIN: 34-6565596

Check if self-employed PTIN: P01236691

Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	9,627,744	16,434,305
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	472,699,437	484,914,450
	21 Total liabilities (Part X, line 26)	174,133,440	171,351,774
	22 Net assets or fund balances. Subtract line 21 from line 20	298,565,997	313,562,676

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.

Sign Here

Signature of officer	2021-11-12 Date
MICHAEL P WALSH VP/CFO Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01236691
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 155 NORTH WACKER DRIVE CHICAGO, IL 60606			Phone no. (312) 879-2000	

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y **Form 990 (2020)**

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
 NSF INTERNATIONAL IS DEDICATED TO BEING THE LEADING GLOBAL PROVIDER OF PUBLIC HEALTH AND SAFETY-BASED RISK MANAGEMENT SOLUTIONS, WHILE SERVING THE INTERESTS OF ALL STAKEHOLDERS. THESE STAKEHOLDERS INCLUDE THE PUBLIC, THE BUSINESS COMMUNITY, AND GOVERNMENT AGENCIES.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **43,773,355** including grants of \$ **176,147**) (Revenue \$ **80,518,983**)
 THE NSF WATER DIVISION CERTIFIES PRODUCTS THAT COME INTO CONTACT WITH DRINKING WATER; SUCH PRODUCTS INCLUDE PLUMBING COMPONENTS, WATER TREATMENT CHEMICALS, DRINKING WATER FILTERS, AND POOL & SPA EQUIPMENT. NSF PIONEERED THE DEVELOPMENT OF THE AMERICAN NATIONAL STANDARDS FOR ALL MATERIALS AND PRODUCTS WHICH TREAT (OR COME IN CONTACT WITH) DRINKING WATER, TO HELP PROTECT PUBLIC HEALTH AND THE ENVIRONMENT, AND MINIMIZE ADVERSE HEALTH EFFECTS. IN 1990, THE U.S. EPA REPLACED ITS OWN DRINKING WATER PRODUCT ADVISORY PROGRAM WITH THESE NSF STANDARDS. TODAY, MOST PLUMBING CODES REQUIRE CERTIFICATION TO NSF STANDARDS FOR PIPES AND PLUMBING COMPONENTS IN COMMERCIAL AND RESIDENTIAL BUILDINGS.

4b (Code:) (Expenses \$ **11,482,902** including grants of \$) (Revenue \$ **24,643,981**)
 THE NSF FOOD SAFETY DIVISION INCLUDES BOTH FOOD EQUIPMENT AND NONFOOD COMPOUNDS CERTIFICATION. THE FOOD EQUIPMENT PROGRAM TESTS AND CERTIFIES FOOD EQUIPMENT PRODUCTS FOR ACCEPTANCE ACROSS THE US, EUROPE, AND OTHER GLOBAL MARKETS. THE NONFOOD COMPOUNDS PROGRAM OFFERS RISK MANAGEMENT SOLUTIONS FOR NONFOOD COMPOUNDS AND PROPRIETARY SUBSTANCES (I.E., LUBRICANTS, CLEANERS, AND WATER TREATMENT CHEMICALS USED IN FOOD AND BEVERAGE PROCESSING).

4c (Code:) (Expenses \$ **12,416,431** including grants of \$) (Revenue \$ **14,753,952**)
 THE NSF HEALTH SCIENCES DIVISION OFFERS REFERENCE STANDARDS, CERTIFICATION, TESTING, TOXICOLOGY REVIEWS, AND AUDITING SERVICES FOR THE DIETARY SUPPLEMENT AND COSMETICS, AND FUNCTIONAL FOOD INDUSTRIES.

(Code:) (Expenses \$ **2,568,938** including grants of \$) (Revenue \$ **2,344,705**)

4d Other program services (Describe in Schedule O.)
 (Expenses \$ **2,568,938** including grants of \$) (Revenue \$ **2,344,705**)

4e Total program service expenses ▶ **70,241,626**

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	Yes	

4c	(Code:) (Expenses \$ 12,416,431 including grants of \$) (Revenue \$ 14,753,952)
THE NSF HEALTH SCIENCES DIVISION OFFERS REFERENCE STANDARDS, CERTIFICATION, TESTING, TOXICOLOGY REVIEWS, AND AUDITING SERVICES FOR THE DIETARY SUPPLEMENT AND COSMETICS, AND FUNCTIONAL FOOD INDUSTRIES.	
	(Code:) (Expenses \$ 2,568,938 including grants of \$) (Revenue \$ 2,344,705)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 2,568,938 including grants of \$) (Revenue \$ 2,344,705)
4e	Total program service expenses 70,241,626

Form 990 (2020)

Form 990 (2020)

Page 3

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No

b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Yes	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	

Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	

applicable filing thresholds, conditions, and exceptions):

a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	161		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes		

Form 990 (2020)

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	730			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes		
b	AS, BE, BR, BU, CA, CI, CH, CO, CS, EC, FR, GM, HK, IN, EI, IT, JA, MX, NZ, PE, RO, SA, SF, KS, SP, SZ, TW, TH, TS, AE, UK, VM					
5a	If "Yes," enter the name of the foreign country: Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a			No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).						
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 payor?	7a			No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				

c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
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 payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-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.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Form 990 (2020)

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 in Schedule O.	10	
b	Enter the number of voting members included in line 1a, above, who are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (CA, MI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [checked] Upon request [] Other (explain in Schedule O); 19 Describe in 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: MICHAEL P WALSH 789 NORTH DIXBORO ROAD ANN ARBOR, MI 481059723 (734) 769-8010

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: CA, MI
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in 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:
 ▶MICHAEL P WALSH 789 NORTH DIXBORO ROAD ANN ARBOR, MI 481059723 (734) 769-8010

Form 990 (2020)

Form 990 (2020)

Page 7

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) RICHARD K RIEDERER BOARD MEMBER	7.00 3.00	X					93,511	0	27,787
(2) RICHARD E RABBIDEAU BOARD MEMBER	7.00 3.00	X					100,513	0	27,787
(3) JOAN R MENKE-SCHAENZER BOARD MEMBER	2.00 0.00	X					88,823	0	27,787
(4) ELISABETH HAGEN BOARD MEMBER	2.00 0.00	X					80,156	0	27,787
(5) JOHN D GRAHAM BOARD MEMBER	2.00 0.00	X					88,823	0	27,787
(6) THOMAS W GLASGOW JR BOARD MEMBER	2.00 0.00	X					93,511	0	27,787
(7) MARY JANE ENGLAND BOARD MEMBER	2.00 0.00	X					93,511	0	27,787
(8) PEER FL DAAMEN BOARD MEMBER	2.00 0.00	X					88,823	0	27,787
(9) KEVAN P LAWLOR PRESIDENT, CEO / BOARD MEMBER	38.00 12.00	X		X			3,581,913	0	1,168,835
(10) ANGELO PETRILLO VP, SALES	38.00 12.00			X			65,179	0	14,492
(11) JOHN ROWLEY VP, GLOBAL FOOD DIVISION	38.00 12.00			X			0	103,211	29,858
(12) NANCY E BAUER CORPORATE SECRETARY	38.00 12.00			X			132,201	0	15,783

