efi	le GRAPHIC pri	nt - DC	NOT PROCESS As Filed Data -	DLN:	93393040007032						
	990-T		Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047						
Forn	n 990-1		(and proxy tax under section 6033(e))		2020						
		Foi	calendar year 2020 or other tax year beginning 10-01-2020 and ending 09-30-202	1	2020						
	epartment of the Treasury ternal Revenue Service Separtment of the Treasury ternal Revenue Service Go to www.irs.gov/Form9907 for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c) Organizations On										
A	Check box if address changed.										
_	Exempt under section 501(c3) 408(e) 220(e)	1	up exemption number instructions)								
	408A		City or town, state or province, and ZIP or foreign postal code ALEXANDRIA, VA 22305		Check box if an amended return.						
<u> </u>	Check organization t		k value of all assets at end of year ▶ 100,540,455 ✓ 501(c) corporation □ 501(c) trust □ 401(a) trust □ Other trust □ App	liaalala w	in account and the						
	Check if filing only to		☑ SUI(c) corporation ☐ SUI(c) trust ☐ 40I(a) trust ☐ Other trust ☐ App ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439	licable re	einsurance entity						
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		▶□						
			d Schedules A (Form 990-T)	• • •							
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled grou	p?	. ▶ ☐ Yes ☑ No						
			identifying number of the parent corporation ▶		Les Le 110						
LI	The books are in car	3	TEVEN T BRICE Telepho 000 POTOMAC AVENUE LEXANDRIA, VA 22305	ne numb	per ► (703) 310-0500						
Pa	art I Total Un		d Business Taxable Income								
1	Total of unrelated instructions)		s taxable income computed from all unrelated trades or businesses (see	1	325,213						
2	Reserved .			2							
3	Add lines 1 and 2			3	325,213						
4	Charitable contrib	outions (see instructions for limitation rules)	4	0						
5			axable income before net operating losses. Subtract line 4 from line 3	5	325,213						
6		-	ng loss. See instructions 🐒	6	325,213						
7	Subtract line 6 fro		ss taxable income before specific deduction and section 199A deduction.	7							
8			ally \$1,000, but see instructions for exceptions)	8	1,000						
9	•		luction. See instructions	9							
10			nes 8 and 9	10	1,000						
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter								
	zero	<u></u>		11	0						
Pa	rt III Tax Com	nputati	on								
1	Organizations t	axable a	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0						
2	Part I, line 11 fro	m: 🔲	rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041)	2							
3	Proxy tax. See in			3							
4	Other tax amount			4							
5	Alternative minim		` ''	5							
6	-	-	acility income. See instructions	6							
			h 6 to line 1 or 2, whichever applies	7	0 5 200 T (2022)						
ror I	Paperwork Reduction	I ACT NOT	ice, see instructions. Cat. No. 11291J		Form 990-T (2020)						

