

AGENDA

NATIONAL WATER RESEARCH INSTITUTE BOARD OF DIRECTORS MEETING

Date: Wednesday, November 13, 2024
Time: 1:30 PM Local Time

Live Meeting Location: 18700 Ward Street Fountain Valley, CA 92708

Zoom Meeting ID and Passcode: Conference Room C2

Meeting ID: 542 510 8331

Passcode: None

Sites Open to the Public: 111 N. Hope Street Los Angeles, CA 90012

12 S. Michigan Ave. Chicago, IL 60603 Tianna Manzon, Project Coordinator

Tmanzon@nwri-usa.org or 562-708-0123

The National Water Research Board of Directors will hold an in-person meeting on the date and time indicated above. The meeting may be accessed via the Zoom videoconferencing platform using the provided room ID. Please note that should any technical issues arise during the Zoom, meeting, the meeting will proceed as scheduled without interruption.

Directors receive no compensation from NWRI for participating.

PRELIMINARY ITEMS

Roll Call

Contact:

- Determination of Quorum
- Items Received After Publication of Agenda

Recommendation: Adopt resolution 2024 - ____ determining need to take immediate action

on item(s) and that the need for action came to the attention of NWRI after the posting of this Agenda. The Resolution requires a 2/3rds vote of the Board or members present, or, if less than 2/3rds of the members are

present, a unanimous vote of those present.

Visitor Participation

This item allows up to 3 minutes for visitors to address the Board of Directors on matters not listed on the agenda, but within the authority of the Joint Powers Agency or pertaining to Consent Calendar Items. In accordance with legal requirements, the Board is prohibited from acting on comments made during this time. Directors may, when appropriate, provide direction to NWRI staff regarding the issues raised. Only a member of the Board of Directors may request the removal of a Consent Calendar item for separate discussion.

Kevin M. Hardy • Executive Director • khardy@nwri-usa.org • www.nwri-usa.org

CONSENT CALENDAR

At the discretion of the Chair, items on the Consent Calendar may be approved with a single motion and vote by the Directors present, or by the unanimous consent of the Directors present.

1a. Meeting Minutes – September 11, 2024

Receive and file the meeting minutes for the NWRI Board of

Directors meeting held September 11, 2024.

Attachments: September 11, 2024 – Meeting Minutes

1b. Financial Statements – Ending October 31, 2024

Receive and file NWRI's unaudited financial reports for the period

ending October 31, 2024.

Attachments: Unaudited Statement of Profit & Loss

Unaudited Balance Sheet

Unaudited Report on Account Receivables

ACTION ITEMS

The Board of Directors considers Action Items in the order presented, unless specific motion is made to amend the order of consideration. Each Action Item requires a separate motion and affirmative vote by majority vote of the present Directors. The Board is not obligated to action on any item presented for consideration.

2. Resolution 2024-05 Adopting and Establishing Policy for Yearly Staff Reimbursement Rates for Research Services for the Year Beginning January 1, 2025, and Ending December 31, 2025.

Recommendation: (a) Consider the proposed resolution regarding an increase in

yearly staff reimbursement rates.

(b) Adopt the proposed Resolution 2024-05.

Attachments: Resolution 2024-05 Adopting and Establishing Staff

Reimbursement Rates

3. NWRI's 2023 Federal Income Tax Return and 2023 California Income Tax Return.

The Internal Revenue Service (IRS) Form 990, Return of Organization Exempt from Income Tax, is a public document that provides detailed financial information about nonprofit organizations. It is often the primary source of such information and is also used by government agencies to ensure compliance with tax-exempt regulations. The financial data from NWRI's filed Form 990 is based on transactions from the calendar year 2023, supported by NWRI's independently audited financial records for fiscal years 2022-23 and 2023-24.

Recommendation: (a) Receive and file the Tax Year 2023 IRS Form 990 Return of

Organization Exempt from Income Tax.

(b) Direct the Executive Director to submit these documents as

required by applicable law.

<u>Attachments:</u> Gruber & Lopez – 2023 Federal and California Income Tax Return

for NWRI

4. Independent Advisory Panels Update

NWRI Research Project Manager, Suzanne Sharkey, will present updates on current NWRI Independent Advisory Panel Engagements.

5. Key Performance Indicators

This item is intended to provide an opportunity for the Board of Directors to review recent activities of the organization presented by Executive Director Hardy.

Recommendation: Provide feedback and/or direction on recent activity for

operational improvement or strategic focus.

INFORMATION ITEMS

6. Executive Director's Report

- 2025 NWRI Board Meetings Calendared
- o Resolution 2024-04 Conflict of Interest Policy Approved by County of Orange
- New Appointments to NWRI's Board of Directors
 - Mickey Chaudhuri for Metropolitan Water District
- WateReuse Association Industrial Reuse Conference November 19 (Indian Wells, Ca)
- Executive Director Travel November 22 25
- Hawaii Water Environment Association/AWWA Water Reuse Conference –
 December 5 (Honolulu, Hi)
- Pure Water San Diego Sub-Panel December 10 11 (San Diego, Ca)
- o Lake Thunderbird IPR Panel December 17 (Remote)
- o Executive Director Surgery Schedule progressing as planned
- Happy Holidays and See you in 2025!

7. Board of Directors Comments

8. Important Dates

- o December 2024 January 2025: Holiday Recess
- o February 12, 2025, at 1:30 PM 3:00 PM (Regular Board of Directors Meeting)

9. Adjournment



DATE: November 13, 2024
TO: NWRI Board of Directors

FROM: Kevin M. Hardy, Executive Director

SUBJECT: Item 1a – Meeting Minutes

Recommendation:

Receive and file the meeting minutes for the meeting held September 11, 2024

Discussion:

Duly approved minutes serve as the official and permanent public record of actions taken by the Board of Directors.

Attachments: Minutes of September 11, 2024



DATE: November 13, 2024
TO: NWRI Board of Directors

SUBJECT: Minutes of the Board of Directors Meeting Held on September 11, 2024

PRELIMINARY ITEMS

Roll Call

The meeting was called to order at 1:33 PM local time by Executive Director Hardy. The following NWRI Directors, Alternate Directors, and others were present:

- Chair Steve Elie, Inland Empire Utilities Agency (IEUA)
- Vice Chair Cathy Green, Orange County Water District (OCWD)
- Director Jesus Gonzalez, Los Angeles Department of Water and Power (LADWP) Remote Attendance
- Director John Morris, Metropolitan Water District of Southern California (MWD)
- Director Bob Ooten, Orange County Sanitation District (OC San)
- Director John Withers, Irvine Ranch Water District (IRWD)
- Alt. Director Travis Sprague, IEUA
- Alt. Director Rafael Villegas, LADWP Remote Attendance
- Alt. Director Jonathan Leung, LADWP Remote Attendance
- Alt. Director Rob Thompson, OC San Remote Attendance
- Secretary John Kennedy, OCWD
- Treasurer Jason Dadakis, OCWD
- Others: Jim Colston, IRWD, Lan Wiborg, OC San (Remote Attendance), Matt Lenton, Gruber & Lopez (Remote Attendance)
- NWRI Staff: Executive Director, Kevin M. Hardy, Project Manager, Suzanne Sharkey, Project Controller, Julie Abshire, Communications Manager, Mary Collins, Project Coordinator, Tianna Manzon.

Determination of Quorum. A quorum is established when at least four of the six member agencies are represented. Since all six member agencies by either a Board Director or Alternate Director, a quorum was determined.

Items Received After Publication of Agenda. None.

Visitor Participation. None.

Kevin M. Hardy • Executive Director • khardy@nwri-usa.org • www.nwri-usa.org

JPA MEMBERS: Inland Empire Utilities Agency • Irvine Ranch Water District • Los Angeles Department of Water and Power Metropolitan Water District of Southern California • Orange County Sanitation District • Orange County Water District

Regular Meeting Minutes of September 11, 2024

ACTION ITEMS

- 1a. July 10, 2024 Meeting Minutes
- 1b. Institute Financial Statements Ending August 31, 2024

The Board reviewed July 2024 meeting minutes and discussed NWRI's unaudited Profit and Loss, Balance Sheet, and Open Invoice Report for the period through August 31, 2024.

- Upon a motion by Vice Chair Green, seconded by Director Morris, and unanimously carried, Items 1a and 1b were received and filed.
- 2. Presentation of NWRI's Independently Audited Financial Statements, Audit Notes, and Auditor's Communication's Report for the Fiscal Year Ending June 30, 2024.

Matt Lenton of Gruber and Lopez, Inc. joined remotely to present key findings from the annual independent audit of NWRI's financial statements for the fiscal year ending June 30, 2024. Lenton informed the Board of Directors that NWRI received a clean audit which indicates the organization's financial statements are accurate, transparent, and compliant with applicable regulations and standards.

- Upon a motion by Vice Chair Green, seconded by Director Morris, and unanimously carried, Item 2 was received and filed.
- 3. Resolution 24-04 Adopting an Amended Conflict of Interest Policy

NWRI is required by the State of California's Fair Political Practices Commission (FPPC) to review its Conflict of Interest (COI) Policy on a biennial basis. Present NWRI Directors and Alternate Directors reviewed the proposed 2024 COI policy.