	0.00										
(6) THOMAS W GLASGOW JR BOARD MEMBER	2.00 0.00	X							93,511	0	27,787
(7) MARY JANE ENGLAND BOARD MEMBER	2.00 0.00	X							93,511	0	27,787
(8) PEER FL DAAMEN BOARD MEMBER	2.00 0.00	X							88,823	0	27,787
(9) KEVAN P LAWLOR PRESIDENT, CEO / BOARD MEMBER	38.00 12.00	X		X					3,581,913	0	1,168,835
(10) ANGELO PETRILLO VP, SALES	38.00 12.00			X					65,179	0	14,492
(11) JOHN ROWLEY VP, GLOBAL FOOD DIVISION	38.00 12.00			X					0	103,211	29,858
(12) NANCY E BAUER CORPORATE SECRETARY	38.00 12.00			X					132,201	0	15,783
(13) JOEL SCHELLHAMMER VP, CSIO	38.00 12.00			X					228,123	0	153,991
(14) COLLETTE LAFORCE VP, CMO	38.00 12.00			X					392,680	0	68,292
(15) JULIE TIMMER VP AND GENERAL COUNSEL	38.00 12.00			X					454,918	0	218,844
(16) MARTIN LUSH VP, HEALTH SCIENCES	38.00 12.00			X					0	447,779	71,883
(17) KAREN KREZA VP, HUMAN RESOURCES	38.00 12.00			X					517,628	0	174,829

Form 990 (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL P WALSH VP, CFO	38.00 12.00			X				614,454	0	451,066
(19) THOMAS CHESTNUT COO, SR VP, GLOBAL FOOD DIVISION	38.00 12.00			X				409,267	320,909	406,278
(20) ELIZABETH JONES VP, MARKETING	38.00 12.00			X				758,332	0	7,358
(21) LESLEY MA VP, CIO	38.00 12.00			X				902,688	0	241,744
(22) DAVID PURKISS VP, WATER SYSTEMS	38.00 12.00			X				1,137,183	0	370,939
(23) DAVID TROSIN GENEARL MANAGER, DIETARY SUPPLEMENTS	50.00 0.00					X		206,617	0	19,764
(24) ROBERT E RHODES II SR. BUS DEV MANAGER	50.00 0.00					X		255,985	0	7,927
(25) KANNAPPAN MANICKAM SR. DIRECTOR OF BUS APPS	38.00 12.00					X		228,843	0	19,483
(26) BOB K LINDSEY SR. BUS DEV MANAGER	50.00 0.00					X		274,109	0	25,902
(27) SHARON B DEVINE GLOBAL DIRECTOR, COMMUNICATIONS	38.00 12.00					X		194,816	0	21,465

Line	Individual Name	Salary	Other Compensation	Total Compensation	Reportable	Other
(20)	VP, MARKETING	12.00		758,332	0	7,358
(21)	LESLEY MA	38.00		902,688	0	241,744
(22)	DAVID PURKISS	38.00		1,137,183	0	370,939
(23)	DAVID TROSIN	50.00		206,617	0	19,764
(24)	ROBERT E RHODES II	50.00		255,985	0	7,927
(25)	KANNAPPAN MANICKAM	38.00		228,843	0	19,483
(26)	BOB K LINDSEY	50.00		274,109	0	25,902
(27)	SHARON B DEVINE	38.00		194,816	0	21,465

1b Sub-Total						
c Total from continuation sheets to Part VII, Section A						
d Total (add lines 1b and 1c)				11,082,607	871,899	3,711,029

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 162**

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KORN FERRY (US) 1900 AVENUE OF THE STARS SUITE 260 LOS ANGELES, CA 90067	STAFFING AND RECRUITING	1,016,385
HTC GLOBAL SERVICES INC 3855 SOLUTIONS CENTER CHICAGO, IL 60677	STAFFING AND RECRUITING	854,816
ZENO GROUP INC 130 EAST RANDOLPH DRIVE SUITE 3000 CHICAGO, IL 60601	MARKETING	832,675
AON CONSULTING INC 131 S DEARBORN 6TH FLOOR CHICAGO, IL 60603	COMPENSATION CONSULTING	557,045
DELOITTE & TOUCHE LLP 200 RENAISSANCE CENTER STE 3900 DETROIT, MI 48243	AUDIT AND ASSURANCE	512,178

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 46**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
--	-------------------	--	--------------------------------	--

Coordinated campaigns	1a
Membership dues	1b
Fundraising events	1c
Related organizations	1d

Form 990 (2020)

Page 9

Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 Contributions, Gifts, Grants, and Other Similar Amounts				
1a Federated campaigns				
1b Membership dues				
1c Fundraising events				
1d Related organizations				
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above				
1g Noncash contributions included in lines 1a-1f:				
h Total. Add lines 1a-1f				

	Business Code			
		(A)	(B)	(C)
2a WATER SYSTEMS	541380	80,518,983	80,518,983	
2b FOOD EQUIPMENT	541380	24,643,981	24,643,981	
2c HEALTH SCIENCES	541380	14,753,952	14,753,952	
2d APPLIED RESEARCH CENTER	541380	1,959,335	1,959,335	
2e STANDARDS DEV & MAINTENANCE	541700	341,436	341,436	
2f All other program service revenue.		43,934	43,934	
g Total. Add lines 2a-2f		122,261,621		

3 Investment income (including dividends, interest, and other similar amounts)	2,415,646		830,906	1,584,740
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				

		(i) Real	(ii) Personal				
6a Gross rents	6a	504,587	18,724				
b Less: rental expenses	6b	504,587	18,724				
c Rental income or (loss)	6c	0	0				
d Net rental income or (loss)							

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	10,366,982					
b Less: cost or other basis and sales expenses	7b	10,386,675	1,182,183				
c Gain or (loss)	7c	-19,693	-1,182,183				
d Net gain or (loss)				-1,201,876			-1,201,876

8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						

c	Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)					
7a	Gross amount from sales of assets other than inventory	(i) Securities	10,366,982			
		(ii) Other				
b	Less: cost or other basis and sales expenses	7b	10,386,675	1,182,183		
c	Gain or (loss)	7c	-19,693	-1,182,183		
d	Net gain or (loss)				-1,201,876	-1,201,876
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
		8a				
b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19					
		9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
		10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					

Other Revenue

efile Public Visual Render		Objectid: 202123169349304097 - Submission: 2021-11-12		TIN: 38-1428955		
SCHEDULE A (Form 990 or 990-EZ)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.				OMB No. 1545-0047 2020 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization NSF INTERNATIONAL		Employer identification number 38-1428955				

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.)