	990-T (2	020)							Page 2
Part	100	Tax and Payments							
1a	Foreign	tax credit (corporations attach Form 111	8; trusts attach Fo	rm 1116)	1a				
b	Other c	redits (see instructions)			1 b				
c	General	business credit. Attach Form 3800 (see i	nstructions)		1c				
d	Credit f	or prior year minimum tax (attach Form 8			1 d				
е	Total c	edits. Add lines 1a through 1d						1e	
2	Subtrac	t line 1e from Part II, line 7						2	0
3	Other ta	xes. Check if from: \square Form 4255 \square Other (attach st		Form 869	7	Form 8866		3	
4	Total ta	x. Add lines 2 and 3 (see instructions). 1294. Enter the tax amount here	Check if include	es tax previ	ously d	eferred unde	r 	4	0
5	2020 ne	t 965 tax liability paid from Form 965-A	or Form 965-B, Pa	rt II, colum	n (k), li	ne 4		5	0
6a		ts: A 2019 overpayment credited to 2020			6a				
b	2020 es	timated tax payments. Check if section 6	43(g) election app	lies ▶ 🗌	6b				
		osited with Form 8868			6c				
d	Foreign	organizations: Tax paid or withheld at so	urce (see instructi	ons) .	6d				
е	Backup	withholding (see instructions)			6e				
f	Credit fo	or small employer health insurance premi	ums (attach Form	8941) .	6f				
g		redits, adjustments, and payments: \Box		 Total ▶	6g				
7	Total n	ayments. Add lines 6a through 6g						7	
8	-	ed tax penalty (see instructions). Check i						8	
9		e. If line 7 is smaller than the total of line			 wed			9	
10		yment. If line 7 is larger than the total of line						10	
11	•	e amount of line 10 you want: Credited			unic ove	•	efunded ▶	11	
Pari		Statements Regarding Certain Ac			matio				
1	At any t financia	ime during the 2020 calendar year, did tl account (bank, securities, or other) in a of Foreign Bank and Financial Accounts. I	ne organization ha foreign country? I	ve an intere f "Yes," the	est in or organi:	a signature zation may h	or other autl		Yes No
2	During 1	he tax year, did the organization receive	a distribution from	n, or was it	the gra	ntor of, or tr	ansferor to, a	a foreign trust?	No
	If "Yes,	see instructions for other forms the orga	anization may have	e to file.					
3	Enter th	e amount of tax-exempt interest received	d or accrued durin	g the tax ye	ar .		. ▶\$		
4a	Did the	organization change its method of accour	nting? (see instruc	tions) .					No
4b	If 4a is	'Yes," has the organization described the	change on Form 9	990, 990-EZ	, 990-F	F, or Form 1	.128? If "No,'	' explain in Part V	
Par	t V	Supplemental Information							
Provid	e the ex	planation required by Part IV, line 4b. Als	so provide any oth	er addtiona	linform	ation. See ir	structions.		
		·	· · · · · · · · · · · · · · · · · · ·						
Sig Hei	n beli	er penalties of perjury, I declare that I have exa of, it is true, correct, and complete. Declaration	2022-02-09	PRESIDEN	is based	on all informat			dge. his return wn bel <u>ow</u>
		Signature of officer	Date	Title					169 - 110
Paid		Print/Type preparer's name RICHARD J LOCASTRO CPA	Preparer's signature	2		Date	Check it	1	
Prep	oarer	Firm's name FGELMAN ROSENBERG &	FREEDMAN				Firm's EIN ►	52-1392008	
Use	Only	Firm's address ▶ 4550 MONTGOMERY AVE					Phone no. (3	01) 951-9090	
		BETHESDA, MD 208142	930						990-T (2020)
								Form •	******* (/U/())

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btFincdPropSch

Name: NATIONAL INDUSTRIES FOR THE BLIND

DLN: 93393040007032

ETN: 13-5506700

EIN. 13-3330/33										
Property line number from Schedule A	Property description	Adjusted basis amount	Percent allocable to debt-financed income	Adjusted basis allocable to debt-financed property (Adjusted basis multiplied by Allocable percent)						
Α	AVERAGE BASIS		46.000 %	61,078,274						

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Property line number from Schedule A Monthly average of Percent allocable to debtacquisition indebtedness financed income

46.000 %

Average acquisition debt on or allocable to debt-financed

38,952,462

property (Monthly average multiplied by Allocable percent)

DLN: 93393040007032

EIN: 13-5596799

85,030,478

Name: NATIONAL INDUSTRIES FOR THE BLIND

As Filed Data -

TY 2020 AvgAcquisDebtFincdPropSch

TY 2020 DebtFinancedExpenseSchedule

Name: NATIONAL INDUSTRIES FOR THE BLIND

EIN: 13-5596799

Expenses Directly Connected with Debt-Financed Income

Property line number from Schedule A	Expense Descriptions	Expense Amounts	Property Total	Percent allocable to debt- financed income	Expenses directly connected allocable to debt-financed income (Total multiplied by Allocable percent)
A	INTEREST EXPENSE ON TENANT IMPROVEMENTS	467,284	1,264,183		
	UTILITIES	52,573			
	MAINTENANCE	189,632			
	CONTRACT SERVICES	123,409			
	TAXES & INSURANCE	350,607			
	MANAGEMENT EXPENSE	60,214			
	OTHER EXPENSES	20,464			

Total expenses directly connected allocable to debt-financed

income: 1,264,183

TY 2020 OtherDeductionSchedule

Name: NATIONAL INDUSTRIES FOR THE BLIND

EIN: 13-5596799

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion

amount:

Insurance amount: Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

 Other type of deduction
 Other type deduction amount

 TAX PREPARATION FEE
 4,750

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393040007032				
TY 2020 Pre2018NOLScheduk	e					
Name:	NATIONAL INDUSTRIES FOR TH	IE BLIND				
EIN:	N: 13-5596799					
Pre-2018 NOL carried forward from prior year:	440,471					
Pre-2018 NOL Included in NOL deduction:	325,213					
Pre-2018 NOL Activities Included on Schedule A						
Activity code	Post-2017 Carried Over to Subsequent					

