į			 -	AMENDED RETURE Exempt Organ			2	939300	60	2300 1		
		000 T	~ ~ <i>[</i>	AMENDED RETUI	RN - REPEAI	L OF	SECTION 5	12(A)(7)	* * l	OMB No 1545-0687		
i •	Form	990-T	=		TIZATION BUS Id proxy tax unc			Tax Retur	n	OMB NO 1343-0867		
			For cal	lendar year 2018 or other tax yea	•	uer Sec	, and ending	1811	/	2018		
	_				· · · · · · · · · · · · · · · · · · ·	nstructio		mation	— j	2010		
		tment of the Treasury al Revenue Service	tof the Treasury venue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).									
•	A	Check box if aderess changed		Name of organization (Check box if name	changed a	and see instructions)		(Emp	Open to Public Inspection to 501(c)(3) Organizations Only loyer identification number ployees' trust, see uctions)		
	B E	kempt under section	Print	NATIONAL DIS	SABILITY IN	NSTIT	TUTE, INC.		2	20-4205838		
	X]501(c)(3)	OF	Number, street, and room					E Unre	lated business activity code instructions)		
] 408(e)220(e)	Туре	1667 K STREE	ET, NW, NO	. 480)]	1151150115115)		
	<u>_</u>	408A530(a)	1	City or town, state or prov								
		529(a) ok value of all assets	<u> </u>	WASHINGTON,	900	900099						
	C at e	4,025,4	88	F Group exemption numb G Check organization type		rnoration	501(c) trust	401/2	\ truct	Other trust		
	H En					1) trust			
		Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here REPEAL OF SECTION 512(A)(7) If only one, complete Parts I-V. If more										
		escribe 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										
	bu	siness, then complete	Parts III	-V								
				oration a subsidiary in an a	- · · · · · · · · · · · · · · · · · · ·	ent-subsic	diary controlled group	▶	Yı	es No		
				tifying number of the parent			T-1-		100	206 2040		
				MICHAEL MORRI		—	(A) Income	hone number > 2		(C) Net		
		Gross receipts or sale		The or Business inc	Offic	1	(A) modific	(b) Expense		(O) Net		
		Less returns and allow			c Balance	1 _C						
2021		Cost of goods sold (S		A, line 7)		2						
	3	Gross profit. Subtract	line 2 fr	om line 1c		3						
-		Capital gain net incom	•	·	(6)	4a			1			
2	U			art II, line 17) (attach Form	4797	4b		· .				
MAY	C	Capital loss deduction			h	4c						
		Rent income (Schedu		ship or an S corporation (att	ach statement)	5			·			
L	17	Unrelated debt-finance	-	ne (Schedule E)		7		 		-		
3	6 7 8 9 0			nd rents from a controlled o	organization (Schedule F)	8						
3	Z 9	Investment income of	a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G	9						
(が	Exploited exempt activ	•	,		10						
	11	Advertising income (S		•		11						
		Other income (See ins Total. Combine lines		· ·		12	0	ļ · ·				
				ot Taken Elsewher	e (See instructions for					<u> </u>		
				utions, deductions must								
	14	Compensation of offi	icers, dir	rectors, and trustees (Sched	dule K)				- 14	<u> </u>		
	15	Salaries and wages					RE	CEIVED	15			
	16	Repairs and mainten	ance				Language of the language of th		16	· · · · · · · · · · · · · · · · · · ·		
	17	Bad debts	ما دادات				Soon Del	2 1 2020	17			
	18 19	Interest (attach schell Taxes and licenses	aule) (SE	ee instructions)			\	DEN UT	18 19			
	20		ons (See	e instructions for limitation r	rules)			DEN U	1 20			
	21	Depreciation (attach	•		u.u.,		21		-			
	22	· ·		Schedule A and elsewhere	on return		22a		22b			
	23	Depletion	· ·									
	24	Contributions to defe	24									
	25	Employee benefit pro	· · ·									
	26 27	Excess exempt exper	•	•					26 27			
	27 28	Other deductions (at	·	•					28			
	29	•	other deductions (attach schedule) otal deductions. Add lines 14 through 28									
	30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13								0.		
	31	Deduction for net ope	31	2 · · · ·								
	32	Unrelated business to	32	0.								
	82370	1 01-09-10 I HA FO	r Papen	work Reduction Act Notice.	see instructions.					Form 990-T (2018)		

Form 990-	NATIONAL DISABILITY INSTITUTE, INC.	20-42	105838		Page
Part I	III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruc	tions)	33		0.
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				
	liñes 33 and 34		36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,(000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter the smaller of zero or line 36		38		0.
Part I				····	
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	3 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			44		0.
Part \					
45 a	a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
b			_		
C	General business credit. Attach Form 3800		_		
ď	d Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	e Total credits. Add lines 45a through 45d		45e		
46	Subtract line 45e from line 44		46		0.
47		Other (attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)		48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.
50 a	a Payments: A 2017 overpayment credited to 2018				
	b 2018 estimated tax payments	930			
C	c Tax deposited with Form 8868	3,728			
d	d Foreign organizations: Tax paid or withheld at source (see instructions) 50d	· · · · · · · · · · · · · · · · · · ·	_ i		
	e Backup withholding (see instructions) 50e		_		
	f Credit for small employer health insurance premiums (attach Form 8941) 50f	<u>.</u>			
g	g Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶ 50g		 		
51	Total payments. Add lines 50a through 50g		51	4,6	558.
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	>	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	, ▶	54		558.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 1,940.		55	2,7	718.
Part \					,
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other a	•		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may hav				1
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	ountry			
	here ►				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o, a foreign trust?		<u> </u>	Х
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$				<u> </u>
Sian	Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any life.	and to the best of my kr knowledge	owledge and be	elief, it is true	
Sign Here	Acting Acting	May the IRS dis	cuss this return	with	
Here			the preparer sho		-
				X Yes _	No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN		
Paid	RICHARD J. LOCASTRO,	self- employed		00001	ı
Prepa	arer CPA Richard & Locate 10/15/2			288314	
Use C	Only Firm's name > GELMAN, ROSENBERG & FREEDMAN	Firm's EIN	<u> 52-</u>	139200	18
	4550 MONTGOMERY AVE SUITE 800N	_	10011		
	Firm's address ► BETHESDA, MD 20814-2930	Phone no.	(301)	<u>951-90</u>	90
823711 01	11 00 10		_	000 T	(0040)

FOOTNOTES

STATEMENT

AMENDED RETURN:

THE FOLLOWING LINES CHANGED DUE TO THE REPEAL

OF SECTION 512(A)(7):

PART II, LINES 19, 20, 28, 29, 30, 32 PART III, LINES 33, 34, 36, 38 PART IV, LINES 39, 44

PART V, LINES 46, 48, 51, 53, 54, 55