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Description for the National Processor	•		Eor oo	•								2010	
Note			For Ca									2019	
B Exempt suger section	Depai Intern	rtment of the Treasury al Revenue Service	▶	· · · · · · · · · · · · · · · · · · ·								Open to Public Inspection for 501(c)(3) Organizations Only	
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Part			Print		9	5-3018799							
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HE Enter the number of the organization's urrelated trades or businesses. O Describe the only of first) unrelated trades or businesses. O Describe the only of first) unrelated trade or businesses. O Describe the only of first) unrelated trade or businesses. O Describe the only of first) unrelated trade or businesses. O Describe the only of first) unrelated trade or businesses. O Describe the only of first) unrelated trade or businesses. O Describe the only of first) unrelated trade or businesses. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the comporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If Yes, enter the name and identifying number of the parent corporation. Fart I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 1 Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract the 2 from line to 4 Capital less deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 1 Unrelated debt-financed mome (Schedule E) 1 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 1 Unrelated debt-financed mome (Schedule B) 1 Investment income of a section 501c([7], (9), or (17) organization (Schedule G) 1 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business uppersons) 1 Advertising income (Schedule C) 1 Goods and tractic form 4562) 2 Depreciation (attach Form 4562) 2		529(a)											
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trade or business here March Ma	<u></u>							<u> 5</u>			<u> </u>		
business, then complete Parts II nt blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III or During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes ☒ No II Yes, enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ THE ORGANIZATION Telephone number ▶ 301–562–9890			-	tion's unrelated trades or d	iusinesses.	-	U		_				
Durning the tax year, was the complete Parts III-V.				ce at the end of the previous	is contence o	omnlete Pa	arte I an						
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?					13 30Ht0H06, 0	ompicte i a	ii to i aii	u II, complet	o a ochodok	S WI TO CACH ADDITION	iui ii auc	, 01	
If Yes, "enter the name and identifying number of the parent corporation. Part II Unrelated Trade or Business Income					affiliated group	p or a parer	nt-subs	idiary contro	lled group?		Y	es X No	
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net	<u>lf</u>	Yes," enter the name a	nd ident	ifying number of the paren	t corporation.								
1a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, Ine 7) Gross profit. Subtract Ine 2 from line 1c 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part III, Ine 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule G) 1 Exploited exempt activity income (Schedule I) 1 Advertising income (Schedule I) 1 Advertising income (Schedule I) 1 Oblier income (See instructions, attach schedule) 1 Total. Combine lines 3 through 12 1 Total. Combine lines 3 through 12 1 Total. Combine lines 3 through 12 1 Compensation of officers, directors, and trustees (Schedule S) 1 Taxes and incenses 1 Taxes and maintenance 1 Bad debts 1 Interest (attach schedule) (see instructions) 1 Taxes and incenses 1 Taxes and incenses 1 Depreciation (attach Form 4562) 1 Less depreciation claimed on Schedule A and elsewhere on return 2 Depletion 2 Depletion 2 Contributions to deferred compensation plans 2 Employee benefit programs 2 Employee benefit programs 2 Englose benefit programs 2 Excess exempt expenses (Schedule I) 2 Excess exempt expenses (Schedule I) 2 Excess exempt expenses (Schedule I)	J Th	e books are in care of	▶ 1	HE ORGANIZA	rion_								
b Less returns and allowances				e or Business Inc	ome			(A) In	come	(B) Expenses	<u> </u>	(C) Net	
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22Depletion2223Contributions to deferred compensation plans2324Employee benefit programs2425Excess exempt expenses (Schedule I)25		•		•	on ratura						215		
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24 Employee benefit programs 25 Excess exempt expenses (Schedule I)			rred con	nensation plans									
25 Excess exempt expenses (Schedule I) 25		· · · · · · · · · · · · · · · · · · ·								$\overline{}$			
			, · ·								$\overline{}$		
Zo Excess readership costs (Scriedule 3)	26									26			
27 Other deductions (attach schedule)	27									27			
28 Total deductions. Add lines 14 through 27	28	Total deductions. Ad	d lines	4 through 27							28		
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13									1		29	0.	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	30		rating lo	ss arısıng ın tax years beg	inning on or a	ıfter Januar	y 1, 20	18				^	
(see instructions) 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 0.	0.4	` '	umb t-	0	- l 00								
31 Unrelated business taxable income. Subtract line 30 from line 29 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions Form 990-T (2019)						one					_ 31		

Form 99	T (2019) NATIONAL TUBEROUS SCLEROSIS ASSOCIATION, INC.	<u>95-301</u>	8799 _{Page} 2
Part	III Total Unrelated Business Taxable Income	·	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,		
-	enter the smaller of zero or line 37	39	0.
Part			
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
• • •	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax See instructions	42	
	Alternative minimum tax (trusts only)	43	
	Tax on Noncompliant Facility Income. See instructions	44	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part		T 30	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
	Other credits (see instructions) 46b		
	General business credit. Attach Form 3800 46c	l. l	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
		460	
	Total credits. Add lines 46a through 46d	46e	0.
	Subtract line 46e from line 45	47	
	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	0.
	Total tax Add lines 47 and 48 (see instructions)	49	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 Payments A 2018 overpayment credited to 2019 51a 310.	50	
	, , , , , , , , , , , , , , , , , , , ,	[
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions)	1	
	Backup withholding (see instructions)	1	
	Credit for small employer health insurance premiums (attach Form 8941)	1	
g	Other credits, adjustments, and payments: Form 2439	1	
	Form 4136 Other Total ▶ 51g	ı 	4 210
	Fotal payments. Add lines 51a through 51g	52	4,310.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
	Fax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	_54	4 210
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	4,310.
	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	<u>4,310.</u>
Part			
	At any time during the 2019 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		
	nere		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	f "Yes," see instructions for other forms the organization may have to file.		1 1 1
59	enter the amount of tax-exempt interest received or accrued during the tax year 🕨 💲		<u> </u>
0:	Under penalties of per jury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and composed Department of the pear of the period	ge and belief, it is tr	ue,
Sign	May (V) of the May	y the IRS discuss th	ns return with
Here	- 1 N	preparer shown bel	
	Signature of officer Date Title inst	tructions)? X	Yes No
	Print/Type preparer's name Preparer's signature Date Check if	PTIN	
Paid	Self-emplayed	1	
Prep	arer ELIZABETH HELLER Chia Schuffellin 4/1/2020	P00397	7829
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	· · · · · · · · · · · · · · · · · · ·	202) 293	3-2200
022711 0	1.27.20		990-T (2010)