Tax Years 532000

Total Pre-2018 NOL Activities Included on Schedule A: 0

Total Pre-2018 NOLs Applied: 325,213

Balance remaining after total Pre-

2018 applied: 0

Pre-2018 NOL Expiring Current Year: 0

Pre-2018 Carried Over to **Subsequent Tax Years:** 115,258 Name: NATIONAL INDUSTRIES FOR THE BLIND

EIN: 13-5596799

Total allowable depreciation

Property line number from Schedule A

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

700 200 OVBOBCOL

expense: 799,300												
Cost - salvage value	Year acquired	Useful life - years	Years remaining	Annual depreciation expense	Allowable depreciation expense							
				799,308	799,308							

DLN: 93393040007032

efile GRAPHIC print - DO NOT PROCESS								DLN:	93393040007032			
SCHEDULE A Unrelated Busine						ess Taxable Income OMB No. 1545-0047						
(Form 990-T) From an Unrelated Trade or Business									2020			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).)(3).	Open to Public Inspection for 501(c)(3) Organizations Only	
	Name of the organiza IONAL INDUSTRIES F							1ployer 96799	identifi	cation	number	
c (Jnrelated business a	ctivity code (see instructions) ▶ 532000	D Sequ	ence:		1		of		1	
E [Describe the unrelate	ed trade or business ▶ DEBT	-FINANCED R	ENTAL IN	СОМЕ							
Pa	rt I Unrelated	Trade or Business Inc	ome			(A) Income	:	(B)	Expens	es	(C) Net	
1a	Gross receipts or sa	ales										
b	Less returns and allow	vances	c Baland	e ▶ 1 c								
2		(Part III, line 8)		. 2								
3	Gross Profit. Subtra	act line 2 from line 1c		. 3								
4a		come (attach Sch D (Form 10 ctions)		. 4a								
b	Net gain (loss) (For	rm 4797) (attach Form 4797) (see instruction	ons) 4b								
c	Capital loss deduct	ion for trusts		4c								
5	` '	a partnership or an S corpo	•	I .								
6	Rent income (Part	IV)		. 6			0			0		
7	Unrelated debt-fina	anced income (Part V)		. 7		1,64	5,851		1,3:	15,888	329,963	
8		royalties, and rents from a d		. 8			0			0		
9	Investment income organizations (Part	e of section 501(c)(7), (9), or VII)	(17)	. 9			0			0		
10	Exploited exempt a	ctivity income (Part VIII) .		. 10								
11	Advertising income	(Part IX)		. 11			0			0		
12	•	instructions; attach stateme	•									
13	Total. Combine line	es 3 through 12		. 13		1,64	5,851		1,3:	15,888	329,963	
Pai		ns Not Taken Elsewher with the unrelated busin		ructions	for lii	mitations on	dedu	ctions) I	Deducti	ions m	ust be directly	
1	Compensation of of	fficers, directors, and trustee	s (Part X) .							1	0	
2	Salaries and wages									2		
3	Repairs and mainte	enance								3		
4	Bad debts									4		
5	Interest (attach sta	atement) (see instructions)								5		
6	Taxes and licenses									6		
7	Depreciation (attac	h Form 4562) (see instruction	ns)			7						
8	Less depreciation c	laimed in Part III and elsewh	ere on returr	١.		8a				8b		
9	Depletion									9		
10		ferred compensation plans .								10		
11		rograms								11		
12		enses (Part VIII)								12		
13	· ·	costs (Part IX)								13	0	
14		, —								14	4,750	
15		_								15	4,750	
16	Unrelated business	income before net operating	i Ioss deducti	on. Subtra	act lin	e 15 from Parl	t I. line	• 13. colu	ımn (C)	∣ 16	325.213	

