** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

AF	or the 2	2020 calendar year, or tax year beginning and	enaing		
В с	heck if pplicable:	C Name of organization		D Employer identific	cation number
X	Address change	NATIONAL ORGANIZATION ON DISABILITY			
	Name change	Doing business as NOD		52-12383	07
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return/	77 WATER ST, 13TH FL		(646) 50	5-1191
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,079,632.
	Amended return	NEW TORK, NY 10005-4420		H(a) Is this a group re	
	Applica- tion	F Name and address of principal officer: CAROL GLAZER		for subordinates	? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		npt status: $X = 501(c)(3)$ $501(c)(0)$ (insert no.) 4947(a)(1) of	or 527	If "No," attach a	list. See instructions
		▶ WWW.NOD.ORG		H(c) Group exemptio	
		ganization: X Corporation Trust Association Other	L Year	of formation: 1982 $ m extbf{N}$	State of legal domicile: DC
Pa		Summary			
ø.	1 B	riefly describe the organization's mission or most significant activities: ${ t SEE}$	<u>SCHEDU</u>	LE O	
Activities & Governance	_				
rna	2 C	heck this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove				3	17
2		umber of independent voting members of the governing body (Part VI, line 1b)			16
es {		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			15
viţi		otal number of volunteers (estimate if necessary)			20
Λcti		otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
			_	Prior Year	Current Year
Revenue		ontributions and grants (Part VIII, line 1h)		1,967,740.	3,843,996.
		rogram service revenue (Part VIII, line 2g)		391,289.	217,250.
3ev		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,196.	812.
_		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		150.	17,574.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,361,375.	4,079,632.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,372,156.	1,331,783.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		17,400.	1,967.
χ	b To	otal fundraising expenses (Part IX, column (D), line 25) 172,99		1,717,284.	1,397,099.
_	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,106,840.	2,730,849.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-745,465 .	1,348,783.
_ s		evenue less expenses. Subtract line 18 from line 12		•	
Net Assets or Fund Balances	00 Т	atal assata (Dart V. line 10)	Ве	ginning of Current Year 3,543,132.	End of Year 5,001,945.
Asse Bala	20 To	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		141,870.	251,900.
Vet/	22 N	et assets or fund balances. Subtract line 21 from line 20		3,401,262.	4,750,045.
Pa	rt II	Signature Block		3/101/2021	1773070130
		es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of wh			interriouge and sener, it is
,	1	and Alan	non proparor	11/	16/21
Sigr	, J	Signature of officer		Date	
Her		CAROL GLAZER, PRESIDENT			
	·	Type or print name and title			
	F	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		ARA SMITH Sava Smith	1	1/05/21 if self-employ	P01332734
Prep	_	irm's name ▶ RSM US LLP			42-0714325
Use		irm's address 2021 L STREET NW, SUITE 400			
		WASHINGTON, DC 20036		Phone no. 20	2-293-2200
May	the IRS	discuss this return with the preparer shown above? See instructions			X Yes No

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, BEMICs, and trusts.

-	rations required to file an income tax return other than Fo			s, REMICs	s, and trusts			
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.					
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer identification number (TIN)				
print	NAMIONAL ODGANIZAMION ON DI	CADTI	TMV		E0 10201	207		
File by the	NATIONAL ORGANIZATION ON DI				52-1238307			
due date for filing your	Number, street, and room or suite no. If a P.O. box, so 77 WATER ST, 13TH FL	ee instruct	ions.					
return. See instructions.	City, town or post office, state, and ZIP code. For a following YORK, NY 10005-4420							
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applicati	on	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	-BL	02	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990	-PF	04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	-T (trust other than above) CAROL GLAZER	06	Form 8870			12		
Teleph If the o	poks are in the care of \blacktriangleright 77 WATER ST, 13 none No. \blacktriangleright (646) 505-1191 organization does not have an office or place of business is for a Group Return, enter the organization's four digit 0 . If it is for part of the group, check this box \blacktriangleright	in the Un Group Exe	Fax No. ited States, check this box mption Number (GEN)	f this is fo	or the whole group			
the ▶[▶[1 I request an automatic 6-month extension of time until							
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, ronrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
	mated tax payments made. Include any prior year overp			3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your pa				0.			
usii	ng EFTPS (Electronic Federal Tax Payment System). See	ns.	3c	\$	U •			

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

instructions.

Page 2

га	Tim Statement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE THE FULL PARTICIPATION AND CONTRIBUTIONS OF AMERICA'S 61
	MILLION MEN, WOMEN AND CHILDREN WITH DISABILITIES IN ALL ASPECTS OF
	LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	710.005
4a	(Code:) (Expenses \$/12,865. including grants of \$) (Revenue \$) (Revenue \$
	COUNCIL PROVIDES COMPANIES WITH OPPORTUNITIES TO ENGAGE WITH NOD'S
	DISABILITY EMPLOYMENT EXPERTS, TO NETWORK AND LEARN FROM THEIR
	CORPORATE PEERS, AND TO GAIN VISIBILITY FOR THEIR COMMITMENT TO
	DIVERSITY. BY PROVIDING KNOWLEDGE SHARING OPPORTUNITIES, THE CORPORATE
	LEADERSHIP COUNCIL ENCOURAGES AND EMPOWERS ALL MEMBERS TO TAKE ON BEST
	PRACTICES IN INCLUDING PEOPLE WITH DISABILITIES IN THEIR WORKFORCE.
4b	(Code:) (Expenses \$ 341,626 • including grants of \$) (Revenue \$)
	THOUGHT LEADERSHIP: INFORMED BY TRACKER DATA AND NOD'S MORE HANDS-ON
	WORK WITH EMPLOYERS, THE ORGANIZATION'S THOUGHT LEADERSHIP AGENDA AIMS
	TO INCREASE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH DISABILITIES
	NATIONWIDE BY CHANGING HOW CORPORATE AMERICA THINKS ABOUT DISABILITY
	EMPLOYMENT. THROUGH PR, SOCIAL MEDIA, EMAIL MARKETING, SPEAKING
	ENGAGEMENTS, WEBINARS, AND THE LEADING DISABILITY EMPLOYER SEAL, NOD
	PROMOTES AWARENESS OF PEOPLE WITH DISABILITIES AS A VALUABLE TALENT
	POOL BY HIGHLIGHTING THE UNIQUE STRENGTHS THEY BRING TO THE WORKFORCE,
	IDENTIFYING AND PROMOTING BEST PRACTICES IN DISABILITY EMPLOYMENT, AND
	HIGHLIGHTING THE EFFORTS OF LEADING EMPLOYERS IN DISABILITY INCLUSION.
	INCOMPLETE THE BITOKID OF BEADING BALBOTEKS IN DIDABIBITE INCOMPLETE.
4-	(Code:) (Expenses \$ 268,579 • including grants of \$) (Revenue \$
4C	(Code:) (Expenses \$268,579 \cdot including grants of \$) (Revenue \$) THE DISABILITY EMPLOYMENT TRACKER, NOD'S CONFIDENTIAL, CORPORATE
	SELF-ASSESSMENT, ALLOWS EMPLOYERS TO BENCHMARK THEIR DISABILITY
	INCLUSION PRACTICES AGAINST OTHER LEADING COMPANIES. THE DISABILITY
	EMPLOYMENT TRACKER, NOD'S CONFIDENTIAL, CORPORATE SELF-ASSESSMENT,
	ALLOWS EMPLOYERS TO BENCHMARK THEIR DISABILITY INCLUSION PRACTICES
	AGAINST OTHER LEADING COMPANIES. EMPLOYERS RECEIVE A FREE SCORECARD
	MEASURING THEIR EFFORTS IN SIX INCLUSION ASPECTS: CLIMATE & CULTURE;
	TALENT SOURCING; PEOPLE PRACTICES; WORKPLACE & TECHNOLOGY; STRATEGY &
	METRICS; AND VETERANS EMPLOYMENT. OFFERED ANNUALLY-AND AT NO
	COST-COMPANIES CAN USE THEIR TRACKER RESULTS TO IDENTIFY AREAS OF
	STRENGTH AND OPPORTUNITIES FOR IMPROVEMENT. HUNDREDS OF COMPANIES, TO
	DATE, HAVE USED THE DISABILITY EMPLOYMENT TRACKER TO MEASURE THEIR
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 596, 493 • including grants of \$) (Revenue \$ 35,000 •)
4e	Total program service expenses ► 1,919,563.