- A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization NSF INTERNATIONAL

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

38-1428955

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).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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).
8 A community trust described in section 170(b)(1)(A)(vii).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
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...
11 [X] 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).
a 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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Table with 6 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2020; 15 Public support percentage for 2019; 16a 33 1/3% support test—2020; 16b 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2020; 17b 10%-facts-and-circumstances test—2019; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons.

(Instructions to qualify under the tests listed below, please complete Part III.)

Section A. Public Support. Table with columns (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support. Table with columns (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage. Table with rows 15 Public support percentage for 2020 and 16 Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage. Table with rows 17 Investment income percentage for 2020 and 18 Investment income percentage from 2019 Schedule A, Part III, line 17. Includes 19a 33 1/3% support tests—2020, 19b 33 1/3% support tests—2019, and 20 Private foundation.

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with columns Yes, No. Rows include: 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?; 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?; 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?; 3b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests; 3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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).		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

Table with 3 columns: Question, Yes, No. Row 1: Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

b Did the activities described in 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.

Table with 3 columns and 4 rows, containing labels 2b, 3a, 3b.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

Main table for Section A - Adjusted Net Income and Section B - Minimum Asset Amount with columns for (A) Prior Year and (B) Current Year (optional).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: Name of the organization (NSF INTERNATIONAL) and Employer identification number (38-1428955).

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table for Part I with columns (a) Donor advised funds and (b) Funds and other accounts, containing rows 1-5.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: Name of the organization (NSF INTERNATIONAL) and Employer identification number (38-1428955)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Held at the End of the Year (2a-2d). Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

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

Table with 3 columns: Question number, Description, and Amount. Includes question 3 regarding collection items.

Other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - b Assets included in Form 990, Part X ▶ \$ _____

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

Cat. No. 52283D

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,430,450	3,520,000		4,950,450
b Buildings		64,051,348	24,319,715	39,731,633
c Leasehold improvements		4,263,352	2,341,703	1,921,649
d Equipment		58,926,282	42,098,046	16,828,236
e Other		3,187,066	1,401,522	1,785,544
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				65,217,512

Schedule D (Form 990) 2020

- (i) Unrelated organizations
- (ii) Related organizations
- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,430,450	3,520,000		4,950,450
b Buildings		64,051,348	24,319,715	39,731,633
c Leasehold improvements		4,263,352	2,341,703	1,921,649
d Equipment		58,926,282	42,098,046	16,828,236
e Other		3,187,066	1,401,522	1,785,544
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				65,217,512

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENT IN SUBSIDIARIES	249,883,476	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	249,883,476	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)RELATED PARTY RECEIVABLE	96,810,323
(2)WORK IN PROCESS	6,016,996
(3)DEPOSITS AND ADVANCES	211,151
(4)FEDERAL INCOME TAXES RECEIVABLE	3,227
(5)DEBT ISSUANCE COSTS	157,995
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	103,199,692

Part X Other Liabilities.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		
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Part IX Other Assets.

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

(a) Description	(b) Book value
(1)RELATED PARTY RECEIVABLE	96,810,323
(2)WORK IN PROCESS	6,016,996
(3)DEPOSITS AND ADVANCES	211,151
(4)FEDERAL INCOME TAXES RECEIVABLE	3,227
(5)DEBT ISSUANCE COSTS	157,995
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	103,199,692

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	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	68,906,103

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

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

efile Public Visual Render	ObjectID: 202123169349304097 - Submission: 2021-11-12	TIN: 38-1428955
SCHEDULE F (Form 990)	Statement of Activities Outside the United States	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<p>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.</p> <p>▶ Attach to Form 990.</p> <p>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</p>	2020 Open to Public Inspection
Name of the organization NSF INTERNATIONAL	Employer identification number 38-1428955	

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	1	2	PROGRAM SERVICE	WATER TREATMENT DEVICES PLUMBING COMPONENTS AND FOOD	1,110,641

(A) Name of organization	(B) EIN code	(C) Domicile	(D) Purpose of	(E) Amount of	(F) Name of	(G) Amount	(H) Description	(I) Method of
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization NSF INTERNATIONAL	Employer identification number 38-1428955
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Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF WASHTENAW COUNTY 2305 PLATT ROAD ANN ARBOR, MI 48103	38-1951024	501(C)(3)	74,772				GENERAL SUPPORT
(2) THE WOMEN'S CENTER OF	36-4338567	501(C)(3)	10,000				GENERAL SUPPORT

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

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

Table with 2 columns: Name of the organization (NSF INTERNATIONAL) and Employer identification number (38-1428955)

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Schedule I (Form 990) 2020 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Table with 2 columns: Return Reference (PART I, LINE 2) and Explanation (PRIOR TO ISSUANCE OF GRANTS, THE ORGANIZATION CONFIRMS THAT FUND RECIPIENTS ARE QUALIFYING SEC. 501(C) ORGANIZATIONS AS NOTED ON IRS TAX EXEMPT ORGANIZATION DATABASE...)

