

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NATIONAL JEWISH HEALTH
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1400 JACKSON STREET
City or town, state or province, country, and ZIP or foreign postal code: DENVER, CO 80206

D Employer identification number: 74-2044647
E Telephone number: (303) 388-4461
G Gross receipts \$ 389,534,724

F Name and address of principal officer: Christine Forkner, 1400 Jackson Street, Denver, CO 80206

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: www.njhealth.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1978

M State of legal domicile: CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities: National Jewish Health's mission since 1899 is to heal, discover and educate as a preeminent healthcare institution. We serve by providing the best integrated and innovative care for patients and their families; by understanding and finding cures for the diseases we research; and, by educating and training the next generation of healthcare professionals to be leaders in medicine and science.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (49), 4 Number of independent voting members (48), 5 Total number of individuals employed (2,093), 6 Total number of volunteers (109), 7a Total unrelated business revenue (4,688,691), 7b Net unrelated business taxable income (228,845)

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19: 8 Contributions and grants (96,842,809 / 108,627,662), 9 Program service revenue (192,033,726 / 214,777,369), 10 Investment income (10,062,746 / 7,892,880), 11 Other revenue (-737,241 / 236,169), 12 Total revenue (298,202,040 / 331,534,080), 13 Grants and similar amounts paid (0 / 0), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (165,637,423 / 171,557,016), 16a Professional fundraising fees (300,840 / 311,400), 16b Total fundraising expenses (9,152,909), 17 Other expenses (118,171,664 / 142,119,143), 18 Total expenses (284,109,927 / 313,987,559), 19 Revenue less expenses (14,092,113 / 17,546,521)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (304,229,000 / 349,926,000), 21 Total liabilities (77,425,000 / 110,773,000), 22 Net assets or fund balances (226,804,000 / 239,153,000)

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Christine Forkner, Chief Financial Officer), Date (2021-05-17)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program 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:

National Jewish Health's mission since 1899 is to heal, discover and educate as a preeminent healthcare institution. We serve by providing the best integrated and innovative care for patients and their families; by understanding and finding cures for the diseases we research; and, by educating and training the next generation of healthcare professionals to be leaders in medicine and science.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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? Yes No

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.

4a (Code:) (Expenses \$ **190,295,364** including grants of \$ **0**) (Revenue \$ **193,731,998**)

National Jewish Health is a nationally recognized, academic medical center with specialized expertise in the evaluation and management of respiratory, cardiac, allergic and immunologic diseases. National Jewish Health serves as a referral center for patients across the United States, particularly for those patients with diseases that are exceptionally difficult to diagnose and/or treat. National Jewish Health provides care to adult and pediatric patients on both an inpatient and outpatient basis and offers a comprehensive spectrum of clinical services. Clinical services include but are not limited to: pulmonary, critical care and sleep medicine, allergy /immunology, occupational and environmental health sciences, cardiology, pulmonary, hypertension, rheumatology, gastroenterology, infectious disease and mycobacterial infections, cystic fibrosis, neurology, neuromuscular medicine and ALS, thoracic surgery, otolaryngology and oncology. In the fiscal year ended June 30, 2020, National Jewish Health provided over 98,200 outpatient visits. Additionally, our physicians provided over 22,779 inpatient encounters, primarily critical care services, pulmonary consultative service and hospitalist services, at multiple facilities across metropolitan Denver, including the National Jewish Health main campus. Our patients come from virtually every state across the United States, with residents from our Colorado community constituting the largest single group. National Jewish Health was founded under the motto, "None may enter who can pay; None can pay who enter." While today, National Jewish Health accepts paying patients, we still provide significant amount of charity care and offer all appointments on a first come, first serve basis regardless of the ability to pay. National Jewish Health has adapted its clinical programs to meet the unique needs of SARS CoV-2, adding clinical testing on multiple platforms as well as dedicating multi-disciplinary clinics for patients suffering and recovering from COVID. National Jewish Health has partnered with local hospitals to provide a combined state of the art Outpatient Clinic and Inpatient care setting.

4b (Code:) (Expenses \$ **68,834,977** including grants of \$ **0**) (Revenue \$ **4,082,000**)

National Jewish Health receives various types of grants. In addition to the above, National Jewish Health received \$57,239,343 of funding through grants which are included in Part VIII (revenues), line 1e. This includes NIH grants of \$42,736,978. National Jewish Health conducts extensive basic, translational and clinical biomedical research. In addition to translational research programs in its areas of clinical specialties, National Jewish Health conducts research in basic immunology, genetics, proteomics, cell biology, signal transduction, structural biology, cancer biology, and oxidant biology. Research activities have resulted in a number of scientific discoveries that have improved care for patients worldwide. National Jewish Health was awarded several grants at the onset of COVID-19 to study and identify emerging SARS-CoV-2 strains and their effect on severity of COVID-19 illnesses. Funds for National Jewish Health's research are provided by grants from private and governmental agencies which include the National Institute of Health (NIH), the Department of Defense (DOD), National Science Foundation (NSF) and charitable contributions from private industry.

4c (Code:) (Expenses \$ **12,540,127** including grants of \$ **0**) (Revenue \$ **589,675**)

National Jewish Health is the nations' largest nonprofit provider of phone-based commercial tobacco cessation services, delivering evidence-based, personalized telephone and online coaching programs in 20 states and for more than 120 health plans, employer groups and wellness companies. The state grant contract revenue of \$13,242,323 is included in Part VIII, line 1e, while the rest of the revenue is reported in section 4c above. Since the development of our Quitline program in 2002, we have assisted more than 2.0 million people with their quit attempts. We leverage emerging research and some of the industry's most prominent thinkers to continually adapt and improve our program in order to meet the needs of our clients and participants. The Quitline program follows the best practices and industry standards published by the Centers for Diseases Control and Prevention (CDC) and North American Quitline Consortium (NAQC). Our protocols are research- and evidence -based. The Quitline is staffed by more than 90 professionals who are devoted to commercial tobacco use prevention and cessation. Our Tobacco Cessation Coaches (Coaches) undergo rigorous training that enables them to tailor their coaching services based on participant needs using our proven-successful coaching model. For each person who reaches out to the Quitline for help, we immediately engage them in their quit journey to foster success, and our results demonstrate our proven track record. Our surveys, conducted by an independent third party, show that individuals who receive our evidence-based coaching services and use cessation medications have a 37% long-term quit rate, one of the best quit rates in the nation.