Form 990 (2020) NATIONAL ORGANIZATION ON DISABILITY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		,,,
	Schedule D, Part III	8_		X
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 debt negotiation services?	_		,,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	l		3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3	٠		, v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	۱	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	٠		 ₩
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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 foreign investments valued at \$100,000			
	, 10	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		25
10		16		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		125
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢'′		 ^
10		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	⊢ '°		 ^
19	,	40		x
20-	complete Schedule G, Part III	19 20a		X
20a		20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		24		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	_ 41

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 27 // "Yes,", complete Schedule (Parts I and II) 22	Par	rt IV Checklist of Required Schedules _(continued)	5307	Р	age 4
22 IX 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if yes, "complete Schedule ! Parts I and fill is the organization answer "Yes" to Part VII, Section A, line 3, 4, or 6 about compensation of the organization scurrent and former officer discretors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is and organization have a tax exempt bend issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," enswer lines \$240 through \$240 and complete Schedule K. If "No," ye to line \$260. 244	I a	Officerist of Required Schedules (continued)		Ves	No
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III an	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	INO
23 Dd the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, tustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. A visual part 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 A visual part of the organization have at an exercent bond issue with an outstanding principal amount of more than \$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 A visual part of the organization maintan an escrow account other than a refunding escrow at any time during the year? A visual part of the organization and an an escrow account other than a refunding escrow at any time during the year? A visual part of the organization and an an escrow account other than a refunding escrow at any time during the year? A visual part of the organization and any account of the organization and any account of the sea any tax-exempt bonds? A visual part of the organization and any account of the sea and that the transaction has not been reported on any of the organization provides Schedule L. Part I A visual that the transaction has not been reported on any of the organization spring the year organization provide a grant or other assistance to any current or former officer, director, tustee, key employee, creator or founder, substantial contribution or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II A visual transaction provide a grant or other assistance to any current or former officer, director, tustee, key employee, creator or founder, substantial contribution? If "Yes," complete Schedule L, Part II A visual visual part of the organization provide any part or other assistance to any outner to fromer officer, direct			22		X
and former officen, director, functions, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and former officen, director, function, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part II Issuer for former officer, director, function, and party to a business transaction with one of the following parties (see Schedule I, Part II Issuer for former officer, director, function, and party to a business transaction with an aparty to a business transaction with a dequalited present of the organization are active. As a function of the organization are active to the organization are the set of the organization and the set of the organization are the set of the organization. But the organization are the set of the organization are that it engaged in an excess benefit transaction with a disqualified person uning the year? If "Yes," complete Schedule I, Part I Issuer for bonds outstanding at any time during the year? 25a Section 501(c)(8), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction are organization and the transaction are the organization provide a grant or define assistance to any current or former officer, director, trustee, key employee, creator or formed filed, director, furture, f	23				
24a Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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 five 25a. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any assessment of the standard and sense any tax-exempt bonds? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction when a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction 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-E27 If "Yes," complete Schedule L. Part II 25b Z Visit the organization experts or garnet or offers assistant or some offers, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of changing thresholds, conditions, and exceptions; 26c A 25% controlled entity of changing thresholds, conditions, and exceptions; 27d A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part II 28d A C and Schedule L. Part II Part II 28d A C a 35% controlled entity of one or more individuals and/or organiz					
sist day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. "Mo." go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I		Schedule J	23	Х	
Schedule K. If "No.," go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 1 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the part of the pa	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrive account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? d Did the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16)8, 50(16)4, and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 'i 'Yes,' complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 'i 'Yes,' complete Schedule L, Part I 25b X 26b Did 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? '!i 'Yes,' complete Schedule L, Part I 26b X 27c 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 35% controlled entity (including an employee thereof) or family member of any of these persons? '!i 'Yes,' complete Schedule L, Part I 27d Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? '! 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part I 28d X 29d A family member of any individual described in line 28a? '!' 'Yes,' complete Schedule L, Part I 28d X 29d A family member of any individual described in line 28a? '!' 'Yes,' complete Schedule I 29d X 29d Did the organization receive more than \$25,000 in non-cash contributions? '!' 'Yes,' complete Schedule II 29d X 29d Did the organization sell, exchange, di		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25b Zhectule L, Part I 25c 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, frustee, key employee, creator or founder, substantial contribution, or 35% 27c Totol Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or any of these persons? If 'Yes,' complete Schedule L, Part II 28d Was the organization provide a grant or other assistance to any othese persons? If 'Yes,' complete Schedule L, Part II 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II 28d Was the organization in party to a business transaction with one of the following parties (see Schedule L, Part IV 28d A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28d A C A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV 29d Did the organization receive more than \$25,000 in non-east contributions? If 'Yes,' complete Schedule N, Part II 30d Did the organization receive more than \$25,000 in non-east contributions? If 'Yes,' complete Schedule N, Part I 31d Did the organizati			24a		X
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 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 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 35b 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, Iine 2 36 X 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 V IIne 1 11 A 11 A 12 A 13 A 14 A 15	29				Х
contributions? If "Yes," complete Schedule M 30		, ,			
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35 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			30		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 55a X 35b 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	31		31		
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1	38			v	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	Pai		38	Λ	l
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1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		Oneca ii ochedule o contains a response of note to any iine iii this pait v		V	NI-
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1.	Enter the number reported in Roy 3 of Form 1006 Enter 0 if not applicable 40 20)	res	INO
b Effect the flamber of Fermi W 24 monded in line fat. Effect of in flot applicable	ıd				
	ח	Enter the Hamber of Forms W 2d included in line 1d. Enter of in not applicable			

(gambling) winnings to prize winners?