Schedule J (Form 990) Additional Data

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

2020

Return to Form

Department of the Treasury Internal Revenue Service

Software Version:

Table with 2 columns: Name of the organization (NSF INTERNATIONAL) and Employer identification number (38-1428955)

Part I Questions Regarding Compensation

Table with 3 columns: Question (1a, 1b, 2), Yes, No

efile Public Visual Render		Objectid: 202123169349304097 - Submission: 2021-11-12	TIN: 38-1428955
Schedule J (Form 990)		Compensation Information	
Additional Data		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. Go to www.irs.gov/Form990 for instructions and the latest information.	
Department of the Treasury Internal Revenue Service		2020 Open to Public Inspection	
Name of the organization NSF INTERNATIONAL		Software Version:	Employer identification number 38-1428955

Return to Form

Part I Questions Regarding Compensation

	Yes	No
1a 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.		
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax identification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
1b 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.	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 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 contingent on the revenues of:		
5a The organization?		No
5b Any related organization?		No
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 contingent on the net earnings of:		
6a The organization?		No
6b Any related organization?		No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 are not 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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 KEVAN P LAWLOR PRESIDENT, CEO / BOARD MEMBER	(i)	713,317	301,464	2,567,132	1,142,456	26,379	4,750,748	2,547,632
	(ii)	0	0	0	0	0	0	0
2 DAVID PURKISS VP, WATER SYSTEMS	(i)	290,142	58,905	788,136	346,594	24,345	1,508,122	768,636
	(ii)	0	0	0	0	0	0	0
3 LESLEY MA VP, CIO	(i)	568,688	314,500	19,500	220,273	21,471	1,144,432	0
	(ii)	0	0	0	0	0	0	0
4 THOMAS CHESTNUT COO, SR VP, GLOBAL FOOD DIVISION	(i)	250,108	0	159,159	383,238	9,867	802,372	139,659
	(ii)	182,024	138,885	0	0	13,173	334,082	0
5 MICHAEL P WALSH VP, CFO	(i)	340,677	98,741	175,036	427,271	23,795	1,065,520	155,536
	(ii)	0	0	0	0	0	0	0
6 ELIZABETH JONES VP, MARKETING	(i)	145,755	86,493	526,084	0	7,358	765,690	526,084
	(ii)	0	0	0	0	0	0	0
7 KAREN KREZA VP, HUMAN RESOURCES	(i)	279,255	175,294	63,079	148,983	25,846	692,457	43,579
	(ii)	0	0	0	0	0	0	0
8 JULIE TIMMER VP AND GENERAL COUNSEL	(i)	304,848	89,606	60,464	213,638	5,206	673,762	40,964
	(ii)	0	0	0	0	0	0	0
9 MARTIN LUSH VP, HEALTH SCIENCES	(i)	0	0	0	0	0	0	0
	(ii)	349,412	98,367	0	62,831	9,052	519,662	0
10 COLLETTE LAFORCE VP, CMO	(i)	348,180	25,000	19,500	64,376	3,916	460,972	0
	(ii)	0	0	0	0	0	0	0
11 JOEL SCHELLHAMMER VP, CSIO	(i)	183,623	25,000	19,500	146,781	7,210	382,114	0
	(ii)	0	0	0	0	0	0	0
12 BOB K LINDSEY SR. BUS DEV. MANAGER	(i)	117,868	156,241	0	0	25,902	300,011	0
	(ii)	0	0	0	0	0	0	0

VP, WATER SYSTEMS	(i)	0	0	0	0	0	0	0
3 LESLEY MA VP, CIO	(i)	568,688	314,500	19,500	220,273	21,471	1,144,432	0
	(ii)	0	0	0	0	0	0	0
4 THOMAS CHESTNUT COO, SR VP, GLOBAL FOOD DIVISION	(i)	250,108	0	159,159	383,238	9,867	802,372	139,659
	(ii)	182,024	138,885	0	0	13,173	334,082	0
5 MICHAEL P WALSH VP, CFO	(i)	340,677	98,741	175,036	427,271	23,795	1,065,520	155,536
	(ii)	0	0	0	0	0	0	0
6 ELIZABETH JONES VP, MARKETING	(i)	145,755	86,493	526,084	0	7,358	765,690	526,084
	(ii)	0	0	0	0	0	0	0
7 KAREN KREZA VP, HUMAN RESOURCES	(i)	279,255	175,294	63,079	148,983	25,846	692,457	43,579
	(ii)	0	0	0	0	0	0	0
8 JULIE TIMMER VP AND GENERAL COUNSEL	(i)	304,848	89,606	60,464	213,638	5,206	673,762	40,964
	(ii)	0	0	0	0	0	0	0
9 MARTIN LUSH VP, HEALTH SCIENCES	(i)	0	0	0	0	0	0	0
	(ii)	349,412	98,367	0	62,831	9,052	519,662	0
10 COLLETTE LAFORCE VP, CMO	(i)	348,180	25,000	19,500	64,376	3,916	460,972	0
	(ii)	0	0	0	0	0	0	0
11 JOEL SCHELLHAMMER VP, CSIO	(i)	183,623	25,000	19,500	146,781	7,210	382,114	0
	(ii)	0	0	0	0	0	0	0
12 BOB K LINDSEY SR. BUS DEV MANAGER	(i)	117,868	156,241	0	0	25,902	300,011	0
	(ii)	0	0	0	0	0	0	0
13 ROBERT E RHODES II SR. BUS DEV MANAGER	(i)	120,344	135,641	0	0	7,927	263,912	0
	(ii)	0	0	0	0	0	0	0
14 KANNAPPAN MANICKAM SR. DIRECTOR OF BUS APPS	(i)	171,595	57,248	0	0	19,483	248,326	0
	(ii)	0	0	0	0	0	0	0
15 DAVID TROSIN GENERAL MANAGER, DIETARY SUPPLEMENTS	(i)	177,142	29,475	0	0	19,764	226,381	0
	(ii)	0	0	0	0	0	0	0
16 SHARON B DEVINE GLOBAL DIRECTOR, COMMUNICATIONS	(i)	194,816	0	0	0	21,465	216,281	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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 complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A:	EXPENSES PAID FOR TRAVEL FOR COMPANIONS WERE INCURRED FOR THE FOLLOWING INDIVIDUALS IN 2020: RICHARD RABBIDEAU THE TRAVEL EXPENSES INCLUDED SPOUSE AIRFARE AND SEAT FEES. THE BENEFITS RECEIVED FOR THE COMPANION TRAVEL WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL LISTED ABOVE.
PART I, LINE 4B:	CERTAIN SENIOR MANAGEMENT EMPLOYEES ARE PROVIDED WITH THE OPPORTUNITY TO PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN ORGANIZED UNDER IRC SECTION 457(F). THE PARTICIPANT WILL BECOME VESTED AND WILL RECEIVE A PAYOUT WHEN THE PARTICIPANT REACHES DEFINED MILESTONE AGES. ANY PORTION ACCRUED IN A GIVEN YEAR, ALONG WITH APPRECIATION OF THEIR RESPECTIVE PLAN AMOUNT IS REPORTED AS DEFERRED COMPENSATION ON FORM 990, SCHEDULE J, PART II - COLUMN (C). THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS IN 2020: - KEVAN LAWLOR \$1,918,161 - DAVID PURKISS \$730,302 - ELIZABETH JONES \$234,050
PART I, LINE 7:	CERTAIN EXECUTIVES AND EMPLOYEES ARE ELIGIBLE FOR PARTICIPATION IN THE ANNUAL BONUS PLAN. THE PLAN PROVIDES PARTICIPANTS WITH THE OPPORTUNITY TO RECEIVE A BONUS BASED ON ATTAINMENT OF THE PREVIOUSLY ESTABLISHED INDIVIDUAL, BUSINESS UNIT AND CORPORATE GOALS. ADDITIONALLY, THE COMPANY HAS A LONG-TERM INCENTIVE PLAN (LTIP) WHEREBY CERTAIN MANAGEMENT ARE AWARDED DEFERRED COMPENSATION BASED ON SEVERAL CRITERIA. THE AMOUNTS AWARDED UNDER THE CURRENT PLAN (ESTABLISHED IN 2016) ARE REPORTED ON FORM 990 AS 'RETIREMENT AND OTHER DEFERRED COMPENSATION' ON SCHEDULE J, PART II COLUMN (C) AND ARE AWARDED EFFECTIVE JANUARY 1ST OF THE TAX YEAR FOLLOWING THE YEAR TO WHICH THE SERVICE AWARD RELATES. THE SERVICE AWARDS THEN VEST STARTING IN THE TAX YEAR FOLLOWING THE TAX YEAR IN WHICH THE AWARD BECAME EFFECTIVE, OVER A THREE-YEAR PERIOD. THE VESTED AMOUNTS ARE REPORTED AS 'OTHER REPORTABLE COMPENSATION' ON SCHEDULE J, PART II, COLUMN (B)(III).

