•	·	12								·	
		990-T	E	Exempt Org	janization B	usine	ss Inco	me T	ax Returi	า [OMB No 1545-0687
		•			(and proxy tax เ	ınder se	ction 6033	3(e))	U	ЯI	2010
			For cal	endar year 2018 or other ta	ax year beginning OCT	1, 20	18 , and en	ding SE	P 30, 201	<u> 19</u> `	2018
		tment of the Treasury			rww.irs.gov/Form990T f mbers on this form as it					. h	Open to Public Inspection I 501(c)(3) Organizations Onl
	A	Check box if			(Check box if nai				ation 13 a 55 ((c)(5)	DEmplo	yer identification number
	^ _	address changed		Name of Organization	(Oneck box ii nai	ine changed	and see mand	ctions.)			oyees' trust, see ctions)
R	B E	kempt un <u>de</u> r section	Print	NATIONAL :	INDUSTRIES	FOR T	HE BLIN	ID		1	3-5596799
00 E 11] 501(c) /3)	or	Number, street, and r	oom or suite no. If a P.O), box, see in	structions.				ated business activity code instructions)
<u> </u>		408(e) 220(e)	Type	3000 POTO	MAC AVENUE] ````	
N S	· 🖳	408A530(a)			province, country, and Z		n postal code				
Received in Betching Ooden	<u> </u>	529(a)		ALEXANDRI						532	000
3 -	C Bot	ok value of all assets	0.0	F Group exemption n	type X 501(c)	s.) ►	1 501	(c) trust	401(a	truct	Other trust
-	u ca	tor the number of the	77.	tion's unrelated trades	or businesses	1		• •	the only (or first) ur		Other trust
AUG			-		D RENTAL IN	COME			complete Parts I-V.		than one
12					evious sentence, comple			-	•		
		siness, then complete			,		•				
2020	I Du	ring the tax year, was	the corp	oration a subsidiary in	an affiliated group or a p	parent-subsi	idiary controlle	d group?	▶ [Ye	s X No
_	lf "	Yes," enter the name a	nd ident	tifying number of the p	arent corporation. 🕨						
		e books are in care of		STEVEN T.)310-0500
				de or Business	Income		(A) Inco	me	(B) Expense	s .	(C) Net
		Gross receipts or sale			┦ ,.						
		Less returns and allow		A line 7)	c Balance	1c 2	<u> </u>				
	2 3	Cost of goods sold (S Gross profit, Subtract		•		3					
		Capital gain net incon				4a					
			•	art II, line 17) (attach F	Form 4797)	4b					
		Capital loss deduction			,	4c					
	5	Income (loss) from a	partners	ship or an S corporatio	n (attach statement)	5					
	6 2	Rent income (Schedu	le C)			6		046.	47,8	95.	-42,849
	8	Unrelated debt-financ		, ,		7	687	814.	1,212,9	31.	-525,117
	8				lled organization (Schedu						
	Ep=0~1~2623				7) organization (Schedu				,-		
	<u>p</u> -	Exploited exempt acti Advertising income (S	-			10					
	8	Other income (See in:				12					
	43	Total. Combine lines				13	692	860.	1,260,8	26.	-567,966
	Pa	rt II Deductio	ns No	nt Taken Fisew	here (See instruction	ns for limita	ations on dec	uctions)			
	Ž	(Except for	contribu	utions, deductions n	nust be directly conn	ected with	the unrelated	business	s income)		
	14	Compensation of off Salaries and wages	icers, di	rectors, and trustees (nust be directly connected to the school of		1			14	
	JŞ	Salaries and wages			RECE	~ \o	<i>}</i>			15	
	16	Repairs and mainten	ance	1	. 972	1050 la	<u></u>			16	
	17	Bad debts	4.1.4		el APR I					17	
	18 19	Tayon and Johnson	aule) (si	ee instructions)	(§)	1.01				19	
	20	Charitable contribute	ons (Se	e instructions for limita	utido rules i GO		SEE	STAT	EMENT 2	20	0
	21	Depreciation (attach	Form 45	562)				21			
	22	Less depreciation cla	aimed or	n Schedule A and elsev	where on return			22a		22b	
	23	Depletion					_	•		23	
	24	Contributions to defe	erred co	mpensation plans	APR 27 2 APR					24	
	25	Employee benefit pro								25	
	26	Excess exempt expe	•	•						26	
	27	Excess readership c	•	•			022	am s m	DMDM 1	27	A 750
	28	Other deductions (at		•			SEE	STAT	EMENT 1	28 29	4,750
	29 20	Total deductions. A		-	ation loce deduction Col	htraet kas O	Q from line 12		CO	30	-572,716
	30 31				ating loss deduction. Su s beginning on or after J			ctions)		31	5,2,,10
	32			ncome. Subtract line 3		anuary 1, 20	יים (פפפ ווופנוע	ouons)	31	32	-572.716