020) NATIONAL ORGANIZATION ON DISABILITY

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
2 a	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					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	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)?	4a		X				
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).			37				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x				
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		25				
Ь	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	OD						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 required	1.2						
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
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?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12	-						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a							
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	1						
D	amounts due or received from them.)							
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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	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.							
b	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							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
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		X				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							

NATIONAL ORGANIZATION ON DISABILITY 52-1238307 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 17 1a Enter the number of voting members of the governing body at the end of the tax year 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. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$ 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. X Upon request X Own website Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

NY

10005-4420

505-1191

NEW YORK,

CAROL GLAZER - (646)

WATER ST, 13TH FL,

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 instructions for definition of "key employee."
- 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 and/or Box 7 of Form 1099-MISC) 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.

X Check this box if neither the organization por any related organization compensated any current officer, director, or trustee

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

X Check this box if neither the organization n	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	(do	not c	Pos	ition) than c	ne	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of		
	week		Jer an	uau	recto	Ji/ii uS	lee)	from	from related	other		
	(list any hours for	directo						the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	9e or (stee			nsated		(W-2/1099-MISC)	(** 27 1033 141100)	organization		
	organizations	truste	al tru		oyee	nd mc		(** = *********************************		and related		
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations		
	line)	Indi	Insti	Officer	Key	High	Former					
(1) MOEENA DAS	40.00								_			
CHIEF OF STAFF					Х			155,512.	0.	15,795.		
(2) FELICIA NURMSEN	40.00											
MG DIR, EMPLOYER SERVICES						Х		150,204.	0.	24,817.		
(3) PRIYANKA GHOSH	40.00								_			
DIR, EXTERNAL AFFAIRS						Х		143,626.	0.	20,709.		
(4) CAROL GLAZER	40.00								_	_		
PRESIDENT		Х		Х				0.	0.	0.		
(5) TOM RIDGE	1.00								_	_		
CHAIRMAN		Х		Х				0.	0.	0.		
(6) LUKE VISCONTI	1.00								_	_		
VICE CHAIRMAN		Х		Х				0.	0.	0.		
(7) LAURA GIOVACCO	1.00								_	_		
TREASURER		Х		Х				0.	0.	0.		
(8) KEN BARRETT	1.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(9) DARYL BREWSTER	1.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(10) DOUGLAS R. CONANT	1.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(11) RHONDA CRICHLOW	1.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(12) DR. RONALD COPELAND	1.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(13) APOORVA GANDHI	1.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(14) MIKE GATHRIGHT	1.00											
DIRECTOR		Х						0.	0.	0.		
(15) ROBERT DAVID HALL	1.00	_							_	_		
DIRECTOR	4	Х						0.	0.	0.		
(16) BRAD HOPTON	1.00								_	_		
DIRECTOR	4	Х			_			0.	0.	0.		
(17) STEVE PELLETIER	1.00									_		
DIRECTOR		Х						0.	0.	0.		

Form **990** (2020)

Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,				
(A)	(A) (B)				C)			(D)	(E)	(F)			
Name and title	Average	(do		Pos heck		1 than d	one	Reportable	Reportable		Estimated		
	hours per					s both		compensation	compensation		1	nount	
	week (list any	—	l a			T u.u.o	,	from	from related		1	other	
	hours for	irecto						the organization	organization (W-2/1099-MIS			pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-1818	30)	1	anizat	
	organizations	ruste	trus		ee	n ben		(***2/1099*****1000)			_	d relat	
	below	dual t	ntio na	_	oldu	st co	, in				1	nizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18) JOHN M. QUAIN, ESQ	1.00												
DIRECTOR		Х						0.		0.			0.
(19) JAY RUDERMAN	1.00												
DIRECTOR		Х						0.		0.			0.
(20) MARK TEMPLIN	1.00												
DIRECTOR		Х						0.		0.			0.
(21) MICHAEL STEIN	1.00												
DIRECTOR (UNTIL 3/20		Х						0.		0.			0.
(22) MICHELE C. MEYER-SHIPP	1.00												
DIRECTOR (UNTIL 7/20)		Х						0.		0.			0.
(23) JEANETTE RAMOS	1.00							-					
DIRECTOR (UNTIL 7/20)		Х						0.		0.			0.
								-					
		1											
		1											
1b Subtotal	•			•	•		<u> </u>	449,342.		0.	6.	Ī,3	21.
c Total from continuation sheets to Part VI							•	0.		0.			0.
d Total (add lines 1b and 1c)							•	449,342.		0.	6.3	1,3	21.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	 e			
compensation from the organization									·				3
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, ł	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual		•	•	•		·				3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes.	" co	mple	ete S	Sche	edule	J t	for such individual			4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
Complete this table for your five highest cor	mpensated inc	depe	nder	nt co	ontra	acto	s th	hat received more than \$	100,000 of com	oensa	tion frc	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	n the organization's tax y	ear.				
(A)								(B)			(C	;)	
Name and business	address							Description of s	ervices	С	Comper	nsatio	n
CAROL GLAZER CONSULTING I	NC.												
80 CHAMBERS ST., #11E, NE	W YORK,	N	Y	10	00	7		MANAGEMENT S	ERVICES		469	9,3	15.
FISCAL MANAGEMENT ASSOCIA	TES												
600 3RD AVE, NEW YORK, NY	10016							ACCOUNTING			128	3,3	00.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O	contains a	a response	or note to any lir	ne in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
2 5				1c		-			
fts,		Related organizations		1d		-			
ية				1e	248,470.	-			
Sir		Government grants (contri			240,470.	-			
utic er	т	All other contributions, gifts,			595,526.				
		similar amounts not included			333,320.	-			
on od	9			1g \$		2 942 006			
O g	h	Total. Add lines 1a-1f				3,843,996.			
		anoriaon auth			Business Code	100 050	100 050		
S	2 a	SPONSORSHIP	21122		900099	182,250.	182,250.		
e Z	b	PROFESSIONAL	SVCS	FEES	900099	35,000.	35,000.		
Scon	С								
ran Sev	d								
Program Service Revenue	е								
4	f	All other program service	revenue						
	g	Total. Add lines 2a-2f			>	217,250.			
	3	Investment income (includ	ling divid	ends, intere	est, and				
		other similar amounts)				812.			812.
	4	Income from investment of	of tax-exe	mpt bond p	roceeds				
	5	Royalties	. <u></u>						
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$	Securities	(ii) Other				
		assets other than inventory	7a						
	h	Less: cost or other basis							
ø	-	and sales expenses	7b						
Revenue	c	Gain or (loss)				-			
ě		Net gain or (loss)							
¥		Gross income from fundraising		I .					
ther	0 a		-	· .					
0									
		contributions reported on		I .					
	L	Part IV, line 18		I	1	-			
		Less: direct expenses			<u> </u>				
		Net income or (loss) from		-					
	э а	Gross income from gamin	-	I					
		Part IV, line 19		I .		-			
		Less: direct expenses							
		Net income or (loss) from			D				
	10 a	Gross sales of inventory, I		I .					
		and allowances		I		-			
		Less: cost of goods sold) <u> </u>				
\dashv	С	Net income or (loss) from	sales of i	nventory	D				
<u>0</u>		OMITTO			Business Code	40 554			40 554
e e e	11 a	OTHER INCOME			900099	17,574.			17,574.
Miscellaneous Revenue	b								
Sek Sek	С								
Ais	d	All other revenue				 			
	е	Total. Add lines 11a-11d				17,574.			
	12	Total revenue. See instruction	ns			4,079,632.	217,250.	0.	18,386.