- Before the amendment was adopted, the Directors instructed Executive Director Hardy to seek final review of the proposed policy from NWRI's General Counsel. Following the legal review, the Directors directed NWRI staff to file the required documents with the County of Orange.
- 4. Key Performance Indicators Clarke Prize Events Friday, Oct. 4 Saturday, Oct 5

With only a few weeks remaining until the event, Executive Director Hardy provided the Board of Directors with detailed updates on the activities scheduled for this year's Clarke Prize Award Ceremony.

• Directors of the Board requested ED Hardy to send important information about attending the event in a separate email.

INFORMATION ITEMS

- **5. Executive Director's Report.** Executive Director hardy reported to the Board on the following:
 - New Director Appointments to NWRI Board of Directors
 - Jesus Gonzalez and Rafael Villegas for LADWP
 - Bob Ooten for OC San
 - o WateReuse CA Conference on September 15 17, 2024 (Garden Grove, Ca)
 - WateReuse OC/LA Chapter Joint Meeting on October 8, 2024 (Long Beach, Ca)
 - o WateReuse and NWRI Workshop November 7
 - OC Water Summit on September 27, 2024 (Costa Mesa, Ca)
 - o WRF 5277 CalVal
 - o NWRI Panel Reviewing ROMS BEC Model
 - o Clarke Prize Award Ceremony: Planning Updates
- 6. Board of Directors Comments. No Directors had additional comments.
- 7. Important Dates. ED Hardy highlighted upcoming important dates Clarke Prize Award Ceremony on October 5; October 2024 Fall Recess; Next Scheduled Regular Board of Directors Meeting on November 13, 2024 at 1:30 PM
- 8. Adjournment

APPROVED BY:			_DATE:	
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DATE: November 13, 2024
TO: NWRI Board of Directors

FROM: Kevin M. Hardy, Executive Director

SUBJECT: Item 1b – Institution's Financial Statements

Recommendation:

Receive and file NWRI's unaudited financial statements for the period ending October 31, 2024.

Discussion:

Monthly financial reports provide a current snapshot of the Institute's financial position and resiliency. Variations from the annual income and expense plan are anticipated.

Attachments:

For the period ending October 31, 2024
Unaudited Statement of Profit and Loss
Unaudited Balance Sheet
Unaudited Report on Account Receivables

12:01 PM 11/05/24 Accrual Basis

National Water Research Institute Profit & Loss

July through October 2024

	Jul - Oct 24
Income 4000 · JPA Contributions (Member 50K) 4155 · Restricted Contributions 4250 · Grants 4300 · Conferences	300,000.00 84,600.00 9,073.84
4302 · Co-Sponsors	450.00
Total 4300 · Conferences	450.00
4400 · Contract Svc/Reimburseable 4401 · SCSC 4402 · Support Fee 4400 · Contract Svc/Reimburseable - Other	9,597.77 5,000.00 198,254.25
Total 4400 · Contract Svc/Reimburseable	212,852.02
4500 · NWRI Research Program 4501 · JIS & Athalie Clark Foundation	30,000.00
Total 4500 · NWRI Research Program	30,000.00
4600 · Circle of Friends/Fellowship 4800 · Interest Income	10,000.00 -220.75
Total Income	646,755.11
Gross Profit	646,755.11
Expense 6010 · Accounting/Audit 6030 · Charges/Tax & Other Fees	11,700.00
6032 · Banking Fees	918.13
Total 6030 · Charges/Tax & Other Fees	918.13
6040 · Telephone/Communication 6041 · Cell Phone/Connference Calls	720.00
Total 6040 · Telephone/Communication	720.00
6060 · Mailing Services 6090 · Subscriptions and Dues 6110 · Board / Ops Expenses 6120 · Misc Admin Expenses 6121 · General Office Supplies 6124 · Insurance 6125 · Payroll Processing	21.63 835.98 166.05 123.70 2,300.00 348.00
Total 6120 · Misc Admin Expenses	2,771.70
6140 · Salary & Benefits 6141 · Professional Services 6143 · Payroll Taxes 6144 · Director 6145 · Simple IRA Match 6140 · Salary & Benefits - Other	120.00 11,114.79 20,132.94 4,540.61 33,623.40
Total 6140 · Salary & Benefits	69,531.74
6160 · Membership 7010 · Admin Program Expenses 7011 · Salary & Benefits 7018 · Director 7011 · Salary & Benefits - Other	6,629.83 19,194.03
Total 7011 · Salary & Benefits	25,823.86

12:01 PM 11/05/24 Accrual Basis

National Water Research Institute Profit & Loss

July through October 2024

	Jul - Oct 24
7013 · Registration 7016 · Travel/Lodging/Meals	425.00 1,547.74
Total 7010 · Admin Program Expenses	27,796.60
7020 · Advisory Panels 7021 · Salary & Benefits 7027 · Director 7021 · Salary & Benefits - Other	28,352.86 34,576.27
Total 7021 · Salary & Benefits	62,929.13
7022 · Professional Svc 7023 · Honorariums 7024 · Travel/Lodging/meals 7025 · Event Expenses 7026 · Printing/Copying/Mailing	86,059.50 11,031.25 1,080.66 362.66 56.57
Total 7020 · Advisory Panels	161,519.77
7030 · Clarke Prize 7031 · Salary & Benfits 7037 · Director 7031 · Salary & Benfits - Other	14,442.97 36,322.73
Total 7031 · Salary & Benfits	50,765.70
7032 · Professional Svc 7033 · Clarke Prize Award 7034 · Travel/Lodging/Meals 7035 · Event Expenses 7036 · Printing/Copying/Mailing	2,381.25 50,000.00 37,897.37 16,952.07 41.13
Total 7030 · Clarke Prize	158,037.52
7040 · Conf/Workshops/Contract Svc 7041 · Salary & Benefits 7049 · Director 7041 · Salary & Benefits - Other	8,373.93 3,451.09
Total 7041 · Salary & Benefits	11,825.02
7044 · Travel/Lodging/Meals	140.49
Total 7040 · Conf/Workshops/Contract Svc 7050 · Education & Outreach 7051 · Salary & Benefits	11,965.51
7059 · Director 7051 · Salary & Benefits - Other	7,940.44 16,540.14
Total 7051 · Salary & Benefits	24,480.58
7053 · Travel/Lodging/Meals 7056 · Fellowship Award	694.54 30,000.00
Total 7050 · Education & Outreach	55,175.12
7070 · Research/Proj/Grant - Specific 7072 · Salary & Benefits 7078 · Director 7072 · Salary & Benefits - Other	3,769.89 4,369.01
Total 7072 · Salary & Benefits	8,138.90
Total 7070 · Research/Proj/Grant - Specific	8,138.90
Total Expense	509,619.65
Net Income	137,135.46

12:03 PM 11/05/24 Accrual Basis

National Water Research Institute Balance Sheet

As of October 31, 2024

	Oct 31, 24
ASSETS	
Current Assets Checking/Savings	
1000 · Wells Fargo Checking 1003 · Petty Cash	258,829.90 83.36
Total Checking/Savings	258,913.26
Accounts Receivable 1201 · Accounts Receivable-General	143,384.89
Total Accounts Receivable	143,384.89
Other Current Assets SWEEP	633,769.36
1499 · Undeposited Funds	23,270.00
Total Other Current Assets	657,039.36
Total Current Assets	1,059,337.51
Fixed Assets 1500 · Equipment-Office - >1 yr. >2.5k 1550 · Accum Depreciation	13,679.62 -13,679.62
Total Fixed Assets	0.00
Other Assets 1650 · Investments	34,931.82
Total Other Assets	34,931.82
TOTAL ASSETS	1,094,269.33
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable 2000 · Accts Pay-Vendors	81,822.95
Total Accounts Payable	81,822.95
Other Current Liabilities 2100 · Payroll Lia/Vac Accrual - Staff 2101 · Payroll Lia/Vac&Sick - Dir 2500 · Deferred Revenue	8,130.41 33,180.70 204,000.00
Total Other Current Liabilities	245,311.11
Total Current Liabilities	327,134.06
Total Liabilities	327,134.06
Equity 3900 · Retained Earnings-Unrestricted 3910 · Retained Earnings-Temp Restrict Net Income	599,999.81 30,000.00 137,135.46
Total Equity	767,135.27
TOTAL LIABILITIES & EQUITY	1,094,269.33