(Code:) (Expenses \$ **5,069,372** including grants of \$ **0**) (Revenue \$ **11,621,837**)

National Jewish Health provides other programs and services such as professional education for medical professionals, specialized physicians services to local hospitals, and shares its expertise regarding specialized diagnostic techniques and treatment protocols with two other hospital's respiratory institutes. In support of its activities during the COVID-19 pandemic, National Jewish Health was the recipient of \$3 million from the CARES Act and that amount is recognized in 4d.

4d Other program services (Describe in Schedule O.)
(Expenses \$ **5,069,372** including grants of \$ **0**) (Revenue \$ **11,621,837**)

4e **Total program service expenses** **276,739,840**

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	Is 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>If "Yes," complete Schedule L, Part I</i>		No
26	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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	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 employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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?	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Main form area containing questions 2a through 16, including sub-questions like 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Includes a table with columns for question numbers and Yes/No/Amount responses.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 4 columns: Question, Yes, No, and a column for line numbers. Rows include questions about voting members, family/business relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No, and a column for line numbers. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. AL, AR, CA, FL, GA, IL, KS, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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, or 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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael Salem MD President and CEO, BOD member	50 0	X		X				2,428,797	0	0
(2) Greg Downey MD EVP Academic Affairs	50 0				X			1,069,264	0	0
(3) Christine K Forkner EVP Corp Affairs and CFO, Ass't Treasurer	50 0			X				707,712	0	0
(4) Glenn Hirsch MD Division Chief Cardiology/Professor	50 0					X		624,665	0	0
(5) Steven Frankel MD COO and EVP of Clinical Affairs	50 0				X			591,854	0	0
(6) Pamela L Zeitlin MD Chair, Department of Pediatrics	50 0				X			584,738	0	0
(7) Richard Martin MD Professor	50 0					X		551,964	0	0
(8) Jeffery King MD Division Chief Gastroenterology	50 0					X		547,629	0	0
(9) Robert S Kantor MD Sr MD/Faculty Member/	50 0					X		503,674	0	0
(10) Lisa Tadiri VP Development	50 0				X			502,932	0	0
(11) Raphael Sung MD Asst Professor/Track II	50 0					X		494,274	0	0
(12) Ron Berge Former EVP and COO	50 0						X	493,885	0	0
(13) Debra Dyer MD Chair Dept of Radiology	50 0				X			460,218	0	0
(14) Irina Petrache MD Division Chair Pulmonology / Professor	50 0				X			418,971	0	0
(15) Sarah Walker VP Chief Administrative Officer	50 0				X			390,591	0	0
(16) Philippa Marrack Phd Chair Dept. of Immunology and Genomic Medicine	50 0				X			378,509	0	0
(17) Carrie Horn MD Chief Medical Officer	50 0				X			369,075	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows list individuals from (18) Kevin Brown MD to (67) Wendy M Siegel.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Total compensation: 11,756,053.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 219

Table with 3 columns: Question, Yes, No. Questions 3, 4, and 5 regarding compensation reporting and unrelated compensation.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like Dimassimo, Siemens Medical, HSS, ARUP Laboratories, and Mindset Direct.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 34

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	70,398			
	b Membership dues . . .	1b	0			
	c Fundraising events . . .	1c	5,564,582			
	d Related organizations	1d	0			
	e Government grants (contributions)	1e	64,597,666			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	38,395,016			
	g Noncash contributions included in lines 1a - 1f:\$	1g	1,707,254			
h Total. Add lines 1a-1f			108,627,662			

Program Service Revenue			Business Code				
	2a Clinical Inpatient and Outpatient		622000	198,220,566	193,731,998	4,488,568	0
b Research		541700	4,082,000	4,082,000	0	0	0
c							
d							
e							
f All other program service revenue.			12,474,803	12,274,680	200,123	0	0
g Total. Add lines 2a-2f.			214,777,369				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,743,474	0	0	1,743,474	
	4 Income from investment of tax-exempt bond proceeds			0	0	0	0	
	5 Royalties			111,436	0	0	111,436	
	6a Gross rents	(i) Real	(ii) Personal					
		6a		14,336	0			
		b Less: rental expenses	6b	0	0			
		c Rental income or (loss)	6c	14,336	0			
	d Net rental income or (loss)			14,336	0	0	14,336	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a		62,446,893	7,906			
		b Less: cost or other basis and sales expenses	7b	56,305,393	0			
		c Gain or (loss)	7c	6,141,500	7,906			
	d Net gain or (loss)			6,149,406	0	0	6,149,406	
	8a Gross income from fundraising events (not including \$ <u>5,564,582</u> of contributions reported on line 1c). See Part IV, line 18	8a			523,698			
		b Less: direct expenses		8b				
			1,695,251					
c Net income or (loss) from fundraising events			-1,171,553		0	-1,171,553		
9a Gross income from gaming activities. See Part IV, line 19	9a			0				
	b Less: direct expenses		9b					
				0		0	0	
c Net income or (loss) from gaming activities			0	0	0	0		

10a Gross sales of inventory, less returns and allowances . . .	10a	0				
b Less: cost of goods sold	10b	0				
c Net income or (loss) from sales of inventory . . .			0	0	0	0
Miscellaneous Revenue						
	Business Code					
11a Cafeteria	722212	560,155	0	0	0	560,155
b School - for children who are patients	611110	663,843	0	0	0	663,843
c Gift Shop	453220	57,952	0	0	0	57,952
d All other revenue		0	0	0	0	0
e Total. Add lines 11a-11d ▶		1,281,950				
12 Total revenue. See instructions ▶		331,534,080	210,088,678	4,688,691		8,129,049