Schedule J (Form 990) 2020

Additional Data

Return to Form

Software ID:
Software Version:

<p>efile Public Visual Render ObjectID: 202123169349304097 - Submission: 2021-11-12 TIN: 38-1428955</p>		<p>OMB No. 1545-0047</p>
<p>SCHEDULE O (Form 990 or 990-EZ)</p>		<p>2020 Open to Public Inspection</p>
<p>Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.</p>		
<p>Department of the Treasury Internal Revenue Service Name of the organization NSF INTERNATIONAL</p>		<p>Employer identification number 38-1428955</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	APPLIED RESEARCH CENTER (ARC) PROVIDES CUSTOMIZED BIO ANALYTICAL TEST SERVICES AND CONSULTATION IN THE GOVERNMENT AND ACADEMIA SECTORS. EXPENSES \$ 1,501,833. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,959,335. STANDARDS DEVELOPMENT AND MAINTENANCE: NSF INTERNATIONAL FACILITATES THE PROCESS OF DEVELOPING NEW STANDARDS AND MAINTENANCE OF OUR EXISTING STANDARDS, WHICH IS OVER 80 PUBLISHED DOCUMENTS. OUR TEAM WORKS TO ENSURE THAT ALL POLICIES AND PROCEDURES ARE FOLLOWED AND THAT OUR STAKEHOLDERS ARE EQUIPPED TO HAVE CONVERSATIONS LEADING TO CONSENSUS; THIS INCLUDES BUT IS NOT LIMITED TO SCHEDULE/COORDINATION OF MEETINGS, SHARING ESSENTIAL DOCUMENTATION (REFERENCE

efile Public Visual Render	Objectid: 202123169349304097 - Submission: 2021-11-12	TIN: 38-1428955
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization NSF INTERNATIONAL	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2020 Open to Public Inspection
	Employer identification number 38-1428955	

Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	APPLIED RESEARCH CENTER (ARC) PROVIDES CUSTOMIZED BIO ANALYTICAL TEST SERVICES AND CONSULTATION IN THE GOVERNMENT AND ACADEMIA SECTORS. EXPENSES \$ 1,501,833. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,959,335. STANDARDS DEVELOPMENT AND MAINTENANCE: NSF INTERNATIONAL FACILITATES THE PROCESS OF DEVELOPING NEW STANDARDS AND MAINTENANCE OF OUR EXISTING STANDARDS, WHICH IS OVER 80 PUBLISHED DOCUMENTS. OUR TEAM WORKS TO ENSURE THAT ALL POLICIES AND PROCEDURES ARE FOLLOWED AND THAT OUR STAKEHOLDERS ARE EQUIPPED TO HAVE CONVERSATIONS LEADING TO CONSENSUS; THIS INCLUDES BUT IS NOT LIMITED TO SCHEDULE/COORDINATION OF MEETINGS, SHARING ESSENTIAL DOCUMENTATION (REFERENCE STANDARDS, DATA, MEETING SUMMARIES, ETC.), COMMITTEE MEMBERSHIP RECRUITMENT AND LEADING THE BALLOTING PROCESS FOR NEW STANDARDS AND REVISIONS TO PUBLISHED STANDARDS. EXPENSES \$ 885,666. INCLUDING GRANTS OF \$ 0. REVENUE \$ 341,436. OTHER PROGRAMS EXPENSES \$ 181,439. INCLUDING GRANTS OF \$ 0. REVENUE \$ 43,934.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM IN PARTNERSHIP WITH NSF'S INTERNAL TAX TEAM AND IS REVIEWED AND APPROVED BY NSF MANAGEMENT. PRIOR TO THE FILING WITH THE IRS, A COMPLETED COPY OF THE CURRENT YEAR FORM 990 IS POSTED ON THE BOARD OF DIRECTOR'S WEBSITE. ALL BOARD MEMBERS HAVE ACCESS TO THE FORM 990 AND CAN DOWNLOAD AND REVIEW THE DOCUMENT. THE AUDIT/FINANCE COMMITTEE (COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS) IS RESPONSIBLE FOR MONITORING THIS PROCESS AND FOR CONFIRMING THAT FORM 990 IS POSTED TO THE WEBSITE IN A TIMELY MANNER.
FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES, OFFICERS, AND DIRECTORS (I.E., COVERED PERSONS) WHO ACT ON BEHALF OF NSF IN THE OPERATIONS OF NSF'S BUSINESS MUST AVOID CONFLICTS OF INTEREST, PROMPTLY CEASE ACTIVITIES THAT CAUSE CONFLICTS TO EXIST AND MUST PROVIDE WRITTEN DISCLOSURE TO THE CHIEF LEGAL OFFICER OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST THEY ARE AWARE OF UPON HIRE OR THAT MAY OCCUR DURING THEIR EMPLOYMENT AT NSF. FURTHER, COVERED PERSONS MAY NOT ENTER INTO A TRANSACTION OR ENGAGE IN ANY ACTIVITY GIVING RISE TO A CONFLICT OF INTEREST WITHOUT THE PRIOR WRITTEN APPROVAL OF THE CHIEF LEGAL OFFICER AND MAY BE ASKED TO DISCONTINUE AN OUTSIDE ACTIVITY IF IT IMPACTS OR IS PERCEIVED TO IMPACT THEIR IMPARTIALITY, EFFECTIVENESS, PRODUCTIVITY OR IF THE DISCLOSURE OF NSF CONFIDENTIAL INFORMATION IS AT RISK. ADDITIONALLY, ALL EMPLOYEES ARE REQUIRED TO UNDERGO ANNUAL CODE OF ETHICS TRAINING. AS A PART OF THE ANNUAL TRAINING, EMPLOYEES ARE EDUCATED ON WHAT MAY CONSTITUTE A CONFLICT OF INTEREST (INCLUDING COMMON SITUATIONS THAT MAY CREATE A CONFLICT OF INTEREST (OR THE APPEARANCE OF ONE), ARE MADE AWARE OF THE EXISTING CONFLICT OF INTEREST POLICY, AND ARE REMINDED OF THEIR CONTINUING OBLIGATION TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE.
FORM 990, PART VI, SECTION B, LINE 15	EACH YEAR DURING THE JANUARY BOARD MEETING AND AFTER THE PUBLICATION OF THE PRIOR YEAR FINANCIAL RESULTS, THE COMPENSATION COMMITTEE (COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS) REVIEWS THE COMPENSATION OF ALL CORPORATE OFFICERS AND BOARD MEMBERS AND RECOMMENDS ADJUSTMENTS TO COMPENSATION AS NECESSARY. THE FULL BOARD OF DIRECTORS REVIEWS THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE AND APPROVES ADJUSTMENTS TO COMPENSATION, IF DEEMED APPROPRIATE. THIS COMPENSATION REVIEW/RECOMMENDATION/APPROVAL PROCESS WAS LAST DONE IN JANUARY 2021. IN ADDITION, COMPENSATION STUDIES ARE PERFORMED PERIODICALLY BY AN OUTSIDE FIRM TO ASSIST THE COMPENSATION COMMITTEE IN THE REVIEW OF THE OFFICER'S COMPENSATION. THE LAST COMPENSATION STUDY WAS PERFORMED IN 2018, WITH A NEW STUDY PLANNED FOR 2021.
FORM 990, PART VI, SECTION C,	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FORM 990 ARE BOTH AVAILABLE TO THE PUBLIC UPON REQUEST. REQUESTS CAN BE MADE BY EMAILING TO INFO@NSF.ORG OR CALLING (734) 769-8010.