12:00 PM 11/05/24

National Water Research Institute Open Invoices As of October 31, 2024

Date Class		Aging	Open Balance		
Anne Arundel 09/30/24	Advisory Panels - 7020:Anne Arundel	1	1,258.11		
Total Anne Arundel			1,258.11		
Carollo 06/30/24 09/30/24	Projects and Grants - 7070:FAT SAO BO Projects and Grants - 7070:FAT SAO BO	123 31	3,220.65 643.13		
Total Carollo			3,863.78		
Colorado Wastewate 10/28/24	er Utility Council Advisory Panels - 7020:Colorado	3	50,600.00		
Total Colorado Waste	ewater Utility Council		50,600.00		
Colorado Water Qua 09/30/24	ality Control Bd (CDPHE) Advisory Panels - 7020:Colorado	34	23,113.75		
Total Colorado Water	Quality Control Bd (CDPHE)		23,113.75		
Garver LLC 09/30/24	Projects and Grants - 7070:Fault Detecti	31	6,562.13		
Total Garver LLC			6,562.13		
Greeley 09/12/24	Advisory Panels - 7020:Colorado		4,000.00		
Total Greeley			4,000.00		
Las Virgenes Munic 09/30/24	ipal Water District Advisory Panels - 7020:Las Virgenes Re	24	8,404.75		
Total Las Virgenes M	unicipal Water District		8,404.75		
Orange County Sani 10/31/24	itation Advisory Panels - 7020:CASA		574.09		
Total Orange County	Sanitation		574.09		
Public Utilities Depa 09/30/24 10/31/24	Advisory Panels - 7020:SD Pure Water P Advisory Panels - 7020:SD Pure Water P	24	6,311.85 14,753.60		
Total Public Utilities [Department		21,065.45		
Truckee Meadows V 09/30/24	Vater Authority Advisory Panels - 7020:OneWater Nevada	16	22,652.50		
Total Truckee Meado	ws Water Authority		22,652.50		
TAL			142,094.56		



DATE: November 13, 2024
TO: NWRI Board of Directors

FROM: Kevin M. Hardy, Executive Director

SUBJECT: Item 2 – Resolution 2024-05 – Adopting and Establishing Policy for Yearly Staff

Reimbursement Rates for Research Services for the Year Beginning January 1, 2025, and

Ending December 31, 2025

Recommendation:

- (a) Consider the proposed resolution regarding an increase in yearly staff reimbursement rates.
- (b) Adopt the proposed Resolution 2024-05

Attachments: Resolution 2024-05 Adopting and Establishing Staff Reimbursement Rates



RESOLUTION NO. 2024-05 – ADOPTING AND ESTABLISHING POLICY FOR YEARLY STAFF REIMBURSEMENT RATES FOR RESEARCH SERVICES, FOR THE YEAR BEGINNING JANUARY 1, 2025, AND ENDING DECEMBER 31, 2025

Whereas, the Staff Reimbursement Rate Schedule allows the National Water Research Institute (NWRI) to recover research project-related staff time based on structure approved by the Board of Directors, which reflect the support received from the NWRI Joint Powers Agency member agencies; and,

Whereas, the Board of Directors most recent action to update NWRI's staff reimbursement rates became effective on January 10, 2024.

NOW THEREFORE, BE IT RESOLVED as follows:

- 1. The Board of Directors hereby establishes the following rate tiers and rates for research services provided to the NWRI member agencies and to unaffiliated organizations outlined in Table 1 below.
- 2. The proposed rates reflect current rates adjusted to reflect the change in the Los Angeles Long Beach Anaheim CPI-U (All Urban Consumer Price Index All Items, not seasonally adjusted) published by the United States Bureau of Labor Statistics since September 1, 2023. The proposed rate adjustment is 2.9%.
- 3. The Proposed Rates shall take effect for any new contracts signed after January 1, 2025. Staff will update rates on existing contracts as allowable.

4.	Table 1: Sta	itt Re	eimbu	ursement	: Rates

	NWR	JPA Mem	ber Agency	/ Rates	Unaffliiated Organization Rates			
	Current	Increase	Formula	Proposed	Current	Increase	Formula	Proposed
Executive Director	\$190.00	\$5.51	\$195.51	\$196.00	\$285.00	\$8.27	\$293.27	\$300.00
Project Manager	\$125.00	\$3.63	\$128.63	\$129.00	\$190.00	\$5.51	\$195.51	\$200.00
Communication Manager	\$115.00	\$3.34	\$118.34	\$118.00	\$175.00	\$5.08	\$180.08	\$180.00
Project Coordinator	\$100.00	\$2.90	\$102.90	\$103.00	\$155.00	\$4.50	\$159.50	\$160.00
Project Controller	\$100.00	\$2.90	\$102.90	\$103.00	\$155.00	\$4.50	\$159.50	\$160.00

Approved this 13th day of November 2024, at Fountain Valley, California.

Signed	Attest					
Steve Elie, Chair	John Kennedy, Secretary					



DATE: November 13, 2024
TO: NWRI Board of Directors

FROM: Kevin M. Hardy, Executive Director

SUBJECT: Item 3 – 2023 Federal Income Tax Return and 2023 CA Income Tax Return

Recommendation:

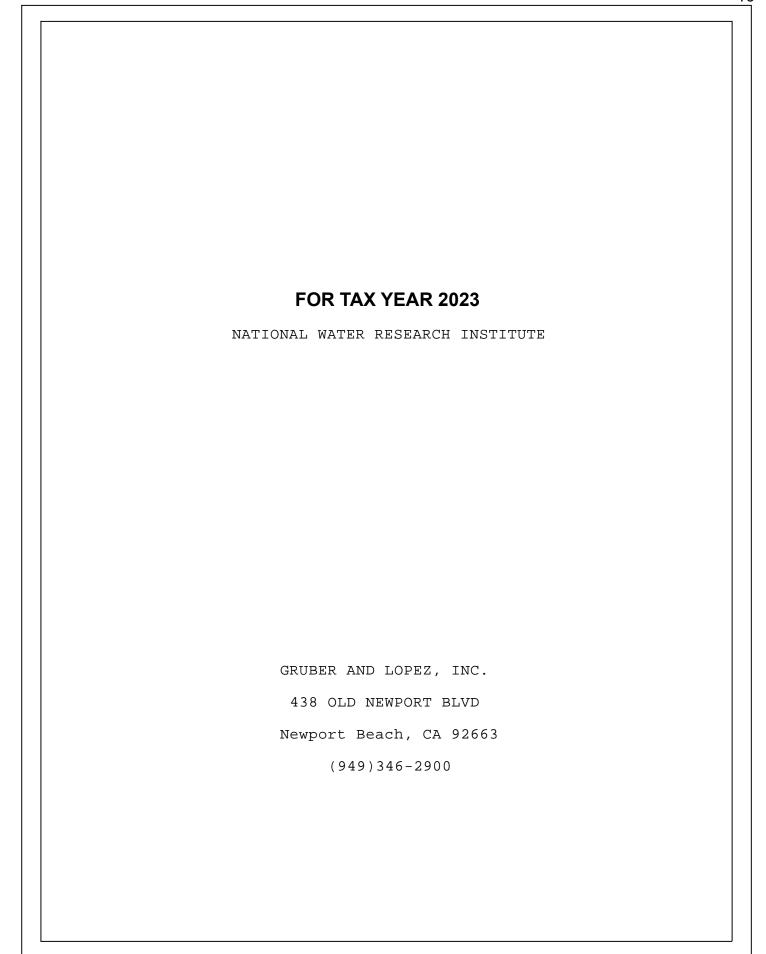
(a) Receive and file NWRI's Tax Year 2023 IRS Form 990 Return of Organization Exempt from Income Tax.

(b) Direct the Executive Director to submit these documents as required by applicable law.

Discussion:

The Internal Revenue Service (IRS) Form 990, Return of Organization Exempt from Income Tax, is a public document that provides detailed financial information about nonprofit organizations. It is often the primary source of such information and is also used by government agencies to ensure compliance with tax-exempt regulations. The financial data from NWRI's filed Form 990 is based on transactions from the calendar year 2023, supported by NWRI's independently audited financial records for fiscal years 2022-23 and 2023-24.

Attachments: Gruber & Lopez – 2023 Federal and California Income Tax Return for NWRI



GRUBER AND LOPEZ, INC.

438 OLD NEWPORT BLVD Newport Beach, CA 92663

Phone: (949)346-2900 | Fax:

October 11, 2024

NATIONAL WATER RESEARCH INSTITUTE 18700 WARD STREET Fountain Valley, CA 92708

NATIONAL WATER RESEARCH INSTITUTE:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for NATIONAL WATER RESEARCH INSTITUTE from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Enclosed is the 2023 California Income Tax return for NATIONAL WATER RESEARCH INSTITUTE, prepared from the information provided. The return will be e-filed with the California taxing authority.

The organization's California Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (949)346-2900.

Sincerely,

RON LOPEZ GRUBER AND LOPEZ, INC.

990 Form

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.