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Part I	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-572,716.
34	Amounts paid for disallowed fringes	34	· -
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	-572,716.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38			····
	enter the smaller of zero or line 36	38	-572,716.
Part	V. Tax Computation	- 1	,
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from.		
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \		77 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		-
	Other credits (see instructions)	1 1	
	General business credit. Attach Form 3800	1 1	
ن	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 1	
	· · · · · · · · · · · · · · · · · · ·	45e	
	Total credits. Add lines 45a through 45d	46	0.
46	Subtract line 45e from line 44 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
47		48	0.
48	Total tax. Add lines 46 and 47 (see instructions)	49	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018 5 4 504 504 32,777.	" "	<u></u>
		 	
		1	
	·	1	
	` '	1 1	
		1	
	Credit for small employer health insurance premiums (attach Form 8941)	1	
9	Other credits, adjustments, and payments. Form 2439		
	☐ Form 4136 ☐ Other ☐ Total ► 50g		22 777
51	Total payments. Add lines 50a through 50g	51	32,777.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	53	32,777.
54		54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	32,777.
Part \			I Van I Na
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		- x
	here >		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		├ ─ ├ ^
F0	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\section\$\$		<u> </u>
58	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	viedge an	d belief it is true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	go un	
Here	V_{-} λ λ λ λ PRESIDENT & CEO		discuss this return with
			shown below (see
	The state of the s	1,111	ı
Paid	(D) / // / 2017 04/02/2020	ים	00288314
Prepa	LE L CETMONI DOCUNIDADO CVEDEBINANI LE EN N.		2-1392008
Use C	Only Firm's name ► GELMAN, ROSENBERG & FREEDMAN Firm's EIN ► 4550 MONTGOMERY AVE SUITE 800N		2 IJJ2000
		301'	951-9090
000711 00		JUL	Form 990-T (2018)
823711 01	או-מט- כ		rorm 330-1 (2018)

Page 3

Schedule A - Cost of Goods	Sold. Enter met	hod of invent	ory valuation N/	A		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6
2 Purchases	2		7 Cost of goods sold. S	Subtract li	ine 6	
3 Cost of labor	3		from line 5. Enter her	e and in F	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	n 263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	r acquired	for resale) apply to	
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income ((see instructions)	From Real Pro	perty and	Personal Property	/ Lease	ed With Real Prop	perty)
1 Description of property						
(1) CONFERENCE ROOM						<u>.</u>
(2)						
(3)						
(4)						
	2. Rent received or				3(a) Deductions directly of	connected with the income in
(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	than	` 'of rent for pe	d personal property (if the percei ersonal property exceeds 50% or is based on profit or income)	ntage if	columns 2(a) and SEE STATE	1 2(b) (attach schedule) EMENT 3
(1)			5,	046.		47,895.
(2)	1					
(3)						
(4)						
Total	O . Tota	al	5,	046.		
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		•	5,	046.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	47,895.
Schedule E - Unrelated Deb	t-Financed Inc	come (see ii	nstructions)			
			2 Gross income from		 Deductions directly conn to debt-finance 	
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions
	,		manded property	٦	(attach schedule)	(attach schedule)
COMPEDENCE VATCE	ED AND DAT	OK TAIC	1,083,854		$\frac{\text{PATEMENT 4}}{792,697}.$	STATEMENT 5 1,118,634.
<u></u>	ER AND PAR	KKING	1,003,034	+	134,031.	1,110,034.
(2)				 		
(3)				 		
(4)				- 	7. Gross income	0.0000000000000000000000000000000000000
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjus of or allocal debt-financed STATEMEN	ble to property	6. Column 4 divided by column 5		reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
STATEMENT 6 (1) 39,115,191.		34,960.	63.46%	 	687,814.	1,212,931.
317	61,63	34,900.	· · · · · · · · · · · · · · · · · · ·		007,014.	1,212,331.
(2)			%	-		
(3)			%	-		
(4)			%	+		
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•	-	687,814.	1,212,931.
Total dividends-received deductions in	cluded in column 8				>	0.

