

Form **990-T**

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

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning July 1, 2018, and ending June 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

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)
 - 408(e) 220(e)
 - 408A 530(a)
 - 529(a)
- C Book value of all assets at end of year 304,229,000

Name of organization (Check box if name changed and see instructions)
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 (Employees' trust, see instructions)
74-2044647
 E Unrelated business activity code (See instructions)
541711

F Group exemption number (See instructions.)
 G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses 3. Describe the only (or first) unrelated trade or business here Non-Patient Lab Studies for Pharma. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

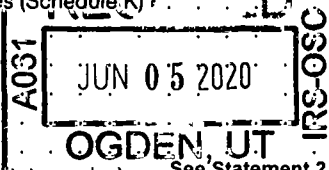
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No. If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of Christine K Forkner Telephone number (303) 388-4461

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>4,037,515</u> <u>00</u>			
b	Less returns and allowances <u>27,787</u> <u>00</u>			
	c Balance ▶	1c		
		4,009,728	00	
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
		4,009,728	00	4,009,728 00
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	4,009,728	00
				4,009,728 00

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		21,037	00
15	Salaries and wages	15		1,578,547	00
16	Repairs and maintenance	16		92,436	00
17	Bad debts	17			
18	Interest (attach schedule) (see instructions)	18			
19	Taxes and licenses	19			00
20	Charitable contributions (See instructions for limitation rules) See Statement 2	20		13,746	00
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a			0
23	Depletion	23			
24	Contributions to deferred compensation plans	24			
25	Employee benefit programs	25		329,684	00
26	Excess exempt expenses (Schedule I)	26			
27	Excess readership costs (Schedule J)	27			
28	Other deductions (attach schedule) See Statement 1	28		1,850,568	00
29	Total deductions. Add lines 14 through 28	29		3,886,018	00
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		123,710	00
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31			
32	Unrelated business taxable income Subtract line 31 from line 30	32		123,710	00



SCANNED SEP 08 2020

46 Received in Batching Ogden AUG 04 2020

08 11648

40

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	262,278	00
34	Amounts paid for disallowed fringes	34		00
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		00
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	262,278	00
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000	00
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	261,278	00

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	54,868	00
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40		00
41	Proxy tax. See instructions	41		00
42	Alternative minimum tax (trusts only)	42		00
43	Tax on Noncompliant Facility Income. See instructions	43		00
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	54,868	00

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		
b	Other credits (see instructions)	45b		
c	General business credit. Attach Form 3800 (see instructions)	45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
e	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46	0	00
47	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)	47	0	00
48	Total tax. Add lines 46 and 47 (see instructions)	48		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
50a	Payments: A 2017 overpayment credited to 2018	50a	12,906	
b	2018 estimated tax payments	50b	15,000	
c	Tax deposited with Form 8868	50c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		
e	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other 2016 Amended Ov Total	50g	34,495	
51	Total payments. Add lines 50a through 50g	51	62,401	00
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	7,533	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	55	0	00

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

56	At any time during the 2018 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
57	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		
58	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

Sign Here 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.

Signature of officer: *[Signature]* Date: 10/2/2020 Title: EWP/CEO

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		Phone no	
	Firm's address				

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5 Total. Add lines 1 through 4b	5				

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals			
Total dividends-received deductions included in column 8		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols. 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Totals

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) Ron Berge	EVP and Chief Operating Officer	7.8 %	\$22,930.00
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			\$22,930.00

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning July 1, 2018, and ending June 30, 20 19.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ 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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

National Jewish Health

74-2044647

Unrelated business activity code (see instructions) ▶ **621511**

Describe the unrelated trade or business ▶ **Laboratory Specimen Testing**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>264,790 00</u>			
b	Less returns and allowances <u>1,822 00</u>			
	c Balance ▶	1c		
		262,968 00		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		262,968 00
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	262,968 00	262,968 00

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	1,893 00	
15	Salaries and wages	15	59,478 00	
16	Repairs and maintenance	16	5,984 00	
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See instructions for limitation rules) <u>See Statement 2</u>	20	6,412 00	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25	12,328 00	
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28	119,165 00	
29	Total deductions. Add lines 14 through 28	29	205,260 00	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	57,708 00	
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income Subtract line 31 from line 30	32	57,708 00	