2023

Open to Public Inspection

For the 2023 calendar year, or tax year beginning 2023, and ending 07-01 06-30 , 20 24 В NATIONAL WATER RESEARCH INSTITUTE Check if applicable: **C** Name of organization D Employer identification number Address change 33-0481107 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 18700 WARD STREET (714)378 - 3278Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Fountain Valley, CA 92708 1,647,040 Application pending Name and address of principal officer: STEVEN ELIE H(a) Is this a group return for subordinates? Yes Same as C above H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status:) (insert no.) WWW.NWRI-USA.ORG Website: H(c) Group exemption number X Other Corporation Trust Association JOINT POWERS L Year of formation: M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE FINANCIAL SUPPORT FOR THE RESEARCH, DEVELOPMENT, AND IMPLEMENTATION OF WATER PROJECTS FOR THE PURPOSE OF DEVELOPING AND CONSERVING Activities & Governance WATER, PREVENTING OR REMEDIATING DEGRADATION OF WATER QUALITY AND EFFICIENTLY USING WATER RESOURCES. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 R Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,156,452 1,630,996 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 15,783 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,340 261 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,162,792 1,647,040 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 782,207 723,188 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 493,390 673,924 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,216,578 1,456,131 19 Revenue less expenses. Subtract line 18 from line 12 (53,786 190,909 Net Assets or fund Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 646,396 846,606 21 Total liabilities (Part X, line 26) 207,308 216,609 Net assets or fund balances. Subtract line 21 from line 20 439,088 629,997 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 KEVIN HARDY Sign Here KEVIN HARDY, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid <u>Ron Lopez</u> RON LOPEZ RON LOPEZ P00758088 self-employed **Preparer** Firm's name GRUBER AND LOPEZ, Firm's EIN **Use Only** Firm's address 438 OLD NEWPORT BLVD Phone no. Newport Beach CA 92663 May the IRS discuss this return with the preparer shown above? See instructions

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$

Part IV

NATIONAL WATER RESEARCH INSTITUTE 33-0481107 Checklist of Required Schedules

Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х 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 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 х 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? If "Yes," complete Schedule D, Part VI 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b x c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d x e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional x 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 х 14a х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 x 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H....... 20a Х **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

33-0481107 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Х	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			Λ
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> · · · · · · · · · · · · · · · · · ·	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
22	complete Schedule N, Part II	32		_ X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		Х
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dar	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check in Concodic Coordains a response of note to any line in this Falt V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Form 990 (2023) Page 5 NATIONAL WATER RESEARCH INSTITUTE 33-0481107 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b х 3a х 3a 3b 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)? Х **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 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 Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С 7с d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е х е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g х g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Х 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? Х 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b х 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: а b Gross income from other sources. (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b С 13c х 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Х If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17

If "Yes," complete Form 6069.

NATIONAL WATER RESEARCH INSTITUTE 33-0481107 Page Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Se	ction 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 1a 8			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
200	the organization's mailing address? If "Yes," provide the names and addresses on Schedule 0tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Х
56 6	tion b. I oncies (This Section B requests information about policies not required by the internal Nevertue Code.)		Voc	No
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
l0a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		X
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
I2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • •	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
I6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California Carting C404 as a wine and a superior time to graphs its Formus 4003 (4004 as 4004 A if any line black) 2000 and 2000 T (as a time 504/a).			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	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.			
	JULIE ABSHIRE (562)556-9599, 18700 WARD ST, Fountain Valley, CA 92708			

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 the instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relat	ed organization	on com	npen	sate	d ar	y curre	ent c	officer, director, or t	rustee.	
					(C)					
(A)	(B)		Position					(D)	(E)	(F)
Name and title	Average	١,				nan one		Reportable	Reportable	Estimated amount
· · · · · · · · · · · · · · · · · · ·	hours					son is both an ector/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or	Ins	Off	⊼e	en 프	Fo	1099-MISC/	1099-MISC/	organization and
	related	lividu	tituti	Officer	y em	jhest ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee				
	below	uste	trust		ee	pen				
	dotted line)	U	ee			Highest compensated employee				
						۵				
(1)KEVIN_HARDY	40.00									
EXECUTIVE DIRECTOR		х						0	205,930	0
(2) SUZANNE SHARKEY	40.00									
SCIENTIST					х			136,977	0	0_
(3) MARY COLLINS	40.00									
COMMUNICATION MANAGER					х			126,894	0	0
(4) JOHN MORRIS	1.00									
DIRECTOR		х						0	0	0
(5) JESUS GONZALEZ	1.00									
DIRECTOR		х						0	0	0
(6) JOHN WITHERS	1.00									
DIRECTOR		х						0	0	0
(7)BOB_OOTEN	1.00									
DIRECTOR		х						0	0	0_
(8) CATHY GREEN	1.00									
VICE CHAIR		х		х				0	0	0_
(9) STEVEN ELIE	1.00									
CHAIR		х		х				0	0	0_
(10)JASON DADAKIS	1.00									
TREASURER		х		х				0	0	0_
(11)JOHN_KENNEDY	1.00									
SECRETARY		х		Х				0	0	0
<u>(12)</u>										
-										
<u>(13)</u>										
<u>(14)</u>										
			1 1						l	

EEA Form **990** (2023)

Form (90 (2023) NATIONAL WATER RES	TEXPOU T	Mamta							3.	3-0481	107	D	ag -2 5
Part						/ees	s, an	d H	lighest Compo				(conti	
	(A) Name and title	(B) Average hours per week (list any hours for related	(do n box, office	ot che unles er and	Pos eck m	c) sition ore the son is ector/	nan one both an 'trustee)	1	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reporta compens from rela organizatior 1099-MI 1099-NE	able ation ated ns (W-2/	Estim con fr orgar	(F) ated among of other on the onization and the organization.	ount on and
		organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee							
(15)														
(16)														
<u>(17) </u>														
[18)														
[19)														
[20)														
[21)														
[22)														
[23)														
[24)														
[25)														
1b	Subtotal							.						
C C	Total from continuation sheets to Part VII, Secti Total (add lines 1b and 1c)							ŀ	062 071	205	020			
d 2	Total number of individuals (including but no								263,871 eceived more that		,930 000 of			0_
_	reportable compensation from the organizat						,			,,				2
	-												Yes	No
3	Did the organization list any former officer, director		-	-	, or	high	est co	mpe	nsated					
	employee on line 1a? If "Yes," complete Schedule											3		<u> </u>
4	For any individual listed on line 1a, is the sum of re	-	•											
	organization and related organizations greater than individual											4	х	
5	Did any person listed on line 1a receive or accrue of													
	for services rendered to the organization? If "Yes,"	complete Sc	chedule	J fo	r su	ch p	erson					5		х
	on B. Independent Contractors		الماد					1º	hat was the T	41 ^	100.000			
1	Complete this table for your five highest con compensation from the organization. Report	-	-										tax ve	ear.
	(A)	poi/o		. u		<u></u>	y	241	(B)		J. 941112	(C)	y C	
	Name and business address	s							Description of service	es		Compens	ation	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Tatal according to the second of the second	-4ll	

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

33-0481107

		Check is conteduce of contains a response	o or moto to arry in	no in this i art v			<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
	b	Membership dues 1b	300,000				
nts nts	c	Fundraising events 1c	000,000				
ış d	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) - 1e	20 650				
يَّ إِيَّا إِيَّا إِنَّ	e		28,659				
Sim	f	All other contributions, gifts, grants,					
e E		and similar amounts not included above 1f	1,302,337				
불충	g	Noncash contributions included in					
Ş		lines 1a-1f 1g	\$				
	h	Total. Add lines 1a-1f		1,630,996			
			Business Code				
Ф	2a						
Ş Ç	b						
gram Ser Revenue	С						
E S	d						
gra Re	e						
Program Service Revenue	f	All other program service revenue					
т.	1	Total. Add lines 2a-2f					
	Ť						
	3	Investment income (including dividends, interest, a		15 500	15 500		
	١.	other similar amounts)		15,783	15,783		
	4	Income from investment of tax-exempt bond proce	1				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
	h	Less: cost or other basis					
<u>o</u>	-	and sales expenses 7b					
)ue	_	Gain or (loss) 7c					
Revenue	l	Net gain or (loss)	l				
_	l	• ' '					
Other	ва	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18					
		Less: direct expenses					
	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
	100	returns and allowances 10a					
	b	Less: cost of goods sold 10b					
-	۳	The modifie of (1003) from saids of five fitting	Business Code				
S	11-		Dualitess Code				
on: le	11a						
Miscellanous Revenue		OTHER	900099	261	261		
cel eve	С						
Mis R		All other revenue					
	е	Total. Add lines 11a-11d		261			
	12	Total revenue. See instructions		1,647,040	16,044	0	0

33-0481107

23) NATIONAL WATER RESEARCH INSTITUTE Statement of Functional Expenses Part IX

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

	Check if Schedule O contains a response or n	ote to any line in this	s Part IX		
	not include amounts reported on lines 6b, 7b, 0b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		одранова	goneral oxponees	слропос
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	469,801	469,801		
6	Compensation not included above to disqualified	,	,		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	278,232	101,343	135,628	41,261
8	Pension plan accruals and contributions (include	į	_		•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	34,174		34,174	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	47,701	27,678	20,023	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	70,124	70,124		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,431	19,431		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PRINTING, POSTAGE & SHIPPING	148	146	2	
b	HONORARIUMS, AWARDS, & PRIZE	455,858	455,858		
C	CHARITABLE CONTRIBUTIONS	52,101	50,271	1,830	
d	OTHER PROGRAM & ADMIN COSTS	27,121	6,425	20,696	
е	All other expenses	1,440		1,440	
25	Total functional expenses. Add lines 1 through 24e	1,456,131	1,201,077	213,793	41,261
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)		I	1	