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). Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	8,469,405	4,239,373	3,727,100	502,932
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	136,905,443	119,068,606	14,183,436	3,653,401
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,993,074	4,342,547	517,284	133,243
9 Other employee benefits	11,991,390	10,056,279	1,375,675	559,436
10 Payroll taxes	9,197,704	7,999,374	952,884	245,446
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	549,478	241,175	264,637	43,666
c Accounting	257,368	0	257,368	0
d Lobbying	143,226	0	143,226	0
e Professional fundraising services. See Part IV, line 17	311,400			311,400
f Investment management fees	500,860	0	500,860	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,633,798	11,188,850	1,065,652	379,296
12 Advertising and promotion	3,350,662	2,931,031	77,167	342,464
13 Office expenses	4,885,328	2,640,407	649,730	1,595,191
14 Information technology	4,580,133	4,125,663	270,338	184,132
15 Royalties	0	0	0	0
16 Occupancy	6,551,348	4,950,445	904,455	696,448
17 Travel	1,011,998	772,752	70,269	168,977
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	996,934	819,170	72,908	104,856
20 Interest	1,228,768	1,070,248	119,935	38,585
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	9,016,576	8,210,387	804,009	2,180
23 Insurance	796,566	0	796,566	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical and drug supplies	72,569,762	71,816,743	752,910	109
b Central supply and distribution for medical supplies	0	1,467,665	-1,467,665	0
c Collaborative research agreements	11,079,877	11,079,877	0	0
d UBIT 990T	238,796	238,796	0	0
e All other expenses	11,727,665	9,480,452	2,056,066	191,147
25 Total functional expenses. Add lines 1 through 24e	313,987,559	276,739,840	28,094,810	9,152,909
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	1,565,000	1	1,033,000
	2 Savings and temporary cash investments	2,762,000	2	25,092,000
	3 Pledges and grants receivable, net	38,369,000	3	38,341,000
	4 Accounts receivable, net	27,442,000	4	39,664,000
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	2,694,000	8	2,771,000
	9 Prepaid expenses and deferred charges	2,924,000	9	2,653,000
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 222,440,000		
	b Less: accumulated depreciation	10b 129,249,000	71,787,000	10c 93,191,000
	11 Investments—publicly traded securities	123,701,000	11	117,042,000
	12 Investments—other securities. See Part IV, line 11	14,400,000	12	23,374,000
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	900,000	14	600,000
	15 Other assets. See Part IV, line 11	17,685,000	15	6,165,000
16 Total assets: Add lines 1 through 15 (must equal line 34)	304,229,000	16	349,926,000	
Liabilities	17 Accounts payable and accrued expenses	29,265,000	17	24,166,000
	18 Grants payable	0	18	0
	19 Deferred revenue	4,541,000	19	941,000
	20 Tax-exempt bond liabilities	25,337,000	20	22,972,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	4,711,000	23	26,009,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	13,571,000	25	36,685,000	
26 Total liabilities. Add lines 17 through 25	77,425,000	26	110,773,000	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	87,606,000	27	91,391,000
	28 Net assets with donor restrictions	139,198,000	28	147,762,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	226,804,000	32	239,153,000
33 Total liabilities and net assets/fund balances	304,229,000	33	349,926,000	

Part 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	331,534,080
2	Total expenses (must equal Part IX, column (A), line 25)	2	313,987,559
3	Revenue less expenses. Subtract line 2 from line 1	3	17,546,521
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	226,804,000
5	Net unrealized gains (losses) on investments	5	-5,197,521
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	10	239,153,000

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

[Return to Form](#)

Software ID: 19009572

Software Version: v1.00

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A

(Form 990 or 990EZ)

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

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

NATIONAL JEWISH HEALTH

Employer identification number

74-2044647

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (94.324%); 15 Public support percentage for 2018 (92.397%); 16a 33 1/3% support test-2019; b 33 1/3% support test-2018; 17a 10%-facts-and-circumstances test-2019; b 10%-facts-and-circumstances test-2018; 18 Private foundation.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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).		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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 or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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 | | |

Section 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): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e 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 1-1/2% 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 .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | | |
|--|----------|--|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 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-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10	National Jewish Health, a 170(b)(1)(A)(iii) organization and 501(c)3 is not required to complete this portion of Schedule A. National Jewish Health is voluntarily completing the schedule in order to qualify for Special Rule Reporting regarding Schedule B. As such National Jewish will be required to report contributions over 2% of total contributions for FY20 (Part VIII line1) on Part B. Qualifying contributions have been attached on Schedule B for FY20

Additional Data

Return to Form

Software ID: 19009572

Software Version: v1.00

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2019

Name of the organization NATIONAL JEWISH HEALTH

Employer identification number

74-2044647

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 any one contributor, 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, or (ii) Form 990-EZ, 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, II, and III.
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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
NATIONAL JEWISH HEALTH

Employer identification number
74-2044647

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 NATIONAL JEWISH HEALTH

Employer identification number
 74-2044647

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization NATIONAL JEWISH HEALTH	Employer identification number 74-2044647
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID: 19009572

Software Version: v1.00

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2019

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

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) organizations: Complete Part III.

Name of the organization NATIONAL JEWISH HEALTH	Employer identification number 74-2044647
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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 Grassroots lobbying expenditures					

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	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:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		143,226
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			143,226
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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 expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide 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 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1	National Jewish Health is continually expanding its research programs. To assist in this goal, representatives of National Jewish Health identify potential sources of funding, then market and promote National Jewish Health research scientists and programs as worthy recipients of these funds. The marketing efforts, both state and nationwide, can include working with the various congressional representatives and agencies that oversee research funding. National Jewish Health also uses lobbyists to lobby congressional representatives on healthcare issues with impact on the health care of our patients. National Jewish Health is a member of the Colorado Hospital Association (CHA) who represents over 100 hospitals and health systems throughout Colorado. As a member, National Jewish Health benefits from CHA's many resources and from their advocacy and representation at the state and federal level. National Jewish Health is also a member of the American Hospital Association (AHA) who serves as an advocate for its' members and acts as a conduit through which hospitals share best practices.

Additional Data

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Software ID: 19009572

Software Version: v1.00

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL JEWISH HEALTH

Employer identification number

74-2044647

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	110,149,000	105,021,560	101,232,000	90,198,000	89,280,000
b Contributions	9,136,000	3,969,462	9,107,000	10,875,000	6,715,000
c Net investment earnings, gains, and losses	1,524,000	4,457,130	5,983,000	10,448,000	-2,154,000
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	10,078,000	3,298,900	11,301,000	10,289,000	3,643,000
f Administrative expenses	0	0	0	0	0
g End of year balance	110,731,000	110,149,252	105,021,000	101,232,000	90,198,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 46.67 %
 - b** Permanent endowment ▶ 51.13 %
 - c** Temporarily restricted endowment ▶ 2.2 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** unrelated organizations
 - (ii)** related organizations
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	No	
3a(ii)	No	
3b		

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	13,071,000	0	13,071,000
b Buildings	0	103,756,000	60,411,000	43,345,000
c Leasehold improvements	0	0	0	0
d Equipment	0	83,716,000	68,742,000	14,974,000
e Other	0	21,897,000	96,000	21,801,000
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				93,191,000

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other _____		
(A) Alternative Investments	23,374,000	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	23,374,000	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 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
(1) Federal income taxes	448,000
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	36,685,000

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	325,836,220
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-5,197,000	
b	Donated services and use of facilities	2b	0	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d		2e	-5,197,000
3	Subtract line 2e from line 1		3	331,033,220
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	500,860	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b		4c	500,860
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	331,534,080

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	313,486,699
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	0	
b	Prior year adjustments	2b	0	
c	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	313,486,699
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	500,860	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b		4c	500,860
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	313,987,559

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part V, Line 4	National Jewish Health Endowment funds are used to support our mission. Many funds are restricted by the donor for purposes such as immunology research, indigent care, fellowships and faculty support. Unrestricted funds are used for the area of greatest need as established by the Board of Directors.
Schedule D, Part XI, Line 2a	The Balance Sheet on the tax return is reported rounded to the nearest thousand while the Statement of Revenue for this return are reported to the nearest dollar. This reporting method results in a rounding adjustment to the Reconciliation of Revenue reported in Part XI.

Additional Data

[Return to Form](#)

Software ID: 19009572

Software Version: v1.00

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NATIONAL JEWISH HEALTH

Employer identification number
74-2044647

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Mindset Direct 12110 Sunset Hills Road Suite 600 Reston, V A 20190	Mindset Direct provided account strategy and production management services for the fiscal year ended June 30, 2020. Additional fundraising expenses are paid to Mindset Direct for printing, postage, letter shop work, etc. based on the contract terms. These fees totaled \$727,979 for the same period and were listed separately on each invoice.		No	1,976,649	311,400	1,665,249
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,976,649	311,400	1,665,249

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

A K, A L, A R, C A, C O, C T, F L, G A, I L, K S, K Y, M A, M D, M E, M I, M N, M O, M S, N C, N D, N H, N J, N M, N V, N Y, O H, O K, O R, P A, R I, S C, T N, U T, V A, W A, W I, W V

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>Beaux Arts Ball</u> (event type)	<u>NY Real Estate Dinner</u> (event type)	<u>13</u> (total number)	(add col. (a) through col. (c))
1 Gross receipts	2,085,013	2,283,773	1,719,495	6,088,281
2 Less: Contributions	1,946,263	2,108,773	1,509,547	5,564,583
3 Gross income (line 1 minus line 2)	138,750	175,000	209,948	523,698
4 Cash prizes	0	0	0	0
5 Noncash prizes	0	0	0	0
6 Rent/facility costs	119,300	44,495	224,121	387,916
7 Food and beverages	203,912	203,622	81,437	488,971
8 Entertainment	109,500	60,000	64,750	234,250
9 Other direct expenses	168,526	196,758	218,830	584,114
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,695,251
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,171,553

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
NATIONAL JEWISH HEALTH

Employer identification number
74-2044647

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	No
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a		No
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a	Financial Assistance at cost (from Worksheet 1)		83,785	0	83,785	0.03 %
b	Medicaid (from Worksheet 3, column a)		26,783,252	21,687,449	5,095,803	1.62 %
c	Costs of other means-tested government programs (from Worksheet 3, column b)		781,808	207,272	574,536	0.18 %
d	Total Financial Assistance and Means-Tested Government Programs	0	27,648,845	21,894,721	5,754,124	1.83 %
Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)		2,829,472	742,858	2,086,614	0.66 %
f	Health professions education (from Worksheet 5)		3,654,573	0	3,654,573	1.16 %
g	Subsidized health services (from Worksheet 6)		4,927,386	1,878,239	3,049,147	0.97 %
h	Research (from Worksheet 7)		81,322,962	63,364,160	17,958,802	5.72 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)		17,720	0	17,720	0.01 %
j	Total. Other Benefits	0	92,752,113	65,985,257	26,766,856	8.52 %
k	Total. Add lines 7d and 7j	0	120,400,958	87,879,978	32,520,980	10.35 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense
(f) Percent of total expense					
1 Physical improvements and housing					
2 Economic development					
3 Community support					
4 Environmental improvements					
5 Leadership development and training for community members					
6 Coalition building					
7 Community health improvement advocacy					
8 Workforce development					
9 Other					
10 Total					

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?					
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		1,224,211		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.					

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	37,196,759
6 Enter Medicare allowable costs of care relating to payments on line 5	6	62,933,066
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-25,736,307
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest —see instructions)

How many hospital facilities did the organization operate during the tax year?

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
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Facility reporting group

1	National Jewish Health 1400 Jackson Street Denver, C O 80206 www.njhealth.org 0104MU	X			X	X		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
National Jewish Health

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): https://www.njhealth.org/NJH/media/pdf/2016-Community-Health-Needs-Assessment.pdf	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Assessment.pdf</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
a	If "Yes" (list url): <u>https://www.nationaljewish.org/NJH/media/pdf/NJH-CHNA-2019.pdf</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

National Jewish Health

Name of hospital facility or letter of facility reporting group _____

Did the hospital facility have in place during the tax year a written financial assistance policy that:
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?
 If "Yes," indicate the eligibility criteria explained in the FAP:

- a** Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0 _____ %
- b** Income level other than the FPG (describe in Section C) _____ %
- c** Asset level
- d** Medical indigency
- e** Insurance status
- f** Underinsurance discount
- g** Residency
- h** Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

- a** Described the information the hospital facility may require an individual to provide as part of his or her application
- b** Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c** Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d** Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e** Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- a** The FAP was widely available on a website (list url):
www.njhealth.org
- b** The FAP application form was widely available on a website (list url):
www.njhealth.org
- c** A plain language summary of the FAP was widely available on a website (list url):
www.njhealth.org
- d** The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e** The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f** A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g** Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or
- h** Notified members of the community, and/or most patients' require financial assistance about availability of the FAP
- i** The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j** Other (describe in Section C)

	Yes	No
13	Yes	
14		No
15	Yes	
16	Yes	

Part V Facility Information (continued)

Billing and Collections

National Jewish Health

Name of hospital facility or letter of facility reporting group

- 17** Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?
- 18** Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:
- a** Reporting to credit agency(ies)
 - b** Selling an individual's debt to another party
 - c** Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous
 - d** Actions that require a legal or judicial process
 - e** Other similar actions (describe in Section C)
 - f** None of these actions or other similar actions were permitted
- 19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?
If "Yes," check all actions in which the hospital facility or a third party engaged:
- a** Reporting to credit agency(ies)
 - b** Selling an individual's debt to another party
 - c** Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous
 - d** Actions that require a legal or judicial process
 - e** Other similar actions (describe in Section C)
- 20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):
- a** Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the
 - b** Made a reasonable effort to orally notify individuals about the ECA and FAP application process (if not, describe in Section C)
 - c** Processed incomplete and complete FAP applications (if not, describe in Section C)
 - d** Made presumptive eligibility determinations (if not, describe in Section C)
 - e** Other (describe in Section C)
 - f** None of these efforts were made

	Yes	No
17	Yes	
19		No

Policy Relating to Emergency Medical Care

- 21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?
If "No," indicate why:
- a** The hospital facility did not provide care for any emergency medical conditions
 - b** The hospital facility's policy was not in writing
 - c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section
 - d** Other (describe in Section C)

	Yes	No
21		No

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

National Jewish Health

Name of hospital facility or letter of facility reporting group

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5-National Jewish Health	joined with Saint Joseph Hospital and the Denver Department of Public Health and Environment to conduct two focus groups of community stakeholders to provide input on the CHNA process. The first was held at Metro Caring with participants recruited by Metro Caring staff through their day-to-day operations. The second group was held at Saint Joseph Hospital with community members recruited through a Saint Joseph Hospital satellite clinic primarily serving low-income expectant mothers and their families and were primarily of Hispanic origin. The following organization were also surveyed: Early Child Pediatrics, Denver Health Community Health Clinics-Family Medicine and Pediatrics, 2040 Partners for Health, Clinica Tepeyac, STRIDE Community Health Center, and Salud Family Health Centers.
Schedule H, Part V, Section B, Line 11-National Jewish Health	leadership has chosen to direct its time, resources, and extraordinary expertise to address these specific areas: Pediatric Asthma, Education, and Access to Specialty Care. National Jewish Health is addressing Pediatric Asthma through extending hours into evenings and Saturdays, adding more faculty and staff to care for more children, and adding more locations in Denver and beyond. National Jewish Health is providing education to patients and their families on how to manage asthma and other respiratory diseases through providing active training programs to health care professionals, expanding access to patient education classes and support groups, increasing resources available at the onsite and online library which contains 200 MedFacts, TestFacts, and instructional videos on topics such as inhaler technique and "What is COPD?". National Jewish Health also operates a free K-8 school for up to 90 chronically ill children on the organization's main campus. The school teaches predominantly low-income and minority students and their families about how to manage their diseases, provides onsite highly skilled health care professionals to provide a safe learning environment, while the students fully participate in a full schedule of academic studies. The program helps them catch up on lost ground caused by absences as a result of their asthma and other chronic diseases. National Jewish Health is addressing long-term access to Specialty Care by constructing a five-story Center for Outpatient Health, changing to Epic for electronic health records, installing a new audiovisual system to facilitate more effective delivery of education internally and with external institutions. National Jewish Health is also developing a program for amyotrophic lateral sclerosis patients and expanding both its scleroderma and other pulmonary programs.
Schedule H, Part V, Section B, Line 14-National Jewish Health	has full and plain language FAP includes the items used for eligibility criteria; Federal Poverty Guidelines and liquid assets. The result of the formula "Liquid Assets (less a \$2,500 allowance per family member) at a minimum of -0- + annualized income - annualized medical expenses (including health insurance premiums) "is compared to the FPG levels to determine the discount % allowed. The chart is included with the FAP plan summary on the National Jewish Health website (njhealth.org). This discount % is applied to the self-pay portion of the charges and that amount is deducted from the patient balance.
Schedule H, Part V, Section B, Line 16g-National Jewish Health	When patients inquire about financial assistance at various admission locations, the personnel refer them to the Financial Counselor's Office in the main admissions area. The counselors discuss the various assistance programs (including Medicaid, CICP, and the National Jewish Financial Assistance Program), pre-screen patients, and help them prepare applications. National Jewish Health FAP plain language paper copies are located in the Financial Counselor's office. Phone numbers and the url to the website are on the patient private pay bills and signs are displayed in the admission area.
Schedule H, Part V, Section B, Line 16j-National Jewish Health	has a team dedicated to community outreach. This team meets with safety net clinics and members of the community at large to raise awareness of our clinical services and the financial assistance that we provide. To ensure that we are meeting the needs of our community and to raise awareness of the financial assistance we offer, we have meetings with civic groups, safety net clinics and community leaders. National Jewish Health physicians also provide care at safety net clinics and at hospitals throughout the area helping raise awareness of the clinical programs and financial assistance National Jewish Health provides.

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility** (List in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 National Jewish Health South Denver 499 East Hampden Ave Suite 300 Englewood, C O 80113	Adult Speciality Outpatient Clinic
2 National Jewish Health Highlands Ranch 8671 South Quebec Street Suite 120 Highlands Ranch, C O 80130	Adult and Pediatric Speciality Outpatient Clinicc
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c	National Jewish Health is a voluntary participant in the Colorado Indigent Care Program (CICP) and has modeled their Financial Assistance Policy after the program. Pursuant to CICP guidelines, patients pay a minimal co-pay for care. National Jewish Health believes charging a minimal co-pay causes patients to be a full participant in their healthcare plan. For the National Jewish Health Financial Assistance program (FAP) National Jewish Health reviews income and liquid asset levels to determine patient financial need and discounts. Liquid assets (less an allowance based on family size) are added to annualized income (less annual medical expenses) to compare to the FPG. Through this formula National Jewish Health take into account medical indigence.
Schedule H, Part I, Line 7	National Jewish Health conducts an annual study to determine the costs of all major programs. Through this study, which allocated specific costs across major programs, we determine the cost of clinical care. This ratio is multiplied by the total bad debt charges to determine cost. It is the same methodology used to determine cost of free and reduced care. National Jewish Health classifies accounts as bad debt at the end of the collection cycle once contractual adjustments, financial assistance, and payments have been applied. An account is considered bad debt after all reasonable collection efforts have been made.
Schedule H, Part III, Section A, Line 2	The bad debt on line 2 is calculated at a cost to charge ratio, so is listed at an estimated cost lost. All accounts written off for private pay or underinsured patients who are determined to be uncollectible are considered implicit price concessions since we accept patients regardless of their ability to pay. The amount listed in line 2 is actually a reduction to gross revenue on our audited financial statements- as a price concession to reach net revenue. The note discussing Patient Revenue includes all related information and is on page 15-17 of our audited financial statements.
Schedule H, Part III, Section A, Line 4	With FASB new revenue recognition 605 and 606, revenue is recorded net of price concession, including bad debt. Bad debt is not reported on the financial statements, except when financial positions change for patients after their date of service. Financial Bad Debt was -0- for FY20 so as such there was no footnote.
Schedule H, Part III, Section B, Line 8	National Jewish Health is committed to providing specialty care to seniors. Patients benefit from extensive time with their healthcare providers, multi-specialty care focused on the whole patient, comprehensive patient education, rehabilitation and thorough diagnostic work-ups and treatments. This care is expensive and many aspects of it are not reimbursed adequately from Medicare. Many patients come to us as a last resort. The ability to access our care without regard to the limitations of insurance is an important benefit to these patients and to their community.
Schedule H, Part III, Section C, Line 9b	National Jewish Health screens for financial assistance policy (FAP) eligibility for 240 days after the first self-pay balance statement. During the first 120 days National Jewish Health collects on all accounts (excluding extraordinary collection practices) - until a patient applies for financial assistance. If they are found eligible, the discount is calculated and applied, the balance due is determined and normal collection practices resume for the remaining balance. During the last 120 days, if a patient applies for National Jewish Health financial assistance, all collection efforts (including any extraordinary collection practices) are suspended. If the patient is determined to be FAP eligible, any extraordinary collection efforts are reversed, the discount is calculated and applied, the balance due calculated, and normal collection efforts are resumed for this balance.
Schedule H, Part VI, Line 2	National Jewish Health scrutinized published health data, held community input sessions, surveyed community health providers and consulted with our own faculty, who have extensive contacts and experience with the community, to understand the outstanding health needs of residents in our community.
Schedule H, Part VI, Line 3	National Jewish Health maintains a financial counseling department designed to help patients obtain needed assistance. The counselors inquire about financial need and educate patients on the various assistance programs available to them, including National Jewish's own financial assistance program and the Colorado Indigent Care Program. The counselors are available to assist patients in applying for need based on programs and in establishing payment plans and options.
Schedule H, Part VI, Line 4	As a specialty hospital, National Jewish Health serves a very diverse community. The main National Jewish Health campus is located in a central Denver neighborhood at 1400 Jackson St. Adult and pediatric patients come to National Jewish from the local community as well as from throughout the state and nationally. As the only specialized hospital dedicated to Respiratory, Cardiac and Immunologic in the world, tobacco addiction is an important contributor to the disease burden of our patients. National Jewish Health operates tobacco cessation programs for the Denver community and 20 other states.
Schedule H, Part VI, Line 5	National Jewish Health invests significant resources in meeting the healthcare needs of our community. Since our founding over 120 years ago, when National Jewish Health was a free hospital for the care of indigent TB patients, National Jewish Health has been committed to meeting the medical needs of the under served in the community. National Jewish Health is only one of a handful of outpatient clinics in the area that schedules patients for services on a first come, first served basis regardless of ability to pay. All patients are provided a full scope of diagnostic and therapeutic services without regard to the patient's financial need. Our clinicians serve at multiple locations throughout the state in order to ease access to our services. As a teaching institution, our faculty educates and trains tomorrow's doctors, nurses, and other healthcare staff. Every year, National Jewish Health spends millions of dollars to conduct the full continuum of research from basic science to clinical application. National Jewish Health operates a K-8 school on our campus exclusively for

Form and Line Reference

Explanation

chronically ill children with special medical needs. To our knowledge, it is the only school of its kind on a healthcare campus in the country. Overwhelmingly the students at the school live in poverty and qualify for free or reduced lunches. National Jewish Health offers free lung testing around the country. We subsidize programs throughout the community including an inner city asthma program in the Denver Public Schools, an Asthma Took Kit program for the western slope and a free asthma care and teaching program in the lower income communities of Colorado. As a not-for-profit institution our Board of Directors, all of whom are community leaders, are heavily involved in the direction and strategies of furthering our mission "to heal, to discover, and to educate". On April 8th, 2010, National Jewish Health was unanimously recognized by the Colorado House and Senate for our vital role in serving the health needs of Colorado citizens. In March 2020, Colorado reported its first confirmed case of COVID-19 followed by the Governor of Colorado declaring a disaster emergency with orders closing non-essential businesses, cessation of all elective procedures, and requiring Coloradoans to stay home. In addition to caring for our inpatients, National Jewish Health made significant physical plant and campus adaptations and kept its outpatient clinics open, added telehealth, built outdoor testing and vaccination facilities, expanded inpatient capabilities, added COVID-19 specific clinical programs for children and adults to treat both actively infected and recovering patients, adapted an infusion site for monoclonal antibody therapies, and mobilized teams of critical care physicians to meet the needs of critically ill patients in five hospitals in the front range of Colorado, New York, Los Angeles, Montana and via telehealth to hospitals in five Western states, staffing over 800 intensive care unit beds around the country. Teachers and staff at the Morgridge Academy, National Jewish Health's unique on campus public kindergarten through eighth grade school for chronically ill children quickly adapted to remote learning for the students. National Jewish Health staff also took care of their health needs and repeatedly delivered meals to the students and their families at their homes. Our faculty and staff partnered with multiple non-profit Universities, schools, and school systems to help them open and operate safely. National Jewish Health developed and implemented three high thru-put PCR molecular and two antibody COVID-19 diagnostic testing platforms. In addition to providing drive-thru testing for all Coloradoans on its campus, National Jewish Health performed COVID-19 laboratory testing for public health departments in five states and for several large employer groups and school systems receiving as many as 5,000 tests per day. During the first four months of the pandemic, over 700 broadcast (television and radio) stories and over 200 printed articles reaching an audience of greater than 20 million locally and nationally, featured National Jewish Health expertise about the emerging COVID-19 pandemic, personal protective equipment use and shortages, molecular testing, antibody testing, symptoms and treatment. Additionally, National Jewish faculty stepped up to serve on several state and national advisory committees. Our researchers were highly focused on COVID-19. Over the course of the pandemic, our researchers participated in multiple clinical trials of experimental therapies as well as implemented research programs designed to better understand the mechanisms and potential novel treatments for the virus.

Additional Data

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Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL JEWISH HEALTH

Employer identification number

74-2044647

Part I Questions Regarding Compensation

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

1a 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
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing 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.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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?
b Any related organization?
If "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?
b Any related organization?
If "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 in lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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 are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Michael Salem MD President and CEO, BOD member	(i)	1,099,090	1,260,000	40,000	24,155	5,552	2,428,797	0
	(ii)	-	0	0	0	-	-	0
2 Christine K Forkner EVP Corp Affairs and CFO, Ass't Treasurer	(i)	380,622	264,007	25,000	24,155	13,928	707,712	0
	(ii)	-	0	0	0	0	-	0
3 Greg Downey MD EVP Academic Affairs	(i)	579,337	416,300	39,984	24,155	9,488	1,069,264	0
	(ii)	-	0	0	0	-	-	0
4 Steven Frankel MD COO and EVP of Clinical Affairs	(i)	334,438	202,533	16,800	24,155	13,928	591,854	0
	(ii)	-	0	0	0	-	-	0
5 Pamela L Zeitlin MD Chair, Department of Pediatrics	(i)	348,383	187,200	25,000	24,155	0	584,738	0
	(ii)	-	0	0	0	-	-	0
6 Irina Petrache MD Division Chair Pulmonology / Professor	(i)	364,000	0	30,816	24,155	0	418,971	0
	(ii)	-	0	0	0	-	-	0
7 Debra Dyer MD Chair Dept of Radiology	(i)	342,299	59,276	25,000	24,155	9,488	460,218	0
	(ii)	-	0	0	0	-	-	0
8 Lisa Tadiri VP Development	(i)	267,381	172,468	25,000	24,155	13,928	502,932	0
	(ii)	-	0	0	0	-	-	0
9 Philippa Marrack Phd Chair Dept. of Immunology and Genomic Medicine	(i)	251,854	102,500	0	24,155	0	378,509	0
	(ii)	-	0	0	0	-	-	0
10 Kevin Brown MD Chair, Department of Medicine	(i)	299,589	0	43,000	24,155	0	366,744	0
	(ii)	-	0	0	0	-	-	0
11 Glenn Hirsch MD Division Chief Cardiology/Professor	(i)	581,937	0	28,800	0	13,928	624,665	0
	(ii)	-	0	0	0	-	-	0
12 Richard Martin MD Professor	(i)	280,550	223,150	24,000	24,155	109	551,964	0
	(ii)	-	0	0	0	-	-	0
13 Jeffery King MD Division Chief Gastroenterology	(i)	471,546	0	38,000	24,155	13,928	547,629	0
	(ii)	-	0	0	0	-	-	0
14 Robert S Kantor MD Sr MD/Faculty Member/	(i)	445,769	0	33,750	24,155	0	503,674	0
	(ii)	-	0	0	0	-	-	0
15 Raphael Sung MD Asst Professor/Track II	(i)	430,988	0	37,920	19,814	5,552	494,274	0
	(ii)	-	0	0	0	-	-	0
16 Ron Berge Former EVP and COO	(i)	239,801	183,173	41,184	24,155	5,572	493,885	0
	(ii)	-	0	0	0	-	-	0
17 Erwin Gelfand Former Chair Dept of Pediatrics (former Key Employee)	(i)	227,459	0	22,066	20,904	128	270,557	0
	(ii)	-	0	0	0	-	-	0
18 Sarah Walker VP Chief Administrative Officer	(i)	266,178	73,130	13,200	24,155	13,928	390,591	0
	(ii)	-	0	0	0	-	-	0
19 Carrie Horn MD Chief Medical Officer	(i)	258,674	53,318	19,000	24,155	13,928	369,075	0
	(ii)	-	0	0	0	-	-	0

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.