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning July 1, 2018, and ending June 30, 20 19

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ 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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

National Jewish Health

74-2044647

Unrelated business activity code (see instructions) ▶ 621512

Describe the unrelated trade or business ▶ **Radiology Readings for Clinical Trials for Pharmaceutical Industry**

Part I Unrelated Trade or Business Income		(A) Income		(B) Expenses		(C) Net	
1a	Gross receipts or sales <u>486,341</u> <u>00</u>	1c	<u>486,341</u> <u>00</u>				
b	Less returns and allowances <u>00</u>	c	Balance ▶				
2	Cost of goods sold (Schedule A, line 7)	2	<u>0</u> <u>00</u>				
3	Gross profit. Subtract line 2 from line 1c	3	<u>486,341</u> <u>00</u>			<u>486,341</u> <u>00</u>	
4a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
c	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement)	5					
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions; attach schedule)	12					
13	Total. Combine lines 3 through 12	13	<u>486,341</u> <u>00</u>			<u>486,341</u> <u>00</u>	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14					
15	Salaries and wages	15			<u>246,175</u>	<u>00</u>	
16	Repairs and maintenance	16					
17	Bad debts	17					
18	Interest (attach schedule) (see instructions)	18					
19	Taxes and licenses	19					
20	Charitable contributions (See instructions for limitation rules) <u>See Statement 2</u>	20			<u>8,984</u>	<u>00</u>	
21	Depreciation (attach Form 4562)	21					
22	Less depreciation claimed on Schedule A and elsewhere on return	22a					
23	Depletion	22b					
24	Contributions to deferred compensation plans	23					
25	Employee benefit programs	24					
26	Excess exempt expenses (Schedule I)	25			<u>51,943</u>	<u>00</u>	
27	Excess readership costs (Schedule J)	26					
28	Other deductions (attach schedule)	27					
29	Total deductions. Add lines 14 through 28	28			<u>98,379</u>	<u>00</u>	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29			<u>405,481</u>	<u>00</u>	
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30			<u>80,860</u>	<u>00</u>	
32	Unrelated business taxable income. Subtract line 31 from line 30	31					
		32			<u>80,860</u>	<u>00</u>	

For Paperwork Reduction Act Notice, see Instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

National Jewish Health
Statement 1 - Other deductions
ID #74-2044647
Form 990T - Part II Line 28 - 06/30/19

Supplies	\$	811,584
Fees and Purchased Services	\$	325,957
All Other, including Utilities & Transfers	\$	254,326
Human Resources		37,449
Finance		51,610
Information Systems		136,188
Plant Services and Utilities		122,446
Public Affairs and Marketing		71,078
Depreciation		166,030
Interest		24,091
Administration Services		52,876
Support Services		14,478
	\$	2,068,112

National Jewish Health
Statement 2 - Allocation of Charitable Contributions
ID #74-2044647
Form 990T - Part II Line 28 - 06/30/19

	Total	Business Unit 541711	Business Unit 621511	Business Unit 621512
UBI (Line 13)	\$ 4,759,037	\$ 4,009,728	\$ 262,968	\$ 486,341
Less. Total Deductions (before Charitable Contributions)	<u>\$ 4,467,617</u>	<u>\$ 3,872,272</u>	<u>\$ 198,848</u>	<u>\$ 396,497</u>
UBI before Charitable Contributions	<u>\$ 291,420</u>	<u>\$ 137,456</u>	<u>\$ 64,120</u>	<u>\$ 89,844</u>
% of total		47 17%	22 00%	30 83%
Total Charitable Contributions (reported on 990)	\$ 40,228			
Charitable Contributions Limit (10% of UBI before Charitable Contributions (Line 20))	<u>\$ 29,142</u>	<u>\$ 13,746</u>	<u>\$ 6,412</u>	<u>\$ 8,984</u>
UBTI (Line 32)	<u>\$ 262,278</u>	<u>\$ 123,710</u>	<u>\$ 57,708</u>	<u>\$ 80,860</u>