EEA

Form 990 (2023) NZ
Part X Balance Sheet

1 Cash - non-interest-bearing	(B) End of year 630,885 4,592 167,868
1 Cash - non-interest-bearing	4,592 167,868
2 Savings and temporary cash investments	4,592 167,868
2 Savings and temporary cash investments	4,592 167,868
4 Accounts receivable, net	167,868
4 Accounts receivable, net	167,868
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	
	1,978
controlled entity or family member of any of these persons 5	1,978
	1,978
6 Loans and other receivables from other disqualified persons (as defined	1,978
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6	1,978
7 Notes and loans receivable, net	1,978
8 Inventories for sale or use	1,978
8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 2,788 9	
10a Land, buildings, and equipment: cost or other	
basis. Complete Part VI of Schedule D 10a 13,680	
b Less: accumulated depreciation 10b 13,680 10c	
11 Investments - publicly traded securities	41,283
12 Investments - other securities. See Part IV, line 11	
13 Investments - program-related. See Part IV, line 11 13	
14 Intangible assets	
15 Other assets. See Part IV, line 11	
16 Total assets . Add lines 1 through 15 (must equal line 33)	846,606
17 Accounts payable and accrued expenses	113,436
18 Grants payable	
19 Deferred revenue	103,173
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22	
controlled entity or family member of any of these persons	
23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D	
26 Total liabilities. Add lines 17 through 25	216,609
Organizations that follow FASB ASC 958, check here	
27 Net assets without donor restrictions	629,997
28 Net assets with donor restrictions	
© Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
5 29 Capital stock or trust principal, or current funds	
30 Paid-in or capital surplus, or land, building, or equipment fund	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	
32 Total net assets or fund balances	629,997
33 Total liabilities and net assets/fund balances	846,606

Pa	rt XI Reconciliation of Net Assets		-			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,6	47,	040
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,4	56,	131
3	Revenue less expenses. Subtract line 2 from line 1	3		1	90,	909
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4	39,	088
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		6	29,	997
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	X Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b		
EΑ			F	orm !	990 (2	2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number NATIONAL WATER RESEARCH INSTITUTE 33-0481107 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). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 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). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support	, ,		7.1	•	,		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and		` `					
	membership fees received. (Do not							
	include any "unusual grants.")	1,004,052	1,244,975	1,459,459	1,156,452	1,630,996	6,495,934	
2	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities						,	
	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add lines 1 through 3	1,004,052	1,244,975	1,459,459	1,156,452	1,630,996	6,495,934	
5	The portion of total contributions by		,					
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						640,488	
6	Public support. Subtract line 5 from line 4 .						5,855,446	
Secti	on B. Total Support	•	•	•	•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	1,004,052	1,244,975	1,459,459	1,156,452	1,630,996	6,495,934	
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from							
	similar sources	(10,367)	1,588	1,586		15,783	8,590	
9	Net income from unrelated business	(==,==,	_,	_,				
	activities, whether or not the business							
	is regularly carried on							
10	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)		159	1,598	6,340		8,097	
11	Total support. Add lines 7 through 10			_,	,,,,,,		6,512,621	
12	Gross receipts from related activities, etc.	(see instructio	ns)			12		
13	First 5 years. If the Form 990 is for the or					section 501(c)	(3)	
	organization, check this box and stop her	re					`.́ П	
Secti	on C. Computation of Public Suppo	rt Percentag	е					
14	Public support percentage for 2023 (line 6	6, column (f), di	ivided by line 1	1, column (f))		14	89.91 %	
15	Public support percentage from 2022 Sch	edule A, Part I	I, line 14			15	93.12 %	
16a	33 1/3% support test - 2023. If the organ	ization did not	check the box	on line 13, and	l line 14 is 33 1	/3% or more, c	heck this	
	box and stop here. The organization qual	lifies as a publi	cly supported	organization .			<u>x</u>	
b	33 1/3% support test - 2022. If the organ	ization did not	check a box or	n line 13 or 16a	a, and line 15 is	33 1/3% or mo	ore, check	
	this box and stop here. The organization	qualifies as a p	oublicly suppor	ted organizatio	n			
17a	10%-facts-and-circumstances test - 202	23. If the organ	ization did not	check a box or	n line 13, 16a, d	or 16b, and line	14 is	
	10% or more, and if the organization mee	ts the facts-and	d-circumstance	es test, check t	his box and sto	op here. Explai	n in	
	Part VI how the organization meets the fa	cts-and-circum	stances test. 1	The organization	n qualifies as a	a publicly supp	orted	
	organization							
b	10%-facts-and-circumstances test - 202	22. If the organ	ization did not	check a box or	n line 13, 16a,	16b, or 17a, an	d line	
	15 is 10% or more, and if the organization	n meets the fac	ts-and-circums	tances test, ch	eck this box ar	nd stop here. E	xplain	
	in Part VI how the organization meets the					•	•	
	organization							
18	Private foundation. If the organization di	d not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se	ee	
	instructions						□	

m 990) 2023 NATIONAL WATER RESEARCH INSTITUTE
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or		rst, second, thir	d, fourth, or fift	th tax year as a	section 501(c)	(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8		•	3, column (f))		15	%
16	Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2023 (li			y line 13, colur	nn (f))	17	<u>%</u>
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the organ						
	17 is not more than 33 1/3%, check this bo	-	-		•		nization
b	33 1/3% support tests - 2022. If the organization	n did not check a	a box on line 14 o	r line 19a, and lir	ne 16 is more thai	n 33 1/3%, and	_
	line 18 is not more than 33 1/3%, check this box	•	•		•	-	
20	Private foundation If the organization did	d not check a l	hox on line 14	19a or 19h cl	nack this hov a	nd eaa inetructi	one \square

Yes No

33-0481107

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
)			
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
du	le A (Fo	orm 990	0) 2023

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

3b

Page 6

Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 Coptional 2 Recoveries of prior-year distributions 2 Coptional 3 Other gross income (see instructions) 3 Coptional Coptional 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Aggregate fair market value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly ash balances 1 b Average monthly ash balances 1 c Fair market value of other non-exempt-use assets 1 c 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indetaile Part VI): 2 Acquisition indetaleses applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount for prior year (from Section A, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income type are first bordering as a non-functionally integrated Type III supporting organization 7 Check here if the current year is the organization's first as a	Part				
Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Secoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Adquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section B, line 8, column A) 1 Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount, Subtract l	1				•
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4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	3		3		
see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Current Year Current Year	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization		· · · · · · · · · · · · · · · · · · ·	4		
6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization		,	5		
7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization			_		
8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization			7		
Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		· •	_		
2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization		, , , , , , , , , , , , , , , , , , ,			Current Year
2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	1	Adjusted net income for prior year (from Section A. line 8, column A)	1		
 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 		· · · · · · · · · · · · · · · · · · ·	2		
 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 	3	Minimum asset amount for prior year (from Section B. line 8, column A)	3		
5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization		· · · · · · · · · · · · · · · · · · ·	_		
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 		-	_		
emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization			Ť		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	-		6		
	7		_	tegrated Type III support	ing organization
	•	(see instructions).	,	g. a.oa 1,po iii oappoit	5 - 9 - 1 - 2 - 1 - 1

EEA Schedule A (Form 990) 2023

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Casti	an D. Distributions				Cumant Vaar
Secti	on D - Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3_	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3_	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023 Page **8**

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
_	

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number
NATIONAL WATER RESEARCH INSTITUTE 33-0481107

Organiz	ation type (check one):							
Filers of	f:	Section:						
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Check if	your organization is covere	ed by the General Rule or a Special Rule .						
Note: Or instruction	•	or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General	Rule							
	•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.						
Special	Rules							
x	regulations under section 16b, and that received from	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or or any one contributor, during the year, total contributions of the greater of (1) \$5,000; or i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	contribution, during the year contributions totaled more during the year for an exc General Rule applies to t	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, contributions exclusively for religious, charitable, etc., purposes, but no such a than \$1,000. If this box is checked, enter here the total contributions that were received susively religious, charitable, etc., purpose. Don't complete any of the parts unless the his organization because it received nonexclusively religious, charitable, etc., contributions uring the year						
Caution	n: An organization that isn'	t covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it						

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

Name of organization
NATIONAL WATER RESEARCH INSTITUTE

Employer identification number 33-0481107

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution ORANGE COUNTY WATER DISTRICT Person x 1 **Payroll** Noncash PO BOX 83000 50,000 (Complete Part II for Fountain Valley CA 92708 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person x ORANGE COUNTY SANITATION DISTRICT 2 **Payroll** Noncash 52,500 10844 ELLIS AVE (Complete Part II for Fountain Valley CA 92708 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 3 IRVINE RANCH WATER DISTRICT **Payroll** Noncash PO BOX 57000 54,000 (Complete Part II for Irvine CA 92619 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 4 INLAND EMPIRE UTILITIES AGENCY **Payroll** Noncash 6075 KIMBALL AVE 50,000 (Complete Part II for Chino CA 91710 noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 5 LADWP **Payroll** Noncash PO BOX 51111 50,000 (Complete Part II for Los Angeles CA 90051 noncash contributions.) (a) (d) (b) (c) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person X METROPOLITAN WATER DISTRICT 6 **Payroll** Noncash PO BOX 54153 50,000 (Complete Part II for Los Angeles CA 90054 noncash contributions.)