1. Name of controlled operations 2. Employer destinations 3. Experience controlled operations 3. At controlled operations 3. Not contained on the controlled operations 4. Controlled operations 4. Controlled operations 4. Controlled operations 5. Total descions 4. Controlled operations 6. Total descions 6. Special operation 6. Special operati	Schedule F - Interest,	Amunies, noya	nues, an		Controlled O			Lativi	see ins	truction	>)
(1) (2) (3) (4) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	1. Name of controlled organiza	ation 2. En	nployer lication	3. Net unr	elated income	4, To	tal of specified	include			connected with income
(2) (3) (4) (4) (5) (7) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				, , ,	, i			organiz	ation's gross i	ncome	ın column 5
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exploited activity income from trade or business of unrelated business income of unrelated bu	1 Description of		directly c	onnected	from unrelated	trade or					expenses (column
(1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Rartill Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising gain or (tosa) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals O. O. O. O. Totals O. O. O. O. O. O. O. O. O. O		income from			minus colum	n 3) If a	ıs not unrela	ted			but not more than
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) O. O. Schedule J - Advertising Income (see Instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising an or (loss) (col 2 minus col 3) (f a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 0. O. O. O. O.		trade or business	business	sincome			Dusiness inc	JIII O			column 4)
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs of Income 1. Name of periodical (1) (2) (3) (4) Totals (carry to Part II, line (5)) O Enter here and on page 1, Part I, line 26 O 4. Advertising gain or (loss) (col 2 minus col 2 minus col 3) (if a gain, compute cols 5 through 7) 5. Circulation income 6. Readership costs (column 6 minus column 5, but not more than column 4) Totals (carry to Part II, line (5)) O O O O O O O O O O O O	(1)										
(4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part III Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs (a) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. D. D. O. Enter here and on page 1, Part I, line 26 O. O. O. O. Totals (carry to Part II, line (5)) D. O. O. O. O. O. Totals (carry to Part II, line (5))	(2)										
Enter here and on page 1, Part I, line 10, col (A) Totals Coschedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs (column 6 minus column 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. Enter here and on page 1, Part II, line 26 Column 6 through 7 Enter here and on page 1, Part II, line 26 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 Totals (carry to Part II, line (5)) O. O.	(3)										
Totals page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) Document Docume	_(4)	Cata-base and an	Fatar bar								Enter here and
Totals O. O. Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs advertising costs income 3. Direct advertising gain or (loss) (col 2 minus) col 3) If a gain, compute costs (column 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.		page 1, Part I,	page 1	, Part I,							on page 1,
Schedule J - Advertising Income (see instructions) Part Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs col 2 minus col 3) (if a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 6 minus column 4) (1) (2) (3) (3) (4) (4) (5) (5) (6) (7)	Totals										0.
Part Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 6 minus column 4) (1) (2) (3) (4) (4) (4) (5) (5) (6) (7)			instruction		! 		•				- 1
1. Name of periodical advertising advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5))					solidated	Basis	3				
(1) (2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	1. Name of periodical	advertising			or (loss) (c	ol 2 minus					costs (column 6 minus
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.		ilicoine			cols 5 th	nrough 7	_				than column 4)
(3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.											
(4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.	(2)	 									
Totals (carry to Part II, line (5))			_								
	(4)										
	Totals (carry to Part II, line (5))	•	0.	0		_					0 . Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	·
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEE		4,750.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	4,750.

FORM 990-T	CONTRIBUTIONS SUMMAR	XY	STATEMENT	2
QUALIFIED COM	TRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF FOR TAX YEA	AR 2014 AR 2015 AR 2016			
TOTAL CARRYOV		922,725		
	BUTIONS AVAILABLE ME LIMITATION AS ADJUSTED	922,725		
EXCESS 10% CO EXCESS 100% C TOTAL EXCESS		922,725 0 922,725		
ALLOWABLE CON	NTRIBUTIONS DEDUCTION			0
TOTAL CONTRIE	BUTION DEDUCTION			0

FORM 990-T DEDUCTIONS CONNECT	ED WITH RENTAL	INCOME	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
CONTRACT SERVICES SUPPLIES		45,900. 1,995.		
- SUBTO	TAL - 1	•	47,8	95.
TOTAL TO FORM 990-T, SCHEDULE C, CO	LUMN 3		47,8	95.
FORM 990-T SCHEDULE E - DEP	RECIATION DEDU	CTION	STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION EXPENSE - SUBTO	TAL - 1	792,697.	792,6	97.
TOTAL OF FORM 990-T, SCHEDULE E, CO	LUMN 3(A)		792,6	97.
FORM 990-T SCHEDULE E -	OTHER DEDUCTIO	NS	STATEMENT	5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
INTEREST EXPENSE ON TENANT IMPROVEM UTILITIES MAINTENANCE CONTRACT SERVICES TAXES & INSURANCE MANAGEMENT EXPENSE OTHER EXPENSES - SUBTO		606,090. 85,445. 98,553. 69,209. 189,373. 57,175. 12,789.	1,118,6	3.4
TOTAL OF FORM 990-T, SCHEDULE E, CO	LUMN 3(B)		1,118,6	54.

FORM 990-T		ACQUISITION TO DEBT-FIN			STATEMENT	6
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE DEBT	-	- SUBTOTAL -	1	39,115,191.	39,115,19	91.
TOTAL OF FORM 99	0-т, SCHEDULI	E E, COLUMN	4		39,115,19	91.

FORM 990-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI	STATEMENT	7		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE BASIS	- SUBTOTAL -	1	61,634,960.	61,634,96	50.
TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN	5		61,634,96	50.