efile Public Visual Render	Objectid: 202123169349304097 - Submission: 2021-11-12	TIN: 38-1428955
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization NSF INTERNATIONAL	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. Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2020 Open to Public Inspection
	Employer identification number 38-1428955	

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

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

efile Public Visual Render	Objectid: 202123169349304097 - Submission: 2021-11-12	TIN: 38-1428955
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization NSF INTERNATIONAL	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; color: green;">2020</div> Open to Public Inspection	

Name of the organization NSF INTERNATIONAL	Employer identification number 38-1428955
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Schedule R (Form 990) 2020 Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AMAREX CLINICAL RESEARCH LLC 20201 CENTURY BLVD SUITE 450 GERMANTOWN, MD 20874 52-2138315	MEDICAL DEVICE AND PHARMA/BIOTECH CONSULTING	MD	NSF HEALTH SCIENCES LLC	RELATED	6,803,048	93,212,117		No		Yes		69.600 %
(2) AMAREX TAIWAN LLC 20201 CENTURY BLVD SUITE 450 GERMANTOWN, MD 20874 82-2032375	MEDICAL DEVICE AND PHARMA/BIOTECH CONSULTING	MD	NSF HEALTH SCIENCES LLC	RELATED	613,499	1,175,717		No		Yes		69.600 %
(3) AMAXON LLC 9400 KEY WEST AVENUE ROCKVILLE, MD 20850 83-1881519	CLINICAL RESEARCH	MD	AMAREX CLINICAL RESEARCH LLC	RELATED	-458	17,594		No		No		50.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NSF EURO CONSULTANTS SA AVENUE PASTEUR 21 WAVRE BE	FOOD SAFETY AUDITS AND CONSULTING	BE	NSF INTERNATIONAL UK LTD	C	-1,378,039	12,278,281	100.000 %	Yes	
(2) NSF BRAZIL - PRESTAO DE SERVICIOS DE ANALISES E CERTIFICAO LTDA PALERMO STREET 257 VIAMAO VILA SANTA ISABEL RS BR	ISO 9000/1400 AND REGISTRATION SERVICES	BR	NSF INTERNATIONAL STRATEGIC REGISTRATIONS LTD	C	-850,758	4,336,319	100.000 %	Yes	
(3) EC BUL LTD 87 KNIAZ ALEKSANDAR DONDUKOV BLVD SOFIA BU	FOOD SAFETY AUDITS AND CONSULTING	BU	NSF EURO CONSULTANTS SA	C	5,088	306,456	80.000 %	Yes	
(4) NSF CANADA 125 CHANCELLORS WAY GUELPH, ONTARIO CA	EDUCATION AND TRAINING	CA	NSF INTERNATIONAL	C	-1,451,631	108,330,063	100.000 %	Yes	