Name of organization

Employer identification number

NATIONAL WATER RESEARCH INSTITUTE 33-0481107 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) (b) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 7 JIS & A CLARKE FOUNDATION Person **Payroll** Noncash 40,000 19200 VON KARMAN AVE 700 (Complete Part II for Irvine CA 92612 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (d) (b) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 **41**

Employer identification number

Open to Public Inspection

NATIONAL WATER RESEARCH INSTITUTE 33-0481107 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c, acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 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: Assets included in Form 990, Part X

Par	t III Organizations Maintaining C	ollections of A	rt, His	torical T	reasures,	or Otl	ner Similar A	issets (contii	nued)
3	Using the organization's acquisition, accession	, and other records,	check a	ny of the fol	lowing that m	ake sign	ificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan or	exchange pr	ogram				
b	Scholarly research e Other									
С	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII.	•	,		J					
5	During the year, did the organization solicit or r	eceive donations of	art. histo	orical treasu	res. or other s	similar				
_	assets to be sold to raise funds rather than to be							Пу	′es [No
Par	t IV Escrow and Custodial Arran			<u> </u>					(
	Complete if the organization a		n Forr	n 990. Pa	art IV. line	9. or re	eported an an	nount or	า For	m
	990, Part X, line 21.			,	,	- ,	•			
	Is the organization an agent, trustee, custodian	or other intermedia	ry for co	ntributions o	or other asset	s not				
			-					Пү	/es [No
b	If "Yes," explain the arrangement in Part XIII ar							о.	6 3 [
	ii 165, explain the arrangement iii i art xiii ar	id complete the folio	wing tac	,io.			Ι Δ	mount		
•	Beginning balance					. 1c		mount		
C C	Additions during the year									
d	Distributions during the year									
e	Ending balance									
f o-	_						1		,	
2a	Did the organization include an amount on For							_		No
Par	If "Yes," explain the arrangement in Part XIII. C	neck nere if the exp	ianation	nas been p	rovided on Pa	art XIII			· · · ·	
Fai	Complete if the organization a	newored "Vee" o	n Eor	2000 D	art IV/ line	10				
	Complete if the organization at									
4-	Danissis safeta an halanaa	(a) Current year	(b) Pi	ior year	(c) Two years	back	(d) Three years bac	k (e) Fo	our years	s back
1a	Beginning of year balance							_		
b	Contributions									
С	Net investment earnings, gains, and									
	losses	-								
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the currer	nt year end balance	(line 1g,	column (a))	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment%									
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possess	ion of the organization	on that a	re held and	administered	for the				
	organization by:								Yes	s No
	(i) Unrelated organizations?							3a(<u>i)</u>	
	(ii) Related organizations?							3a(i	ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Scl	nedule R?				3b	,	
4	Describe in Part XIII the intended uses of the o	rganization's endow	ment fur	nds.						
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization a	nswered "Yes" o	n Forr	n 990, Pa	art IV, line	11a. S	ee Form 990	, Part X,	line	10.
	Description of property	(a) Cost or other	basis	(b) Cost or	r other basis	(c) /	Accumulated	(d) B	ook valu	ie
		(investmen	t)	(0	other)	de	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				13,680		13,680			
e	Other						-,			
	Add lines 1a through 1e. (Column (d) must equa		line 10c,	column (B)						

NATIONAL WATER RESEARCH INSTITUTE Schedule D (Form 990) 2023 33-0481107 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col.(B)) Part VIII **Investments - Program Related** Complete if the organization answered "Yes" on Form 990, Part IV, line 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 (1) (2) (3)(4) (5) (6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15 col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))		

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

33-0481107

Part	Complete if the organization answered "Yes" on Form 990, P		•	Retur	n
				1	1 665 040
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	1,665,040
2		2a			
a	Net unrealized gains (losses) on investments	2b	10.000		
b	Recoveries of prior year grants	2c	18,000		
c d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d	$\overline{}$		2e	18,000
3	Subtract line 2e from line 1			3	1,647,040
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i			1,017,010
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	1,647,040
Part				-	
	Complete if the organization answered "Yes" on Form 990, P				
1	Total expenses and losses per audited financial statements			1	1,474,131
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	18,000		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	18,000
3	Subtract line 2e from line 1			3	1,456,131
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,456,131
Part	XIII Supplemental Information				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lir			rt X, line	9
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	/ additio	nal information.		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

| Employer identification number

NATIONAL WATER RESEARCH INSTITUTE 33-0481107 **Questions Regarding Compensation** Part I Yes No 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. Housing allowance or residence for personal use ☐ First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 3 Indicate which, if any, of the following the 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. Written employment contract X Compensation committee Independent compensation consultant X Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? 4a Participate in or receive payment from a supplemental nonqualified retirement plan? 4b х Participate in or receive payment from an equity-based compensation arrangement? 4c х If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a х х If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: 6a x 6b x 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 7 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 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

33-0481107

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

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

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

Note: The sum of columns (B)(I)-(III) for c		(B)Breakdown of W-2 ar			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KEVIN HARDY	(i)	0	0	0	0	0	0	0
1 EXECUTIVE DIRECTOR	(ii)	205,930	0	0	0	0	205,930	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
40	(i)							
13	(ii)							
44	(i)							
14	(ii)							
45	(i)							
15	(ii)							
16	(i) (ii)							
IV	(11)	I	I	I		I	i	I

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.
01. Related organization compensation method (Part I, line 3)
THE EXECUTIVE DIRECTOR'S PAY IS BASED ON THE MARKET RATE.
02. Unrelated organization compensation (Part II - officer info)
THE EXECUTIVE DIRECTOR WAS PAID BY A RELATED PARTY. NWRI REIMBURSES THE RELATED PARTY FOR THE COMPENSATION PAID BY THE
RELATED PARTY.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047 48

Open to Public Inspection

Employer identification number Name of the organization 33-0481107 NATIONAL WATER RESEARCH INSTITUTE 01. Members or stockholder classes and rights (Part VI, line 6) THE ORGANIZATION IS FUNDED PRIMARILY THROUGH CONTRIBUTIONS FROM MEMBERS IN THE AREA OF WATER RESEARCH. THERE ARE NO CLASSES OF MEMBERS 02. Member election for additional members (Part VI, line 7a) MEMBERS OF THE ORGANIZATION ARE APPOINTED AND NOT ELECTED. 03. Governing body decisions (Part VI, line 7b) GOVERNING BODY DECISIONS ARE MADE BY VOTE 04. Form 990 governing body review (Part VI, line 11) COPIES OF THE FORM 990 ARE MADE AVAILABLE TO ALL BOARDMEMBERS. DISCUSSION AND REVIEW MAY OR MAY NOT HAPPEN BEFORE FILING BASED ON MEETING DATES. 05. Conflict of interest policy compliance (Part VI, line 12c) ALL BOARDMEMBERS ARE REQUIRED TO COMPLETE A DETAILED FORM WHICH DISCLOSES ANY FINANCIAL CONFLICT OF INTEREST. BOARDMEMBERS ARE REQUIRED TO RECLUSE THEMSELVES FROM VOTING ON ANY MATTERS IN WHICH THERE IS A CONFLICT OF INTEREST. 06. CEO, executive director, top management comp (Part VI, line 15a) COMPENSATION FOR OFFICERS, DIRECTORS, AND KEY EMPLOEES IS APPROVED BY THE BOAARD OF DIRECTORS. A SALARY SURVEY IS USED TO DETERMINE THAT THE APPROVED SALARIES ARE NOT EXCESSIVE OR UNREASONABLE.

07. Other officer or key employee compensation (Part VI, line 15b

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Name of the organization NATIONAL WATER RESEARCH INSTITUTE	Employer identification number 33-0481107
08. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS AND TAX RETURNS ARE MADE AVAILABLE ON REQUEST.	
09. List of other fees for services expenses (Part IX, line 11g)	
OTHER PROFESSIONAL FEES REPRESENT PAYMENTS TO WATER RESEARCH CONSULTANTS.	