17 18

	rm 990-T) 2020				Page 1
		nethod of inventory val	uation >		Г
	y at beginning of year			1	
Purchase				2	
Cost of la				3	
	Il section 263A costs (attach statemen			4	
	sts (attach statement)			5	
	dd lines 1 through 5			6	
	y at end of year			7	
	goods sold. Subtract line 7 from line				
Do the ru	ules of section 263A (with respect to p	roperty produced or acquir	ed for resale) apply to	the organization?	
rt IV R	ent Income (From Real Prope	rty and Personal Prop	perty Leased with	Real Property)	
	on of property (property street addres	s, city, state, ZIP code). C	heck if a dual-use (see	instructions)	
▲∐_					
в 🗆 🗕					
c 🔲 🗀					
D ∐					Γ
		A	В	С	D
	eived or accrued				
	sonal property (if the percentage of				
	personal property is more than 10% nore than 50%)				
	l and personal property (if the				
percenta	ge of rent for personal property				
	50% or if the rent is based on profit				
or incom	-,				
	ts received or accrued by property. 2a and 2b, columns A through D				
	•				
Total ren	ts received or accrued. Add line 2c col	umns A through D. Enter h	ere and on Part I, line	6, column (A) . ►	
Deductio	ns directly connected with the income				
	(a) and 2(b) (attach statement) .				
Total de	ductions. Add line 4 columns A throu	ah D. Enter here and on Dr	out I line 6 column (D	\	
iotai de	udections. Add line 4 columns A timod	gir D. Eliter here and on Fa	art 1, line 6, column (B	,	
art V U	nrelated Debt-Financed Incom	ne (see instructions)			
Descripti	on of debt-financed property (property	street address, city, state	e, ZIP code). Check if a	a dual-use (see instructi	ons)
	00 POTOMAC AVENUE				
	EXANDRIA, VA 22305				
в∐_					
د∐_					
D ∐			_		
Gross inc		A	В	С	D
Gross inc financed	come from or allocable to debt-	2,580,918			
	property ns directly connected with or allocable				
	inanced property				
	line depreciation (attach statement)	799,308			
-	ductions (attach statement)	1,264,183			
	luctions (add lines 3a and 3b, columns				
	h D)	2,063,491			
Amount	of average acquisition debt on or				
	to debt-financed property (attach	95-1 20.052.462			
	nt)	38,952,462			
	adjusted basis of or allocable to debt- property (attach statement)	9 61,078,274			
	ne 4 by line 5	63.770 %			
Gross inco	ome reportable. Multiply line 2 by line 6	1,645,851			1
Total gr	oss income. (add line 7, columns A th	nrough D). Enter here and	on Part I, line 7, colun	nn (A) ▶	1,645,85
Allocable	deductions. Multiply line 3c by line 6	1,315,888			
				1	L
Total all	ocable deductions. Add line 9, colun	nns A through D. Enter her	e and on Part I, line 7	, column (B) ▶	1,315,88
Total div	vidends-received deductions include	ed in line 10			
i Juai uli	riacinas received deddelions includi	CG 111 III C 10 1 1 1 1			

	t VI Interest, Annuit	ios Boys	ltice and De	nto fro	m Combuol	lad Over	-i-stises	/soo instrusti	2001	Page 3
Раг	interest, Annuit	ies, Roya	Titles, and Re	ents troi	n Control			•		
		Exempt Controlle 3. Net unrelated 4. Total of specified		5. Part of colu	6. Deductions directly					
1. Name of controlled organization		2. Employer identification number			4. Total of specified payments made		that is included in the controlling organization's gross income		connected with income in column 5	
(1)	.)							_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	s			
	7. Taxable income	inco	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directl connected with income in column 10	
(1)										
(2)										
(3)										
(4)										
Γotal Part	s	ome of a		(c)(7), ((9), or (1) 3. Deduc	7) Organ	iization (se	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in o Enter here and o line 9, colum	on Part I,						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Total				0						0
Part	Exploited Exen	npt Activi	ty Income, (Other Th	ıan Adver	tising In	i come (see	instructions)		
1	Description of exploited acti	ivitiy:								
2	Gross unrelated business in	come from	trade or busine	ss. Enter	here and on	Part I, line	e 10, column	(A)	2	
3	Expenses directly connected column (B)								3	
4	Net income (loss) from unrelines 5 through 7		or business. S				ain, complete		4	
5	Gross income from activity	that is not u	unrelated busin	ess incom	e				5	
6	Expenses attributable to inc								6	
7	Excess exempt expenses. S								7	

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	$D \square$				
Enter	amounts for each periodical listed above in the o	corresponding column.			
	·	Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name		2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2)					
(3) (4)				+	
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
		11001 40010110)			
				Schedul	e A (Form 990-T) 2020