(5)NSF CANADA AGRICULTURAL CERTIFICATION COMPANY 125 CHANCELLORS WAY GUELPH, ONTARIO CA	EDUCATION AND TRAINING	CA	NSF INTERNATIONAL	C			100.000 %	Yes	
(6)NSF SHANGHAI CO LTD NO 258 WUYI ROAD 4TH FLOOR BLDG SHANGHAI CH	PRODUCT CERTIFICATION FOR WATER AND FOOD	CH	NSF INTERNATIONAL	C	1,164,418	9,177,381	80.000 %	Yes	
(7)NSF SHANGHAI TESTING TECHNOLOGY CO LTD 1188 LIAN HANG ROAD INTELLIGENCE V SHANGHAI CH	LAB TESTING	CH	NSF INTERNATIONAL	C	1,245,176	7,953,333	100.000 %	Yes	
(8)NSF INTERNATIONAL CHILE SA AV IV CENTENARIO 92 757-0015 LAS CONDES SANTIAGO CI	FOOD SAFETY AUDITS AND CONSULTING	CI	NSF INTERNATIONAL FOOD SAFETY LLC	C	368,502	1,768,431	98.000 %	Yes	
(9)NSF COSTA RICA SA EDIFICIO TERAL II TERCER PISO AVEN SAN JOSE CS	FOOD SAFETY AUDITS AND CONSULTING	CS	NSF AGRICULTURE LLC	C	237,870	1,804,521	100.000 %	Yes	
(10)NSF ECUADOR SA KM 15 VA SAMBORONDON SAMBORONDON EC	FOOD SAFETY AUDITS AND CONSULTING	EC	NSF AGRICULTURE LLC	C	61,389	492,896	100.000 %	Yes	
(11)NSF CERTIFICATION GERMANY GMBH AMSELWEG 5 RHEDAWIDENBRUCK GM	FOOD SAFETY AND ISO 9000/14000	GM	NSF ERDMANN ANALYTICS GMBH	C			100.000 %	Yes	
(12)NSF DEUTSCHLAND GMBH BEIM STROHHAUSE 17 HAMBURG GM	FOOD SAFETY AND ISO 9000/14000	GM	NSF INTERNATIONAL STRATEGIC REGISTRATIONS LTD	C	-2,888,356	61,690,842	100.000 %	Yes	
(13)NSF PROSYSTEM AG AMSELWEG 5 RHEDAWIDENBRUCK GM	FOOD SAFETY AND ISO 9000/14000	GM	NSF DEUTSCHLAND GMBH	C	1,305,651	14,325,045	100.000 %	Yes	
(14)NSF ERDMANN ANALYTICS GMBH AMSELWEG 5 RHEDAWIDENBRUCK GM	FOOD SAFETY AND ISO 9000/14000	GM	NSF DEUTSCHLAND GMBH	C	-1,344,796	15,372,222	100.000 %	Yes	
(15)NSF ITALY SRL CORSO ROMA 45 BORGOMANERO NOVARA IT	FOOD SAFETY AND ISO 9000/14000	IT	NSF SAFETY & QUALITY UK LTD	C	-277,821	1,318,522	100.000 %	Yes	
(16)NSF KOREA LLC 82-13 SUSAN BUILDING 5TH FLOOR NO SEOUL KS	FOOD SAFETY AUDITS AND CONSULTING	KS	NSF INTERNATIONAL FOOD SAFETY LLC	C	-74,769	1,179,622	100.000 %	Yes	
(17)EURO CONSULTANTS SARLAU ZONE VILLA 1065 GROUP HOCINE SALE EL JADIDA MO	FOOD SAFETY AUDITS AND CONSULTING	MO	NSF EURO CONSULTANTS SA	C			100.000 %	Yes	
(18)SHOPPERS ANON LTD 14 QUEEN STREET BRITOMART AUCKLAND NZ	FOOD SAFETY AUDITS AND CONSULTING	NZ	NSF INTERNATIONAL FOOD SAFETY LLC	C	-23,964	186,034	100.000 %	Yes	
(19)THE FOOD AUDITOR LTD 14 QUEEN STREET BRITOMART AUCKLAND NZ	FOOD SAFETY AUDITS AND CONSULTING	NZ	NSF INTERNATIONAL FOOD SAFETY LLC	C	-430	64,786	100.000 %	Yes	
(20)THE NEW ZEALAND SCHOOL OF FOOD HYGIENE LTD 14 QUEEN STREET BRITOMART AUCKLAND NZ	FOOD SAFETY AUDITS AND CONSULTING	NZ	NSF INTERNATIONAL FOOD SAFETY LLC	C	-145,909	1,178,971	100.000 %	Yes	
(21)NSF INASSA SAC AV LA MARINA NO 3035 SAN MIGUEL PE	FOOD SAFETY AUDITS AND CONSULTING	PE	NSF AGRICULTURE LLC	C	-2,433,141	7,711,944	100.000 %	Yes	
(22)NSF PERU SAC AV LA MARINA NO 3035 SAN MIGUEL PE	FOOD SAFETY AUDITS AND CONSULTING	PE	NSF AGRICULTURE LLC	C	-30,294	29,247	100.000 %	Yes	
(23)NSF INTERNATIONAL ROMANIA SRL STREET COMPASULUI 8 ETAGE 1 BUCAREST RO	FOOD SAFETY AUDITS AND CONSULTING	RO	EC BUL LTD	C	179,469	447,604	84.000 %	Yes	
(24)NSF - AFRICA (PROPRIETARY) LTD 21 ELECTRON AVE TECHNOPARK UNIT F4 NORTHERN CAPE SF	FOOD SAFETY AUDITS AND CONSULTING	SF	NSF SAFETY & QUALITY UK LTD	C	-48,650	1,514,843	100.000 %	Yes	
(25)NSF HEALTH AND SAFETY SPAIN SA AVDA CARLOS III 1 EL PARADOR ALMERIA SP	FOOD SAFETY AUDITS AND CONSULTING	SP	NSF SAFETY & QUALITY UK LTD	C	16,330	1,138,884	100.000 %	Yes	
(26)EURO CONSULTANTS IT-ECIT SARL IMEUBLE TAMAYOUZ BUR H1 CENTRE URBA TUNIS TS	FOOD SAFETY AUDITS AND CONSULTING	TS	NSF EURO CONSULTANTS SA	C	4,410	12,444	99.000 %	Yes	
(27)QUASAR CONSULTING SA RUE SAAD ZAGHLOUL 14 ARIANA TS	FOOD SAFETY AUDITS AND CONSULTING	TS	NSF EURO CONSULTANTS SA	C	-14,882	116,270	99.000 %	Yes	
(28)BUILD CERT LTD 30 FERN CLOSE PEN-Y-FAN INDUSTRIAL OAKDALE GWENT WALES UK	WATER SAFETY CERTIFICATION AND CONSULTING	UK	NSF INTERNATIONAL	C			100.000 %	Yes	
(29)INTEGRA FOOD SECURE LIMITED 23 HANBOROUGH PARK LONG HANBOROUGH OXFORD UK	FOOD SAFETY AUDITS AND CONSULTING	UK	NSF AGRICULTURE UK LTD	C		3	100.000 %	Yes	
(30)NSF AGRICULTURE UK LTD 23 HANBOROUGH PARK LONG HANBOROUGH OXFORD UK	FOOD SAFETY AUDITS AND CONSULTING	UK	NSF SAFETY & QUALITY UK LTD	C	1,144,901	495,110	100.000 %	Yes	
(31)NSF CERTIFICATION UK LTD 23 HANBOROUGH PARK LONG HANBOROUGH OXFORD UK	FOOD SAFETY AUDITS AND CONSULTING	UK	NSF SAFETY & QUALITY UK LTD	C	1,109,562	64,447,520	100.000 %	Yes	
(32)NSF HEALTH SCIENCES UK LTD 23 HANBOROUGH PARK LONG HANBOROUGH OXFORD UK	FOOD SAFETY AUDITS AND CONSULTING	UK	NSF INTERNATIONAL UK LTD	C	-175,135	6,910,565	100.000 %	Yes	
(33)NSF INTERNATIONAL UK LIMITED 23 HANBOROUGH PARK LONG HANBOROUGH OXFORD UK	FOOD SAFETY AUDITS AND CONSULTING	UK	NSF INTERNATIONAL FOOD SAFETY LLC	C	-2,625,837	38,217,531	100.000 %	Yes	
(34)NSF SAFETY AND QUALITY UK LTD 23 HANBOROUGH PARK LONG HANBOROUGH	FOOD SAFETY AUDITS AND CONSULTING	UK	NSF INTERNATIONAL UK LTD	C	-3,540,207	128,224,345	100.000 %	Yes	