EEA Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 50

2023

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

33-0481107

Name of the organization

Part I

NATIONAL WATER RESEARCH INSTITUTE

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state (e) End-of-year assets (f) Direct controlling (b) Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income or foreign country) entity (1) (2) (3) (4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year. (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling Section 512(b)(13) or foreign country) controlled entity? Yes No (1) ORANGE COUNTY WATER DISTRICT, 18700 WARD STREET SAFEGUARD OC Fountain Valley CA 92708 WATER SUPPLY CA 115 N/A Х

(2)

(3)

(4)

(5)

Page52

Dart III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,
raitiii	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	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	Disprop	(h) (i) Disproportionate allocations? (Form 1068)		(j) General or managing partner?		General or managing		(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														

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		
(1)								Yes	No
(2)									
(3)									
(4)									
(5)									

Page 52

Part V	Transactions with Related Org	anizations. Complete if	the organization answered	d "Yes" on Form 99	90. Part IV. line 34, 35b.	. or 36
~	Transactions with Notatoa Org	uiiizatioiioi compiete m	are organization anomore.	a 100 on 100	, . a , , oob,	,

No	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Υ	es No				
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?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1	а	x				
b	b Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)	1	С	x				
	Loans or loan guarantees to or for related organization(s)		d	x				
е	Loans or loan guarantees by related organization(s)	1	е	x				
f	Dividends from related organization(s)		f	x				
g	Sale of assets to related organization(s)		g	x				
	Purchase of assets from related organization(s)		h L	x				
	Exchange of assets with related organization(s)		i	x				
j	Lease of facilities, equipment, or other assets to related organization(s)	1	i	x_				
	Lease of facilities, equipment, or other assets from related organization(s)			x				
	Performance of services or membership or fundraising solicitations for related organization(s)		<u> </u>	x				
	Performance of services or membership or fundraising solicitations by related organization(s)		n -	x				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		-	x				
0	Sharing of paid employees with related organization(s)	1	<u> </u>	x				
	Reimbursement paid to related organization(s) for expenses			x				
q	Reimbursement paid by related organization(s) for expenses	1	9	X				
r	Other transfer of cash or property to related organization(s)		-	<u> </u>				
<u>s</u>	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	1	s	X				
	(a) (b) (c) Name of related organization Transaction Amount involved Method of	(d) determining amo	unt invo	olved				
	type (a-s)							
(1)								
(2)								
(3)								
(4)								
(5)								
(5)								
(6)								
(-)								

Page 4

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

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

	(a) Name, address, and EIN of entity	(state or foreign income (related, section country) unrelated, excluded from tax under organizat		partners tion (c)(3)	(f) (g) artners Share of Share of on total income end-of-year assets		(h) Disproportionate allocations?		tionate Code V-UBI		ral or aging ner?	(k) Percentage ownership		
(4)				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														

Schedule R (Form 990) 2023

	990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023 Page 1
Name(s) as shown on return	Name(s) as shown on return		FEIN
NATIONAL WATER RESEARCH INSTITUTE 33-0481107	NATIONAL WAT	TER RESEARCH INSTITUTE	33-0481107

FORM 990, PART IX, LINE 24E, OTHER EXPENSES-GEN & ADMIN

Description		Amou	ınt
TELEPHONE		\$	1,440
	Total:	\$	1,440

California Exempt Organization Annual Information Return

____FORM

199

13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 15 Penalties and interest. See General Information J 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 17 Interpreted	Calenda	Year 2023 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)	06-30-2024		
Additional information. See instructions. FIN 33 - 0.48.11.0.7			corporation number		
Store address (suito or room) 16700 WARD STREET City State ZiP code CA 92708 Foreign country name Foreign province/state/country Foreign country name Foreign province/state/country Foreign province/state/state/country Foreign province/state/state/country Foreign province/state/state/country Foreign province/state/state/country Foreign prov	NATI	ONAL WATER RESEARCH INSTITUTE 9768	556		
Steel address (suite or tourn) PMB no.	Additiona	information. See instructions.			
18 TO 0 WARD STREET State ZP code		33-0	481107		
Complete Part Complete Part unless not required to file this form. See General Information B and C.	Street add	ress (suite or room)	PMB no.		
Foreign province/latate/country name	1870) WARD STREET			
Foreign country name	City	State	ZIP code		
A First return Yes No	FOUN'	TAIN VALLEY CA	92708		
B Amended return	Foreign c	ountry name Foreign province/state/county	Foreign postal code		
C IRC Section 4947(a)(1) hust	A First re	urn · · · · · · · · · · · · · · · · · · ·	nes		
De Final Information return? Great Surrendered (Withdrawn) Merged/Reorganized Missolved Surrendered (Withdrawn) Merged/Reorganized K is the organization exempt under RRTC Section 237019? Ves No No Tress, related the gross receipts from normember sources Surrendered (Withdrawn) Merged/Reorganized K is the organization a limited liability company? Ves No No No No No No No N	B Amend	ed return ••••• not reported to the FTB? See instructions ••••	Yes X No		
Dissolved Surrendered (Withdrawn) Merged/Reorganized Strict date: (minds/yyyy) Strict date: (minds/yyy) Strict date: (minds/yyyy) Strict date: (minds/yyyyy) Strict date: (minds/yyyy) Strict date: (minds/yyyyy	C IRC Se	ction 4947(a)(1) trust 🕠 🕠 🗘 visit in a contract of the state of th	anization		
Enter date: (mm/dd/yyyy) E Check accounting method: (1)	D Final in		· = =		
E Check accounting method: (1)	• c	ssolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt under R&TC Section 237	'01g? • • • Yes X No		
F Federal return filed? (1)			ources • • \$		
Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Cost or other basis, and sales or recepts for filing requirement test. Add line 1 file this form in the See General Information B and			Yes X No		
H Is this a group filing? See instructions			·		
H Is this organization in a group exemption	• • —				
Fire Search Searc					
Date filed with IRS			· = =		
Complete Part unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	If "Yes,"		Yes A No		
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		Date filed with IRS			
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 16,044 00	Part I	Complete Part Luniess not required to file this form. See General Information B and C			
2 Gross dues and assessments from members and affiliates			16 044 00		
Receipts and Revenues 3 Gross contributions, gifts, grants, and similar amounts received 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B			10/011		
A Total gross receipts for filing requirement test. Add line 1 through line 3.	Receipts	·			
This line must be completed. If the result is less than \$50,000, see General Information B	and				
S			4 1,647,040 00		
Total costs. Add line 5 and line 6 7		5 Cost of goods sold			
8 Total gross income. Subtract line 7 from line 4		6 Cost or other basis, and sales expenses of assets sold	00		
Payments Paymen		7 Total costs. Add line 5 and line 6	7 00		
Title Date Date Telephone Teleph		8 Total gross income. Subtract line 7 from line 4	8 1,647,040 00		
Payments 10	Evnances	9 Total expenses and disbursements. From Side 2, Part II, line 18	9 1,456,131 00		
Payments 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 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 17 Use tax balance. If line 12 is more than line 12, subtract line 11 from line 12 18 Description of the less of my knowledge. 19 Date 10 Date 10 Date 11 Date 12 Date 15 Date 15 Date 16 Date 17 Date 18 Date 19 Date 19 Date 10 / 0 6 / 20 24 10 / 0 7 5 8 0 8 8 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 24 10 / 11 / 20 / 20 / 20 / 20 / 20 / 20 /	-vheliges	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10 190,909 00		
Payments 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 17 Information J 18 Information J 19 Information J 19 Information J 10 Information J 10 Information J 11 Information Information J 12 Information Information J 13 Information J 14 Information J 15 Information Information J 16 Information I		• •	* 		
13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 15 Penalties and interest. See General Information J 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 17 Interpreted and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Title	Payments	·	· 		
15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 17 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 18 Junder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 18 Junder Pale Pale Preparer's signature REVIN HARDY EXECUTIVE DIR 10/06/2024 714-378-3278 19 Junder Preparer's signature Preparer's signature REVIN HARDY PRINT PRI	.,	·	• 		
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result		·	· 		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer KEVIN HARDY Preparer's signature Row Lopez Paid Preparer's signature Row Lopez Firm's name (or yours, if self-employed) and address GRUBER AND LOPEZ, INC. Telephone Prim's FEIN Firm's FEIN Telephone Telephone PTIN P0 0 7 5 8 0 8 8 Firm's FEIN Telephone Telephone Telephone Telephone Telephone Telephone PTIN P0 0 7 5 8 0 8 8 Firm's FEIN Telephone					
true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer KEVIN HARDY EXECUTIVE DIR 10 / 06 / 2024 714 - 378 - 3278 Preparer's signature Row Lopez Date Date Date Date Date Date Date Date			-7		
Signature of officer KEVIN HARDY Preparer's signature Row Lopez Paid Preparer's Use Only Paid Preparer's Inm's name (or yours, if self-employed) and address GRUBER AND LOPEZ, INC. Telephone EXECUTIVE DIR 10/06/2024 714-378-3278 Date Check if self-employed Proparer's Inm's name (or yours, if self-employed) and address Firm's name (or yours, if self-employed) and address Telephone	Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	-		
Paid Preparer's signature Ron Lopez. Paid Preparer's Use Only Pirm's name (or yours, if self-employed) and address A 38 OLD NEWPORT BLVD Date Check if self-employed PTIN P0 0 7 5 8 0 8 8 Firm's FEIN Telephone	Here	Signature			
Paid Preparer's signature Row Lopez 10/11/2024 employed D00758088 Firm's name (or yours, if self-employed) and address GRUBER AND LOPEZ, INC. Telephone		<u> </u>			
Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address GRUBER AND LOPEZ, INC. Telephone		Preparer's	I *		
Use Only and address GRUBER AND LOPEZ, INC. GRUBER AND LOPEZ, INC. 438 OLD NEWPORT BLVD Telephone	Paid				
and address 438 OLD NEWPORT BLVD • Telephone		Firm's name (or yours, if self-employed)			
		and address	_ Telephone		
NEWFORI DEACH, CA 34003 349-340-4900		NEWPORT BEACH, CA 92663	949-346-2900		
May the FTB discuss this return with the preparer shown above? See instructions		·			