Schedule A - Cost of Good	Is Sold. Enter	method of inver	ntory valuation N	/A				
1 Inventory at beginning of year	1		6 Inventory at end of	vear	ar 6			
2 Purchases	2	_	7 Cost of goods sold	•	t line 6			
3 Cost of labor	3	<u></u>	from line 5 Enter h	ere and in	Part I,			
4 a Additional section 263A costs			line 2		•	7		
(attach schedule)	4a		8 Do the rules of sec	tion 263A	(with respect to		Yes No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to					
5 Total Add lines 1 through 4b	5		the organization?		,			
Schedule C - Rent Income (see instructions)	(From Real I	Property and	Personal Propert	Lease	ed With Real Prop	erty)		
1. Description of property								
(1)								
(2)	-							
(3)								
(4)		-						
	2. Rent receive	ed or accrued						
(a) From personal property (if the per rent for personal property is mor- 10% but not more than 50%	e than	of rent for p	nd personal property (if the percentersonal property exceeds 50% of it is based on profit or income)	entage r if	3(a) Deductions directly columns 2(a) ar	connected with the i nd 2(b) (attach schedi	ncome in ile)	
(1)								
(2)				-				
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	.	0.	
Schedule E - Unrelated Det	ot-Financed	income (see	instructions)					
			2. Gross income from		 Deductions directly confitted to debt-finance 	nected with or allocat ed property	ole	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a	Straight line depreciation (attach schedule)	(b) Other d (attach so	eductions hedule)	
(1)				1				
(2)		 -						
(3)				<u> </u>				
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to iced property schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x to 3(a) an		
(1)			9,					
(2)			9,					
(3)			9/	_				
(4)			9/					
					Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, o		
Totals					0.	.	0.	
Total dividends-received deductions in	ncluded in calumn	8	,				0.	
The state of the s		-						

F8fm 990-T (2019)	INC.								95-30	1879	99 Page
Schedule F - I	nterest, Annui	ties, Roya	lties, and	Rents	From Co	ntrolle	d Organiza	tion	S (see in:	structio	ns)
				Exempt	Controlled O	rganızatı	ions				
1. Name of cont	rolled organization	identif					Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
								├			
<u>(1)</u>								├—			
(2)								<u> </u>			
<u>(3)</u>								L			
(4)		_						<u> </u>			
Nonexempt Contro	illed Organizations	·									··
7. Taxable Inco	ome 8. f	Net unrelated incor (see instruction		9. Total	l of specified payn made	nents	10 Part of colun in the controllin gross	nn 9 the ng orga i incomi	nization's		eductions directly connected th income in column 10
(1)											
(2)											
(3)											
(4)										_	
						_	Add colum Enter here and line 8, c	on page	e 1, Part I,		ndd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - I	nvestment Inc	ome of a	Section 5	01(c)(7	7), (9), or (1	7) Orc	anization				
	(see instructions			• • • •	., . , ,	,					
	1. Description of	Income			2. Amount of	ncome	3. Deduction directly connect (attach schedu	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)						Ī					
(4)		-									
<u> </u>					Enter here and o Part I, line 9, col				<u> </u>		Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Ex	(ploited Exem (see instructions)	pt Activity	Income,	Other	Than Adv		g Income	<u> </u>			
			0 -		4. Net income	(loss)					7 -
Description exploited activ	of unrela	2. Gross ated business come from a or business	3. Expe directly cor with prodi of unrela business ii	nnected uction eted	from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5 Gross incorfrom activity the is not unrelate business incorr	at d	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)						1					
(3)	-					†					
(4)	-										
	pag	here and on ge 1, Part I, 10, co! (A)	Enter here page 1, F line 10, co	Pert I,							Enter here and on page 1, Part II, line 25
Totals	 	0.		0.			_		<u>-</u>		0.
Schedule J - A			nstructions)								
Part I Incom	e From Period	licals Repo	orted on	a Cons	solidated I	Basis			· 		
1. Name of	periodical	2. Gross advertising income		Direct using costs	4. Advertis or (loss) (co col 3) If a gai cols 5 thr	l 2 minus n, compute	5. Circulation income	on	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)							1		-		
(4)											_
			1			-					
Totals (carry to Part II	, line (5))	(<u> </u>	0			<u> </u>				0.

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Dart III Inco	me From Perio	odicals Repor	ted on a Senar	ate F

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Page 5

|Part III | 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	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 26
Totals, Part II (lines 1-5)	▶	0.	0.	_ = -	w.e	= - /	0.

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

1 Name	2 Title	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 (2019)