Entity Name	Address	State	Country	Organization Type	Revenue	Assets	Liabilities	Net Assets	Net Revenue	Net Assets %	Yes	No
(35)NSF WALES LTD	WATER SAFETY CERTIFICATION AND CONSULTING	UK	NSF INTERNATIONAL	C	-248,489	25,311,655	100,000 %	Yes				
(36)NSF HEALTH SCIENCES LLC	FOOD SAFETY AUDITS AND CONSULTING	MI	NSF INTERNATIONAL HOLDINGS	C	753,041	110,716,572	100,000 %	Yes				
(37)NSF INTERNATIONAL FOOD SAFETY LLC	FOOD SAFETY AUDITS AND CONSULTING	MI	NSF INTERNATIONAL HOLDINGS	C	-7,025,295	136,248,904	100,000 %	Yes				
(38)NSF INTERNATIONAL HOLDINGS	HOLDING COMPANY	MI	NSF INTERNATIONAL	C	2,002,929	249,699,776	100,000 %	Yes				
(39)NSF INTERNATIONAL STRATEGIC REGISTRATIONS CANADA LTD	TESTING AND CERTIFICATION SERVICES	MI	NSF INTERNATIONAL STRATEGIC REGISTRATIONS LTD	C	707,243	15,041,484	100,000 %	Yes				
(40)NSF INTERNATIONAL STRATEGIC REGISTRATIONS LTD	ISO 9000/14000 REGISTRATION SERVICES	MI	NSF INTERNATIONAL HOLDINGS	C	1,172,502	80,470,834	100,000 %	Yes				
(41)NSF SEAFOOD INC (FKA SUREFISH INC)	FOOD SAFETY AUDITS AND CONSULTING	WA	NSF INTERNATIONAL FOOD SAFETY LLC	C	-138,236		100,000 %	Yes				
(42)QAI INC	ORGANIC FOOD CERTIFICATION	CA	NSF INTERNATIONAL HOLDINGS	C	2,814,730	20,233,279	100,000 %	Yes				
(43)NSF COLOMBIA SAS	AUDITING AND TRAINING FOOD SAFETY SERVICES	CO	NSF INTERNATIONAL FOOD SAFETY LLC	C	165,477	528,615	100,000 %	Yes				
(44)NSF SAUDI ARABIA	INSPECTION AND TESTING OF FOOD AND WATER	SA	NSF SAFETY & QUALITY UK LTD	C	-136,553	192,313	100,000 %	Yes				
(45)NSF CERTIFICATION IRELAND	CERTIFICATION FOR MEDICAL DEVICES IN-VITRO DIAGNOSTICS	EI	NSF INTERNATIONAL UK LTD	C	-7,542	132,393	100,000 %	Yes				
(46)NSF VIETNAM LTD CO	AUDIT, INSPECTION, CONSULTING AND TRAINING	VM	NSF INTERNATIONAL HOLDINGS	C	6,549	172,181	100,000 %	Yes				
(47)NSF AUSTRALIA PTY LTD	FOOD SAFETY AUDITING AND CONSULTING	AS	THE NEW ZEALAND SCHOOL OF FOOD HYGIENE LTD	C	-129,343	186,876	100,000 %	Yes				
(48)PROSYSTEM CONSULTING SCHWEIZ AG	CONSULTING AND SERVICE COMPANY IN MEDICAL DEVICES	SZ	NSF PROSYSTEM GMBH	C	-44,765	436,025	100,000 %	Yes				
(49)CIBUS BIOTECH GMBH	INTEREST AND CERTIFICATION SERVICES	GM	NSF ERDMANN ANALYTICS GMBH	C			100,000 %	Yes				
(50)NSF FRANCE SARL	FOOD SAFETY AUDITS AND CONSULTING	FR	NSF EURO CONSULTANTS SA	C	-72,549	1,390,441	100,000 %	Yes				
(51)NSF JAPAN KK	INSPECTION AND TESTING OF FOOD AND WATER	JA	NSF INTERNATIONAL HOLDINGS	C	62,608	236,688	100,000 %	Yes				
(52)NSF HK TESTING TECHNOLOGY COMPANY LIMITED	LAB TESTING	HK	NSF SHANGHAI TESTING TECHNOLOGY CO LTD	C	194,684	220,709	100,000 %	Yes				
(53)NSF GUATEMALA	AUDIT, INSPECTION, CONSULTING AND TRAINING	GT	NSF INTERNATIONAL FOOD SAFETY LLC	C			100,000 %	Yes				
(54)GLOBAL TRUST CERTIFICATION LIMITED	CERTIFICATION, SEAFOOD INDUSTRY	EI	NSF CERTIFICATION IRELAND LTD	C	347,833	1,496,702	100,000 %	Yes				
(55)SHANGHAI NFKA CERTIFICATION CO LTD	TESTING AND CERTIFICATION SERVICES	CH	NSF SHANGHAI CO LTD	C	198,004		48,000 %	Yes				

Schedule R (Form 990) 2020

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- 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)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

	Yes	No
1a	Yes	
1b		No
1c		No
1d	Yes	
1e		No
1f	Yes	
1g	Yes	
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n	Yes	

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Part VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2020

Additional Data

Return to Form

Software ID:
Software Version: