



Amended Return

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Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2016

Department of the Treasury Internal Revenue Service

For calendar year 2016 or other tax year beginning July 1, 2016, and ending June 30, 2017. Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

- A Check box if address changed
B Exempt under section 501(c)(3)
C Book value of all assets at end of year 291,957,000

Name of organization National Jewish Health
Number, street, and room or suite no if a P O box, see instructions 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 Unrelated business activity codes 621500 541519

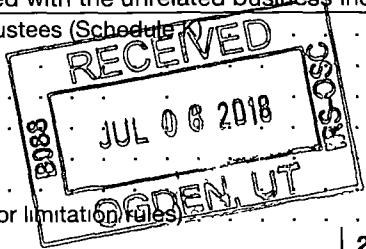
F Group exemption number
G Check organization type 501(c) corporation

H Describe the organization's primary unrelated business activity. Non-patient referral laboratory testing
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

J The books are in care of Chief Financial Officer Telephone number 303-388-4461

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (1,360,503), Less returns and allowances (-76,199), Total. Combine lines 3 through 12 (1,284,304).

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees (296,289), Salaries and wages (24,304), Charitable contributions (12,208), Total deductions (1,126,688), Unrelated business taxable income before net operating loss deduction (157,617), Unrelated business taxable income (156,617).



SCANNED AUG 20 2018

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	44,721
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	44,721

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a		
b Other credits (see instructions)	41b		
c General business credit. Attach Form 3800 (see instructions)	41c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e Total credits. Add lines 41a through 41d	41e		
42 Subtract line 41e from line 40	42		44,721
43 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43		
44 Total tax. Add lines 42 and 43	44		44,721
45a Payments. A 2015 overpayment credited to 2016	45a		
b 2016 estimated tax payments	45b		
c Tax deposited with Form 8868	45c		
d Foreign organizations. Tax paid or withheld at source (see instructions)	45d		
e Backup withholding (see instructions)	45e		
f Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g Other credits and payments. <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input checked="" type="checkbox"/> Other <u>26,491</u> Total ▶	45g	26,491	
46 Total payments. Add lines 45a through 45g	46		26,491
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47		
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		18,230
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		
50 Enter the amount of line 49 you want Credited to 2017 estimated tax ▶ Refunded ▶	50		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	Yes	No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		✓
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

Sign Here ▶ [Signature] 6/29/18 ▶ **Chief Financial Officer**
 Signature of officer Date Title

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 taxpayer) is based on all information of which preparer has any knowledge.

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no

National Jewish Health
Statement 2 - Lines Amended with Reasons
ID #74-2044647
Form 990T- 06/30/17

Line 1a-Gross Receipts or sales-this line was increased to account for additional UBI that was not recorded on the original return.

Lines 30, 32 and 34, 35c, 40, 42 and 44 all increased as a result of the addition noted above

Line 45g-a payment was made with the original return

Line 48-additional tax is due