Part IX | Statement of Functional Expenses

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

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			пріете соійті (А).	X
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРСПОСО	general expenses	САРСПОСО
•	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				
3	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,				
э		171,592.	122,008.	36,359.	13,225.
•	trustees, and key employees	111,392.	122,000.	30,339.	13,223
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	000 451	CE7 120	200 060	71 /52
7	Other salaries and wages	929,451.	657,130.	200,868.	71,453.
8	Pension plan accruals and contributions (include	00 011	24 205	2 (27	000
_	section 401(k) and 403(b) employer contributions)	28,811.	24,295.	3,627.	889.
9	Other employee benefits	108,622.	81,463.	18,580.	8,579.
10	Payroll taxes	93,307.	70,575.	16,554.	6,178.
11	Fees for services (nonemployees):	460 215	224 040	101 406	26 052
а	Management	469,315.	331,810.	101,426.	36,079.
b	Legal	450 400		450 400	
С	Accounting	153,128.		153,128.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1,967.			1,967.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	417,325.	412,408.	4,690.	227.
12	Advertising and promotion	1,947.	1,947.		
13	Office expenses	28,512.	18,594.	8,271.	1,647.
14	Information technology	80,882.	58,229.	16,750.	5,903.
15	Royalties				
16	Occupancy	92,790.	69,812.	16,431.	6,547.
17	Travel	18,238.	11,762.	5,547.	929.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	51,560.	27,383.	23,560.	617.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,889.	15,818.	4,313.	2,758.
23	Insurance	8,260.	5,706.	1,559.	995.
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 0.)				
а	RECRUITMENT	36,375.	6,525.	16,219.	13,631.
b	STAFF EXPENSES	6,814.	,	6,794.	20.
c	OTHER EXPENSES	3,303.	2,745.	411.	147.
d	DUES & SUBSCRIPTIONS	2,664.	1,353.	112.	1,199.
	All other expenses	3,097.	=,	3,097.	=,===
25	Total functional expenses. Add lines 1 through 24e	2,730,849.	1,919,563.	638,296.	172,990.
26	Joint costs. Complete this line only if the organization	_,,	_,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	_,_,,,,,,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 TOHOWITY SOF 90-2 (MSC 930-720)				Form 990 (2020)

Form 990 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,975,418.	2	3,454,670.
	3	Pledges and grants receivable, net			420,524.	3	1,136,583.
	4	Accounts receivable, net			73,650.	4	359,361.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
¥	9	Prepaid expenses and deferred charges			18,472.	9	19,152.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		455,779. 423,600.			
	b	Less: accumulated depreciation	10b	423,600.	55,068.	10c	32,179.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq			3,543,132.	16	5,001,945.
	17	Accounts payable and accrued expenses		141,870.	17	196,900.	
	18	Grants payable		18	F.F. 000		
	19	Deferred revenue			19	55,000.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
ia de		controlled entity or family member of any of the	-			22	
_	23	Secured mortgages and notes payable to unre		·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	•	·			
		of Schedule D			141,870.	25	251,900.
	26	Total liabilities. Add lines 17 through 25		Y	141,070.	26	231,900.
S		Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33.	eck nere				
ž	27				1,737,255.	27	2,101,191.
ala	28				1,664,007.	28	2,648,854.
Ā	20	Organizations that do not follow FASB ASC		ck here	2700170071	20	2701070310
필		and complete lines 29 through 33.	500, CHC				
p	29	Capital stock or trust principal, or current fund			29		
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32			or other funds	3,401,262.	32	4,750,045.
Z	33				3,543,132.	33	5,001,945.
		. 515apintios and not about in faira balances			-,,		2,22,7,230

Form **990** (2020)

Form **990** (2020)

Pai	rt XI Reconciliation of Net Assets					
	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	4	1,07	9,6	32.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,73	0,8	<u>49.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1	.,34	8,7	83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	3,40	1,2	62.
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	4	1,75	0,0	45.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
	•				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 in Schedule	 Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	,				
	X Separate basis Consolidated basis Both consolidated and 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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing					
	Act and OMB Circular A-133?	J. S		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	it			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL ORGANIZATION ON DISABILITY

Employer identification number 52-1238307

Pa	rt I	Reason for Public (Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	\bigcap	A church, convention of chu	•	•	•	-	I)(A)(i).	
2	Ħ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	H	A hospital or a cooperative		•			i)	
<u>ح</u>	H	•					•	the heapital's name
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for		lege or university owned	l or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	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 describe		1)(A)(vi). (Complete Par	t II.)			
9	一	An agricultural research org				ed in coni	inction with a land-grant	college
Ū		or university or a non-land-g				-	-	-
		· · · · · ·	rant conege or agrici	uiture (see iristructions).	Lillei lile i	iairie, city	, and state of the college	; OI
		university:	. (3)					
10		An organization that normal						
		activities related to its exem		•	` '			•
		income and unrelated busing	ess taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that of						
а		Type I. A supporting orga	* *					aivina
_		the supported organization	•		•	_		
		• • • •			majority o	i tric direc	itors or trastees or the st	apporting
		organization. You must o	= :				al a constant a co/a\ lace la co	d
D		Type II. A supporting orga						
		control or management of	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
	-	functionally integrated, or					31 · 7 31 · 7 31 ·	
f	Ente	er the number of supported o	* *	,9				
		ride the following information		d organization(s)				
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	·	organization	, ,	(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)
				above (see instructions))	103	140		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1518756.	3911279.	2216847.	1967740.	3843996.	13458618.
2	Tax revenues levied for the organ-						
	ization'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	1518756.	3911279.	2216847.	1967740.	3843996.	13458618.
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)						4636982.
	Public support. Subtract line 5 from line 4.						8821636.
	ction B. Total Support				Т	г	г
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1518756.	3911279.	2216847.	1967740.	3843996.	13458618.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		2 2 5				
	and income from similar sources	2,218.	2,256.	2,390.	2,196.	812.	9,872.
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		200	000	150	17 574	10 004
	assets (Explain in Part VI.)		300.	900.	150.	17,574.	
	Total support. Add lines 7 through 10						13487414.
12	Gross receipts from related activities,	•	,				,399,619.
13	First 5 years. If the Form 990 is for th	•					
Sec	organization, check this box and storetion C. Computation of Publi	c Support Per	centage				
		• • • • • • • • • • • • • • • • • • • •		volumn (f))		14	65.41 %
14 15	Public support percentage for 2020 (iii Public support percentage from 2019					15	63.20 %
	33 1/3% support test - 2020. If the c						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2019. If the c						
_	and stop here. The organization qual						
17a	· · · · · · · · · · · · · · · · · · ·		•				
	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te		•	-			. .
b	10% -facts-and-circumstances test	· ·		,			
-	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circu		•				ightharpoons
18	Private foundation. If the organization						s ▶ □

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
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 th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 box 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.
- 10a 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
Т	1		
Г	2		
L	За		
L	3b		
L	3c		
H	4a		
L	4b		
Г	4c		
	5a		
	Ju		
Т	5b		
	5c		
	6		
L	7		
	8		
	9a		
\vdash	9b		
	90		
	9с		
L	10a		
	40:		
	10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in line 11a above?	11b		
С	A 359	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		the organization operate for the benefit of any supported organization other than the supported	-		
_		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			140
•		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion l	D. All Type III Supporting Organizations	•		
		<i>y</i>		Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		rganization maintained a crose and continuous working relationship with the supported organization(s). Pason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	_	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sec	tion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1		ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	一	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	一	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s)	
2	Activi	ities Test. Answer lines 2a and 2b below.	ili dolloll	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction				
	All other Type III non-functionally integrated supporting organizations mu		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
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)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
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-function	ally integrated	Type III supporting orga	nization (see	

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	rt V Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	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 whic	h the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
d	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: REVENUE FROM VARIOUS ANCILLARY ACTIVITIES 2017 AMOUNT: \$ 300. 900. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 150. 2020 AMOUNT: \$ 17,574.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

NATIONAL ORGANIZATION ON DISABILITY

Employer identification number

52-1238307

Organiza	Organization type (check one):						
Filers of	:	Section:					
Form 990	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 990)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules						
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under a 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 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.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
		It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

NATIONAL ORGANIZATION ON DISABILITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ <u>157,916.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,460,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

NATIONAL ORGANIZATION ON DISABILITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZiF + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

NATIONAL ORGANIZATION ON DISABILITY

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

NATIONAL ORGANIZATION ON DISABILITY

art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)		section 501(c)(7), (8), or (10) that total more than \$1,000 for the yentry. For organizations		
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)		
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_					
		(e) Transfer of gif	 ift		
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
No.					
om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	ift ift		
	Transferee's name, address, an		Relationship of transferor to transferee		
No. om rt I	(b) Purpose of gift (c) Use o		(d) Description of how gift is held		
-					
		(e) Transfer of gif	ift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
rt I					
-	(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan	ne of organization			Em	ployer identification number
		L ORGANIZATION O			52-1238307
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2 3	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campaign.	ures gn activities		>	\$
	·	anization is exempt und		·	<u> </u>
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		\$
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
	Was a correction made? If "Yes," describe in Part IV.				tes I No
		anization is exempt und	er section 501(c).	except section 501	(c)(3).
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities	by the filing organization for se ization's funds contributed to ot	ction 527 exempt funct	ion activities action 527	\$
3	Total exempt function expenditures		•		•
	line 17b				
	Did the filing organization file Form Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to	N) of all section 527 pol d from the filing organiz a separate political orga	litical organizations to whi ation's funds. Also enter t anization, such as a separ	ch the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

Schedule C (Form 990 or 990-EZ) 2020					1238307 Page 2
	janization is e	xempt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
	· ·	n affiliated group (and list i	n Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and sha	•	,			
B Check ▶ if the filing organiza	ation checked box	A and "limited control" pr	ovisions apply.		
	its on Lobbying E ditures" means a	xpenditures mounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opin	ion (grassroots lobbying)			
b Total lobbying expenditures to infl		, ,			
c Total lobbying expenditures (add I	-				
d Other exempt purpose expenditur					
e Total exempt purpose expenditure		d 1d)			
f Lobbying nontaxable amount. Ent	•	,	th columns		
If the amount on line 1e, column (a)		e lobbying nontaxable an			
Not over \$500,000		% of the amount on line 1e			
Over \$500,000 but not over \$1,00		00,000 plus 15% of the exc	. ,		
Over \$1,000,000 but not over \$1,5	cess over \$1,000,000.				
Over \$1,500,000 but not over \$17	ess over \$1,500,000.				
Over \$17,000,000	\$1,	000,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f	1			
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zer	•				
j If there is an amount other than ze	•	h or line 1i, did the organiz	-		
reporting section 4911 tax for this					Yes No
		r Averaging Period Under			
(Some organizations t		on 501(h) election do not	-	f the five columns b	elow.
		eparate instructions for li expenditures During 4-Ye			
	Lobbying E	penditures During 4- re			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Graseroots labbuing expanditures					

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 NATIONAL ORGANIZATION ON DISABILITY 52-12383 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)		
	e lobbying activity.	Yes	No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?	v	X	2 600		
9		X	Х	3,600.		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	X		10,800.		
		Λ		14,400.		
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	14,400.		
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	rt III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion		
	501(c)(6).					
				Yes No		
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section		•			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	'No" OR	(b) Part I	II-A, line 3, is		
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
_	expenses for which the section 527(f) tax was paid).	, c.,				
а	Current year		2a			
	Carryover from last year					
	Total		I			
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		4			
_5	Taxable amount of lobbying and political expenditures (See instructions)		5			
	t IV Supplemental Information					
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1 a	nd 2 (See		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PA.	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
<u>CO</u>	ORDINATING WITH ADVOCACY PARTNERS AND PREPARING FOR	CONVE	RSATIO	NS		
WI	TH ELECTED OFFICIALS.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

NATIONAL ORGANIZATION ON DISABILITY

Employer identification number 52-1238307

Part	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
Part	impermissible private benefit?		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	T 1 1		0.
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired	•	I I
	listed in the National Register		
	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
	Number of states where property subject to conservation ea	•	
	Does the organization have a written policy regarding the pe		Yes No
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, rianding of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion accoments during the year
	S S	diling of violations, and enforcing conserva	tion easements during the year
	Does each conservation easement reported on line 2(d) abo	ve estisfy the requirements of section 170	(b)(4)(D)(i)
	• • • • • • • • • • • • • • • • • • • •		
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	•	ents that describes the
Part		of Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 9		and halance sheet works
	of art, historical treasures, or other similar assets held for pu	,	
	service, provide in Part XIII the text of the footnote to its fina	, ,	'
	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi	· · · · · · · ·	
	provide the following amounts relating to these items:	o oxination, caacation, or recoaren in fact	norance of public convice,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB		a gan, provide
	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	, 100010 III0Iuuuu III I 01111 330, I all /\		ν Ψ

Scho	dule D (Form 990) 2020 NATIONA	L ORGANIZA'	TTON	ON DT	SARTLTT	¬V	52-1	.238307	7 _{Page} 2
	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession							,	<u>ucu</u>
	collection items (check all that apply):	,	,	,	· ·	· ·			
а	Public exhibition	c	ı 🗌	Loan or exc	hange progra	am			
b	Scholarly research	e							
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	on's exemp	ot purpose in Pa	art XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	intained as part of t	he orgar	nization's co	llection?			Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered	"Yes" on F	orm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for o	contribution	s or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					
								Amount	t
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fo					-	/?	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i								
	•	(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three years ba	ck (e) Four	years 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				<u> </u>				
2	Provide the estimated percentage of the curr	ent year end balanc	•	g, column (a)) held as:				
a	Board designated or quasi-endowment	0/	_%						
b	Permanent endowment	%							
С		%							
0-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec	•		سمامامس					
Зa	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are neid ar	ia administei	rea for the	organization	Г	Vaa Na
	by:								Yes No
	(i) Unrelated organizations								-
h	(ii) Related organizations								
D 1								3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wiiieiil T	uilus.					
	Complete if the organization answered) Part I\	/ line 11a S	see Form 990) Part X lii	ne 10		
	Description of property	(a) Cost or o			or other		cumulated	(d) Bool	k value
	z compact. or proporty	basis (investr			(other)	1 ' '	reciation	(=, =00)	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment		367,067.	357,870.	9,197.			
<u>e</u>	Other		88,712.	65,730.	22,982. 32,179.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 NATIONAL OR Part VII Investments - Other Securities.	GANIZATION ON	DISABILITY 52	2-1238307 Page
Complete if the organization answered "Yes"	on Form 000 Port IV line	11h Soc Form 000 Bort V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	
(1) Financial derivatives	(b) Book value	(e) meaned of valuation, each of on	a or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soc Form 990 Part V line 15	
	Description	Tru. Gee Form 990, Fart A, line 13.	(b) Book value
(1)	Docomption		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		
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

<u>1. </u>	(a) Description of liability		(b) Book value
(1) Federal inco	ome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) r	must equal Form 990, Part X, col. (R) line 25.)	•	

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

	edule D (Form 990) 2020 NATIONAL OF	RGANIZATION ON : dited Financial Statem				L238307 Page 4
	Complete if the organization answered "Yes"			-		
1	Total revenue, gains, and other support per audited	financial statements			1	4,098,412.
2	Amounts included on line 1 but not on Form 990, Pa	art VIII, line 12:				
а	Net unrealized gains (losses) on investments		2a			
b	Donated services and use of facilities		2b	18,780.		
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	18,780.
3	Subtract line 2e from line 1				3	4,079,632.
4	Amounts included on Form 990, Part VIII, line 12, but	ut not on line 1:				
а	Investment expenses not included on Form 990, Pa	rt VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b			
	Add lines 4a and 4b				4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal	Form 990. Part I. line 12.)			5	4,079,632.
Par	rt XII Reconciliation of Expenses per Au			xpenses per F	teturr	1.
_	Complete if the organization answered "Yes"				1	2,749,629.
	Total expenses and losses per audited financial stat Amounts included on line 1 but not on Form 990, Pa				1	2,149,029
	Donated services and use of facilities	·	2a	18,780.		
	Prior year adjustments			10,700.		
	Other losses					
	Other (Describe in Part XIII.)					
					2e	18,780.
	Subtract line 2e from line 1				3	2,730,849
	Amounts included on Form 990, Part IX, line 25, but					
	Investment expenses not included on Form 990, Pa		4a			
	Add lines 4a and 4b				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equa				5	2,730,849
Par	rt XIII Supplemental Information.	<u> </u>				
	ride the descriptions required for Part II, lines 3, 5, and 2d and 4b; and Part XII, lines 2d and 4b. Also comple				; Part X	ine 2; Part XI,

Schedule D (Form 990) 2020

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

NATIONAL ORGANIZATION ON DISABILITY

 $\begin{array}{c} \textbf{Employer identification number} \\ 52 - 1238307 \end{array}$

10 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. First-class or charter travel				Yes	No
First-class or charter travel	1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Tavel for companions Payments for business use of personal residence Health or social club duse or initiation fees Personal residence Discretionary spending account Personal services (such as maid, charifeur, chef) b If any of the boxes on line 1 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 explain 1b b If any of the boxes on line 1 are checked, did the organization network of the expenses described above? If "No," complete Part III to explain 1b c 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 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written Part III. X Compensation committee Written Part III. X Compensation committee Written Part III. X Compensation or a related organization: A Receive a severance payment or change-ofcontrol payment? 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Derives to any of lines 4ac, 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: a The organization? 5 Any related organization? 6 A Te organization? 6 A Te organization? 6 A Te organization? 7 A Te organization? 8 Any related organization pay Organ VIII, Section A, line 1a, did the organizatio		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account		Travel for companions Payments for business use of personal residence			
b 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 explain 2 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 1a? 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 committee CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish on the Darf III. X Compensation committee Written employment contract Written employment contract X Compensation survey or study 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: Participate in or receive payment from a supplemental nonqualified retirement plan? 4a		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 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 1a? 2 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. X Compensation ormittee		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 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 1a? 2 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. X Compensation committee Written employment contract Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 4 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: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 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: a The organization? 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Part III. 7 For persons listed on					
2 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 1a? 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 committee	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
2 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 1a? 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 committee		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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.	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.			2		
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. X Compensation committee Written employment contract Written employment contract Written employment contract Written employment contract X Compensation committee Written employment contract X Compensation committee Written employment contract X Compensation survey or study X Approval by the board or compensation committee X Compensation survey or study X Approval by the board or compensation committee X Approval by the board or compensation committee X X Approval by the board or compensation committee X X X X X X X X X					
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. X Compensation committee Written employment contract Written employment contract Written employment contract Written employment contract X Compensation committee Written employment contract X Compensation committee Written employment contract X Compensation survey or study X Approval by the board or compensation committee X Compensation survey or study X Approval by the board or compensation committee X Approval by the board or compensation committee X X Approval by the board or compensation committee X X X X X X X X X	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
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X Compensation committee					
Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 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: a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X c Participate in or receive payment from an equity-based compensation arrangement? 4c X 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: a The organization? 5a X b Any related organization? 5a X f"Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a X f"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 payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 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 in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		<u> </u>			
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-		8		Х
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	J	Regulations section 53.4958-6(c)?	9		

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

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.

	(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable		Denents	(B)(I)-(U)	reported as deferred on prior Form 990	
(1) MOEENA DAS	155,512	. 0.	0.	0.	16,080.	171,592.	0.	
CHIEF OF STAFF (i) 0		0.	0.	0.		0.	
(2) FELICIA NURMSEN	150,204		0.	7,742.	17,289.		0.	
MG DIR, EMPLOYER SERVICES) 0		0.	0.	0.		0.	
(3) PRIYANKA GHOSH	143,626	. 0.	0.	7,345.	13,650.	164,621.	0.	
DIR, EXTERNAL AFFAIRS		. 0.	0.	0.	0.	0.	0.	
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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.

PART I, LINE 3:

THE COMPENSATION FOR THE CEO WAS ORIGINALLY SET BY THE BOARD OF DIRECTORS IN 2008 WHEN THE CEO WAS HIRED, FOLLOWING A CANDIDATE SEARCH AND COMPARISON OF THE SALARY HISTORIES OF CANDIDATES CONSIDERED FOR THE POSITION. THIS COMPENSATION REMAINED UNCHANGED UNTIL 2014 WHEN THE EXECUTIVE AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS MET AND REVIEWED HER PERFORMANCE, AS WELL AS COMPENSATION DATA FROM A STUDY BY AN INDEPENDENT FIRM AND PUBLISHED DATA ON INCREASES IN THE COST OF LIVING. HER COMPENSATION WAS ADJUSTED ACCORDINGLY. IN 2015, UPON THE EXPIRATION OF THE CEO'S CONTRACT, THE COMMITTEE APPROVED AN EXTENSION FOR ANOTHER THREE YEARS, INCLUDING AN ANNUAL COST OF LIVING INCREASE BASED ON THE INCREASE IN THE CONSUMER PRICE INDEX FOR EACH YEAR. THESE DELIBERATIONS WERE ALL REFLECTED IN MEMORANDA FROM THE COMMITTEE. THE COMPENSATION COMMITTEE MET AGAIN AT THE BEGINNING OF 2018 AND VOTED TO EXTEND THE CEO'S CONTRACT FOR A THREE YEAR TERM COMMENCING OCTOBER 2018 THROUGH SEPTEMBER 2021. AN INCREASE IN FEE BY 10% EFFECTIVE OCTOBER 1, 2018 WAS DECIDED AT THAT SAME TIME, AS WAS A PERFORMANCE BONUS FOR YEARS 2016-2017.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

NATIONAL ORGANIZATION ON DISABILITY

Employer identification number 52-1238307

Complete if the organi	zation ans	wered "Yes" on F	orm 9	90, Pa	rt IV, li	ne 25a or 25b	o, or	Form 990-EZ, Pa	art V, li	ne 40	b.					
1 , , , , , , , , , , , , , , , , , , ,	(b)	Relationship betv	veen c	disquali	ified	ed () 5 · · · · · · · · · · · · · · · · · ·						(d) Corrected?				
(a) Name of disqualified persor	۱ ا	person and or	ganiza	ation		(0	c) De	escription of tran	sactio	n		Ye	es	No		
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3 Enter the amount of tax, if any	, on line 2,	above, reimburse	ed by	the org	ganizati	ion				> \$						
Part II Loans to and/or	From Int	terested Pers	ons.													
Complete if the organi reported an amount or					Part V	/, line 38a or F	orm	n 990, Part IV, lind	e 26; c	or if th	e orgai	nizatio	n			
(a) Name of (b) F	Relationship organization	(c) Purpose	(d) Lo fron	an to or n the zation?) Original ipal amount	(f	Balance due	(g) defa		(h) App by boa comm	ard or	rd or			
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otal						> \$										
Part III Grants or Assista		-														
Complete if the organi	zation ans	wered "Yes" on F	orm 9	90, Pa	rt IV, li	ne 27.		T								
(a) Name of interested persor	n	(b) Relationship interested pers the organiza	on and		(c) Amount of assistance			(d) Type of assistance		(e) Purpose of assistance			•			
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Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz reven	ues?		
CAROL GLAZER CONSULTING, I	CAROL GLAZER, NOD'S	469 315	CAROL GLAZE	Yes	No X		
	TOM RIDGE, NOD'S CH		NOD CONTRAC		X		
RIDGE TOLICE GROOT	TON RIBOL, NOB B CH	72,000	NOD CONTINIC				
Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).							
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:							
(A) NAME OF PERSON: CAROL GLAZER CONSULTING, INC.							
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:							
CAROL GLAZER, NOD'S PRESIDENT, OWNS CAROL GLAZER CONSULTING, INC (CGI).							
(D) DESCRIPTION OF TRANSACTION: CAROL GLAZER IS THE OWNER OF CAROL							
GLAZER CONSULTING, INC (CGI). THE ORGANIZATION MAINTAINS A CONSULTING							
GLAZER CONSULTING, INC (CGI): THE ORGANIZATION MAINTAINS A CONSULTING							
AGREEMENT WITH A CORPORATION (CGI) THAT PROVIDES GENERAL MANAGEMENT							
SERVICES TO THE ORGANIZATION. UNDER THE TERMS OF THE AGREEMENT, THE							
CORPORATION IS TO PROVIDE THE ORGANIZATION WITH THE SERVICES OF THE							
INDIVIDUAL CURRENTLY SERVING AS THE ORGANIZATION'S PRESIDENT. (THE							
PRESIDENT RECEIVES NO COMPENSATION OR FRINGE BENEFITS FROM THE							
ORGANIZATION OTHER THAN WHAT IS DERIVED FROM PAYMENTS TO THE							
CORPORATION.) THE AGREEMENT IS SCHEDULED TO EXPIRE ON SEPTEMBER 30, 2021							
BUT IT MAY BE TERMINATED SOONER UNDER CERTAIN CIRCUMSTANCES.							
(A) NAME OF PERSON: RIDGE	POLICY GROUP						
(B) RELATIONSHIP BETWEEN II	NTERESTED PERSON AND	ORGANIZATI	ON:				
TOM RIDGE, NOD'S CHAIRMAN, IS THE PRINCIPAL OF RIDGE POLICY GROUP.							
(D) DESCRIPTION OF TRANSACTION: NOD CONTRACTS WITH THE FIRM RIDGE POLICY							
GROUP, A DIVISION OF RIDGE							
Schedule L (Form 990 or 990-EZ) 2020							

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL ORGANIZATION ON DISABILITY

Employer identification number 52-1238307

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE NATIONAL ORGANIZATION ON DISABILITY (NOD) IS A PRIVATE, NON-PROFIT
ORGANIZATION THAT PROMOTES THE FULL PARTICIPATION AND CONTRIBUTIONS OF
AMERICA'S 61 MILLION PEOPLE WITH DISABILITIES IN ALL ASPECTS OF LIFE.
TODAY, THE NATIONAL ORGANIZATION ON DISABILITY FOCUSES ON INCREASING
EMPLOYMENT OPPORTUNITIES FOR THE 80-PERCENT OF WORKING-AGE AMERICANS
WITH DISABILITIES WHO ARE NOT EMPLOYED. TO ACHIEVE THIS GOAL, NOD WORKS
WITH LEADING EMPLOYERS AND PARTNERS WITH EDUCATIONAL AND PHILANTHROPIC
INSTITUTIONS TO PILOT INNOVATIVE APPROACHES TO DISABILITY INCLUSION,
THEN SCALES THESE UP INTO INITIATIVES WITH EVEN BROADER IMPACT.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
DISABILITY INCLUSION PERFORMANCE. IN 2017 ALONE, PARTICIPATING
EMPLOYERS REPORTED ON OUTCOMES COVERING 10.1 MILLION EMPLOYEES. THE
INCREASING ADOPTION RATE OF DISABILITY INCLUSION BEST PRACTICES,
DEMONSTRATED BY THE TRACKER'S ANNUAL BENCHMARKS, REVEALS THAT CORPORATE
AMERICA IS MOVING THE NEEDLE ON DISABILITY EMPLOYMENT OUTCOMES
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CAMPUS TO CAREERS: NOD CONTINUES TO DEVELOP INNOVATIVE MODELS TO
ADDRESS CURRENT GAPS IN DISABILITY EMPLOYMENT. ONE SUCH EXAMPLE IS THE
CAMPUS TO CAREERS PROGRAM, A 3-YEAR PILOT PROJECT IN THE BOSTON AREA,
DESIGNED TO CREATE A CAMPUS TO EMPLOYMENT PIPELINE OF TALENTED COLLEGE
STUDENTS WITH DISABILITIES. THROUGH THE PROGRAM, NOD WORKS WITH