Return Reference	Explanation
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Additional Data

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL JEWISH HEALTH

Employer identification number
74-2044647

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Colorado Health Facilities Authority	84-0752932	196474V98	01-20-2005	13,500,000	Construction of a clinical and research facility		X		X		X
B Colorado Health Facilities Authority	84-0752932	19648AXX8	03-20-2012	28,176,276	Refunding of the Series 1998 and 1998B CHFA Bonds dated 4/1/98 and 11/1/98, respectively		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	1,800,800	0		
2 Amount of bonds legally defeased	0	0		
3 Total proceeds of issue	13,500,000	28,176,276		
4 Gross proceeds in reserve funds	782,800	2,704,750		
5 Capitalized interest from proceeds	0	0		
6 Proceeds in refunding escrows	0	0		
7 Issuance costs from proceeds	225,000	466,581		
8 Credit enhancement from proceeds	15,000	0		
9 Working capital expenditures from proceeds	0	0		
10 Capital expenditures from proceeds	12,447,200	0		
11 Other spent proceeds	0	25,004,945		
12 Other unspent proceeds	0	0		
13 Year of substantial completion	2007			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X	
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X	
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.53 %						
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6 Total of lines 4 and 5		0.53 %						
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X					
b Exception to rebate?		X		X				
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Schedule K, Part IV, Line 2c-01/20/2005 13,500,000 Colorado Health Facilities Authority	Kutak Rock Arbitrage Consulting prepared the report concerning the arbitrage rebate liability on May 27, 2020, which conclude there was no arbitrage rebate liability as of January 20, 2020. The next rebate calculation is January 20,2025.
Schedule K, Part IV, Line 2c-03/20/2012 28,176,276 Colorado Health Facilities Authority	Kutak Rock Arbitrage Consulting prepared the report concerning the arbitrage rebate liability on March 20, 2017, which conclude there was no arbitrage rebate liability as of March 20, 2017. The next rebate calculation is March 20, 2022.

Additional Data

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Software ID: 19009572

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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL JEWISH HEALTH

Employer identification number

74-2044647

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Lisa Cicutto	Spouse of EVP of Academic Affairs	145,588	Salary		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference

Explanation

Additional Data

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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

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▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Name of the organization
NATIONAL JEWISH HEALTH

Employer identification number
74-2044647

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	36	1,383,254	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Other (Other - Auction Items)	X	225	324,000	Fair Market Value
25				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		
b If "Yes," describe the arrangement in Part II.		No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Line 9	NJH is reporting the number or contributions column (b) lines 25-28

Additional Data

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2019

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SCHEDULE O
(Form 990 or 990-EZ)

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.

Department of the Treasury
Name of the organization
NATIONAL JEWISH HEALTH

Employer identification number

74-2044647

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	The following officers, directors, trustees, or key employees have a family or business relationship with another officer, director, trustee or key employee: Baker, Geoff - business relationship, Brownstein, Norman - business relationship, Dodge, R Statnon - business relationship, Feiner, Michael - business relationship, Isenberg, Christine - business relationship, , Levin, Bradley - business relationship, Parks, Brian - business relationship, Paul, Kathryn - business relationship, Richardson, Blair - business relationship, Robinson, Eddie - business relationship, and Zucker, Evan - business relationship.
Form 990, Part VI, Section A, Line 4	National Jewish Health amended their corporate bylaws in FY20.
Form 990, Part VI, Section B, Line 11b	The form was prepared by the Finance staff and was reviewed by the Director of Finance, EVP/Chief Financial Officer and President/Chief Executive Officer. It was distributed to the Board of Directors prior to issuance. Board members are not required to review the form prior to filing.
Form 990, Part VI, Section B, Line 12c	National Jewish Health requires all employees and board members to complete a conflict of interest (COI) declaration statement annually. All statements with COI's are reviewed by the Chief Compliance Officer (CCO). The EVP Corporate Affairs is the CCO. When conflicts are present, the CCO develops a plan to either eliminate the conflict or develop a plan to manage the conflict. Conflicts involving the CEO would be taken to the Chairman of the Board for resolution. If the EVP Corp Affairs/CFO had a conflict, it would be resolved by the CEO. Board member conflicts are reviewed by the Audit Committee. Board members with conflicts are asked to recuse themselves from any Board deliberations, decisions, or negotiations related to their conflict. The National Jewish Health conflict of interest policy is available on the National Jewish Health website.
Form 990, Part VI, Section B, Line 15	Executive compensation decisions are made by the Compensation Committee of the Board of Directors. The committee relies on the report of an independent compensation consultant which includes independent data for similarly qualified individuals in comparable positions at similarly situated organizations. Contemporaneous documentation is maintained on committee deliberations and decisions. This committee met in September 2018 and decided the compensation package for the Chief Executive Officer. The Executive Vice Presidents were reviewed June 2019.
Form 990, Part VI, Section C, Line 19	National Jewish Health's Articles of Incorporation are available to the general public through the Colorado Secretary of State's office. The most recent audited financial statements and other financial statistics are available on the National Jewish Health website and the Municipal Market Access System (EMMA). National Jewish Health does not make its Bylaws available to the public. The National Jewish Health conflict of interest policy is available on the National Jewish Health website.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL JEWISH HEALTH

Employer identification number

74-2044647

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) National Jewish Illiquid Asset Holding Company 1400 Jackson Street Denver, CO 80206 74-2044647	Property Holding	CO	0	0	N/A

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NJH SJH INC 500 Eldorado Blvd Suite 4300 Broomfield, CO 80021 47-1194849	Support combined clinical operations	CO	501(c)(3)	12a, I	Sisters of Charity of Leavenworth Health System		No
(2) MS NJH Administrative Services LLC Gustave L Levy Place New York, NY 10002	Support the two related organizations in treating all forms of respiratory illness.	DE	501(c)(3)	12a,I	None		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) JH NJH Administrative Services LLC 834 Walnut Street Suite 650 Philadelphia, PA 19107	Support the two related organizations in treating all forms of respiratory illness.	DE	N/A	Related				No			No	50 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o		No
1p		No
1q		No
1r		No
1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference

Explanation

Schedule R (Form 990) 2019

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