Part II	Organizations with gross receipts of more the	•		_		22 040110	0.7
	regardless of amount of gross receipts - com				14	33-048110	$\overline{}$
	1 Gross sales or receipts from all business act			•	1	261	00
	2 Interest			•	2	15,783	00
Receipts	3 Dividends			•	3		00
from	4 Gross rents			•	4		00
Other Sources	5 Gross royalties			•	5		00
Ocurces	6 Gross amount received from sale of assets ((See instructions) .			6		00
				•	7		00
	8 Total gross sales or receipts from other sources. A	Add line 1 through line 7. En	ter here and on Side 1, Part I	, line 1 • • • • •	8	16,044	00
	9 Contributions, gifts, grants, and similar amou	unts paid. Attach schedu	le		9		00
	10 Disbursements to or for members				10		00
	11 Compensation of officers, directors, and trus	stees. Attach schedule			11	469,801	00
	12 Other salaries and wages				12	312,406	00
Expenses	13 Interest				13		00
and	14 Taxes				14		00
Disburse- ments	15 Rents				15		00
	16 Depreciation and depletion (See instructions	s)			16		00
	17 Other expenses and disbursements. Attach	schedule		🛴	17	673,924	00
	18 Total expenses and disbursements. Add line	e 9 through line 17. Ente	r here and on Side 1, Part	I, line 9	18	1,456,131	00
Sched	· · · · · · · · · · · · · · · · · · ·	Beginning of			of ta	xable year	
Assets		(a)	(b)	(c)		(d)	
	sh	(-)	392,954	(-,		630,8	285
	t accounts receivable		222,073			172,4	
	t notes receivable		222,073			1/2,4	:00
	rentories					•	
	deral and state government obligations					•	
	restments in other bonds					•	
	restments in stock		00 504			•	
			28,581			41,2	183
	ortgage loans					•	
	ner investments. Attach schedule					•	
	Depreciable assets	13,680					
	Less accumulated depreciation	13,680					
	nd					•	
	ner assets. Attach schedule		2,788			1,9	78
	tal assets		646,396			846,6	06
	ties and net worth						
	counts payable		99,068			113,4	36
	ntributions, gifts, or grants payable					•	
	nds and notes payable						
	ortgages payable					•	
18 Ot	ner liabilities. Attach schedule		108,240			103,1	.73
	pital stock or principal fund					•	
20 Pa	id-in or capital surplus. Attach reconciliation						
21 Re	tained earnings or income fund		439,088			629,9	97
22 To	tal liabilities and net worth		646,396			846,6	06
Sched	ule M-1 Reconciliation of income per books	with income per return	1				
	Do not complete this schedule if the an	nount on Schedule L, line	e 13, column (d), is less th	nan \$50,000.			
1 Ne	t income per books	190,909	7 Income recorded on	books this year			
2 Fe	deral income tax	•	not included in this r	eturn. Attach sche	dule	•	
3 Ex	cess of capital losses over capital gains	•	8 Deductions in this re	turn not charged			
	come not recorded on books this year.		against book income	· ·			
	ach schedule	_	Attach schedule	-			
	penses recorded on books this year not		9 Total. Add line 7 and			•	
	ducted in this return. Attach schedule		10 Net income per retui				
	al. Add line 1 through line 5	190,909	Subtract line 9 from			190,9	100
- 10	an. / aa mio i unoagii mio o	190,909	1 Captact IIIC 5 HOIII			190,9	UJ

Califor	nia Form 199 Supporting Statem			023 57
California Form 199 Part I - Line 3 Gross contributions, g		301		
Name(s) shown on return NATIONAL WATER RESEA		Identifying 33-048	Number	
(a) Contributor's Name	(b) Contributor's Address		(c) Date eceived	(d) Amount Received
INLAND EMPIRE UTILI			0-2024	50,000
IRVINE RANCH WATER	PO BOX 57000 Irvine, CA 92619	06-3	0-2024	54,000
LADWP	BOX 51111 Los Angeles, CA 90051	06-3	0-2024	50,000
METRO WATER DIST	PO BOX 54153 Los Angeles, CA 90054	06-3	0-2024	50,000
OC SANITATION	10844 ELLIS AVE Fountain Valley, CA 92708	06-3	0-2024	52,500
OC WATER DIST	PO BOX 8300 Fountain Valley, CA 92708	06-3	0-2024	50,000

CAOVFLOW	State Supporting Statements	2023 Page 1
Name(s) as shown on return		SSN/FEIN
NATIONAL WA	TER RESEARCH INSTITUTE	33-0481107

FORM 100, PART II, LINE 17 - OTHER EXPENSES

Description	Amou	nt
CONFERENCES	\$	19,431
PRINTING		148
<u>HONORARIUMS</u>	4	<u>55,858</u>
CONTRIBUTIONS		<u>52,101</u>
ADMIN		<u>27,121</u>
TELEPHONE		<u>1,440</u>
TRAVEL		70,124
PROFESSIONAL FEES		<u>47,701</u>
Total:	\$6	<u>73,924</u>

FORM 199, SCH L, LINE 18 - OTHER LIABILITIES

_Description	 Amount
DEFERRED REVENUE	\$ 103,173
Total:	\$ 103,173

RRF-1 (Rev. 02/2021)

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

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

(For Registry Use Only)

NATIONAL WATER RESEARCH INSTITUTE Check if:								
Name of Organization Change of address								
List all DBAs and names the organization uses or has used				Amended report				
18700 WARD STREET								
Address (Number and Street)			State Cha	arity Registration Number $CT-1341$	L74			
FOUNTAIN VALLEY, CA City or Town, State, and ZIP Code	9270)8	Corporati	on or Organization No. 9768556	5			
714-378-3278	Į.	WW.NWRI-USA.ORG						
Telephone Number		-mail Address	Federal E	Employer ID No. <u>33-0481107</u>				
ANNUAL REGISTE	RATION R	ENEWAL FEE SCHEDULE (11 Cal. Cod Make Check Payable to Departmen						
Total Revenue	<u>Fee</u>	Total Revenue	<u>Fee</u>	Total Revenue	<u> </u>	ee_		
Less than \$50,000	\$25	Between \$250,001 and \$1 milion	\$100	Between \$20,000,001 and \$100 million	n \$	800		
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million		1,000		
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$	1,200		
PART A - ACTIVITIES		ovied (beginning		and an analyticate				
For your most recent full acco	ounting p	07-01-202	g ending _	06-30-2024) list:				
Total Revenue $\$$ (including noncash contributions) 1 ,	647 (140 Noncash Contributions \$		Total Assets \$ 846	,606			
			Expenses :		,000			
. rogram Expo		1,201,077	-хроносо (
PART B - STATEMENTS REGARDING O	RGANIZA	ATION DURING THE PERIOD OF THIS F	REPORT					
•	-	wer "yes" to any of the questions below, you ch "yes" response. Please review RRF-1 ins				N _a		
, ,		itracts, loans, leases or other financial trar		•	Yes	No		
officer, director or trustee thereof, eith	er directly	or with an entity in which any such officer	, director or	trustee had any financial interest?		Х		
During this reporting period, was there	e any theft	t, embezzlement, diversion or misuse of the	ne organiza	tion's charitable property or funds?		Х		
3. During this reporting period, were any	organizat	tion funds used to pay any penalty, fine or	judgment?			Х		
4. During this reporting period, were the	services o	of a commercial fundraiser, fundraising co	unsel for ch	paritable purposes, or commercial		37		
coventurer used?						X		
5. During this reporting period, did the or	rganizatio	n receive any governmental funding?			Х			
6. During this reporting period, did the or	rganizatio	n hold a raffle for charitable purposes?				Х		
7. Does the organization conduct a vehi	cle donation	on program?				Х		
Did the organization conduct an indep generally accepted accounting princip		udit and prepare audited financial stateme s reporting period?	nts in acco	rdance with	Х			
9. At the end of this reporting period, did	the organ	ization hold restricted net assets, while re	porting neg	ative unrestricted net assets?		Х		
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.						1		
	,	-						
Signature of Authorized Agent		KEVIN HARDY Printed Name	E	KECUTIVE DIRE 10- Title		2024		
Signature of Authorized Agent		Finited Name		HUC	Da	ate		

National Water Research Institute July 1, 2023 through June 30, 2024 CA Attorney General Supporting Statement

FORM RRF-1, PART B, LINE 5 - GOVERNMENTAL FUNDING:

33-0481107

<u>Name</u>	<u>Address</u>	<u>Amount</u>
Inland Empire Utilities Agency	6075 Kimball Avnue Chino, CA 91710	\$50,000.00
Irvine Ranch Water District	PO Box 57000, Irvine CA 92619-7000 949/252-8990	\$54,000.00
LADWP	Box 51111 Los Angeles, CA 90051-0100 213/367-3191	\$50,000.00
Metropolitan Water District	P.O. Box 54153, Los Angeles, CA 90054-0153 213/217-6000	\$50,000.00
Orange County Sanitation	10844 Ellis Avenue Fountain Valley, CA 92708 714/595-2192	\$52,500.00
Orange County Water District	PO Box 8300 Fountain Valley, CA 92729 714/454-2003	\$50,000.00