PARTICIPATING EMPLOYERS TO ADJUST THEIR RECRUITMENT AND HIRING

Name of the organization **Employer identification number** NATIONAL ORGANIZATION ON DISABILITY 52-1238307 PRACTICES TO MORE EFFECTIVELY REACH CANDIDATES WITH DISABILITIES ON CAMPUS. IN PARALLEL, NOD ALSO WORKS WITH UNIVERSITIES TO HELP THEM BETTER SERVE THE NEEDS OF THEIR STUDENTS WITH DISABILITIES THROUGH TRAINING OF PERSONNEL IN CAREER-SERVICES AND DISABILITIES-SERVICES OFFICES, AS WELL AS WORKING WITH STUDENTS TO PROVIDE GUIDANCE ON AND SUPPORT IN THEIR CAREER SEARCH PROCESS. EXPENSES \$ 246,912. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. PROFESSIONAL SERVICES: FOR COMPANIES SEEKING EXPERT ASSISTANCE IN ADVANCING THEIR DISABILITY EMPLOYMENT INITIATIVES, NOD OFFERS AN ARRAY OF CUSTOMIZED PROFESSIONAL SERVICES FROM THE ACCELERATOR, AN IN-DEPTH BRIEFING BASED ON THE TRACKER DATA, TO DISABILITY ETIQUETTE TRAINING TO HIRING ENGAGEMENTS. SERVICES ARE OFFERED ON A CONSULTING BASIS DELIVERED BY NOD STAFF AND AN ASSOCIATE NETWORK WITH SPECIALIZED EXPERTISE. EXPENSES \$ 182,695. INCLUDING GRANTS OF \$ 0. REVENUE \$ 35,000. POLICY: THE ORGANIZATION ENGAGES WITH MEMBERS OF CONGRESS AND OTHER DISABILITY ORGANIZATIONS IN ORDER TO ADVOCATE FOR KEY POLICY INITIATIVES THAT ARE OF IMPORTANCE TO PEOPLE WITH DISABILITIES. EXPENSES \$ 97,546. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. LOOK CLOSER (THE COMPACT): LOOK CLOSER, ORIGINALLY CALLED THE COMPACT, IS A PUBLIC AWARENESS CAMPAIGN LAUNCHED IN OCTOBER OF 2018 IN RESPONSE TO EXISTING BIAS AND STIGMA THAT PREVENTS EMPLOYERS FROM HIRING PEOPLE WITH DISABILITIES. IT IS AN IMPORTANT TOOL FOR ENGAGING COMPANIES AND PUTTING NOD'S WORK IN THE CONTEXT OF PERSONAL STORIES. AS THE CAMPAIGN CONTINUES TO GAIN TRACTION, IT IS HELPING FIGHT PERSISTENT STIGMA THAT

Name of the organization **Employer identification number** NATIONAL ORGANIZATION ON DISABILITY 52-1238307 KEEPS EMPLOYERS FROM HIRING PEOPLE WITH DISABILITIES, AND PEOPLE WITH DISABILITIES FROM DISCLOSING THEIR DISABILITY. THIS BOLSTERS NOD'S WORK TO ACCELERATE CHANGES IN PUBLIC OPINION AND HELPS DRIVE EMPLOYERS TO NOD'S WEBSITE WHERE THEY CAN TAKE STEPS TO BECOMING MORE DISABILITY INCLUSIVE. EXPENSES \$ 69,340. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 3: CAROL GLAZER CONSULTING, INC. (CGI) PROVIDES A VARIETY OF MANAGEMENT SERVICES TO NOD. IN ADDITION, CGI MAKES AVAILABLE TO NOD THE SERVICES OF CAROL GLAZER, WHO WILL SERVE AS THE PRESIDENT OF NOD ON A SUBSTANTIALLY FULL-TIME BASIS. CAROL GLAZER RECEIVED \$469,315 IN COMPENSATION FROM CGI DURING 2020 FOR THE SERVICES PROVIDED TO NOD. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE & AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS A COPY OF THE FORM 990 PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED ANNUALLY TO EACH MEMBER OF THE GOVERNING BODY AS WELL AS TO ALL OFFICERS AND KEY EMPLOYEES; EACH IS REMINDED TO REVIEW THE POLICY AND TO REPORT ANY CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: THE 2020 COMPENSATION FOR THE PRESIDENT WAS ORIGINALLY SET BY THE BOARD OF DIRECTORS AT THE BEGINNING OF 2018, WHEN THE COMPENSATION COMMITTEE MET AND

VOTED TO EXTEND THE PRESIDENT'S CONTRACT FOR A THREE YEAR TERM COMMENCING

Name of the organization NATIONAL ORGANIZATION ON DISABILITY	Employer identification number 52-1238307				
OCTOBER 2018 THROUGH SEPTEMBER 2021. AN ANNUAL INCREASE IN	FEE BY 10%				
EFFECTIVE OCTOBER 1, 2018 WAS DECIDED AT THAT SAME TIME.					
FORM 990, PART VI, SECTION C, LINE 18:					
NOD WILL POST ITS AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE. COPIES OF					
THE FORM 990 ARE AVAILABLE UPON REQUEST AND ARE ALSO AVAILABLE ON THE					
WEBSITE.					
FORM 990, PART VI, SECTION C, LINE 19:					
NATIONAL ORGANIZATION ON DISABILITY MAKES ITS FORM 990 AVAILABLE UPON					
REQUEST AND IS ALSO AVAILABLE ON THE WEBSITE.					
FORM 990, PART IX, LINE 11G, OTHER FEES:					
CONSULTANT/SUBCONTRACTOR:					
PROGRAM SERVICE EXPENSES	412,408.				
MANAGEMENT AND GENERAL EXPENSES	4,690.				
FUNDRAISING EXPENSES	227.				
TOTAL EXPENSES	417,325.				
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	417,325.				
FORM 990, PART XII, LINE 2C:					
THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM TH	E PREVIOUS				
YEAR					