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Form 990-T   Exempt Organization Bus			ax Returr	) <u> </u>	OMB No 1545-0047		
(and proxy tax und	(and proxy tax under section 6033(e))						
Department of the freasury	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).						
	Name of organization ( Check box if name changed and see instructions.)			D Employe (Employe	501(c)(3) Organizations Only Employer identification number (Employees' trust, see instructions)		
B Exempt under section Print NEIGHBORCARE HEALTH				1	-0893287		
X 501(c) 3 ) or Number, street, and room or suite no. If a P.O. bo	x. see in	estructions.		E Unrelate	Unrelated business activity code (See instructions)		
408(e) 220(e) Type 1200 12TH AVENUE SOUTH				(See itisu	delions )		
408A 530(a) City or town, state or province, country, and ZIP of	City or town, state or province, country, and ZIP or foreign postal code						
529(a) SEATTLE, WA 98144		<del></del>			<del></del>		
C Book value of all assets at end of year 72, 780, 738.    F Group exemption number (See instructions.)  G Check organization type ▶ ▼ 501(c) cor	<u> </u>	5044.3.1			015-1-		
72,780,738. G Check organization type ► X 501(c) cor	poration		401(a		Other trust		
H Enter the number of the organization's unrelated trades or businesses.   trade or business here ► NO ACTIVITY - REFUND CLAI	M		the only (or first) ur complete Parts I-V.		an one		
describe the first in the blank space at the end of the previous sentence, complete Pa							
business, then complete Parts III-V.	ir is r am	o n, complete a concodic	in for each addition	ar trade or			
During the tax year, was the corporation a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled group?	▶ [	Yes	No No		
If "Yes," enter the name and identifying number of the parent corporation.							
The books are in care of JANINE CHILDS		Teleph		206)	461-6935		
Part I Unrelated Trade or Business Income	,	(A) Income	(B) Expense:	8	(C) Net		
1a Gross receipts or sales			• a .		- 4)		
b Less returns and allowances c Balance	1c		t				
2 Cost of goods sold (Schedule A, line 7)	2			· —  -	-3 4		
3 Gross profit. Subtract line 2 from line 1c	3				<del></del>		
4a Capital gain net income (attach Schedule D)	48						
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		<del>- '</del> -				
<ul> <li>c Capital loss deduction for trusts</li> <li>5 Income (loss) from a partnership or an S corporation (attach statement)</li> </ul>	4c 5	·		<del></del>			
6 Rent income (Schedule C)	6		<del></del>				
7 Unrelated debt-financed income (Schedule E)	7				<del></del>		
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						
Exploited exempt activity income (Schedule I)	10						
1 Advertising income (Schedule J)	11						
2 Other income (See instructions; attach schedule)	12		•				
3 Total. Combine lines 3 through 12	13	0.			- · <u>- ·-</u> ·-		
Part II Deductions Not Taken Elsewhere (See instructions for (Deductions must be directly connected with the unrelated busin							
<del></del>	ess IIIC	one )			000		
4 Compensation of officers, directors, and trustees (Schedule K)				15	1K3-02C		
5 Salaries and wages				16	D R F		
6 Repairs and maintenance 7 Bad debts				17년			
8 Interest (attach schedule) (see instructions)				18	16 7		
9 Taxes and licenses				19			
O Depreciation (attach Form 4562)		20			<del>+</del>		
Less depreciation claimed on Schedule A and elsewhere on return		21a		210	MAY		
2 Depletion		<del></del>		22			
3 Contributions to deferred compensation plans				28	B644		
4 Employee benefit programs				24			
5 Excess exempt expenses (Schedule I)				25	<del></del>		
6 Excess readership costs (Schedule J)				26			
7 Other deductions (attach schedule)				27			
8 Total deductions. Add lines 14 through 27				28	0		
9 Unrelated business taxable income before net operating loss deduction. Subtrac				29			
O Deduction for net operating loss arising in tax years beginning on or after Janua (see instructions)	ry 1, 20	10		30	0		
(see instructions)  1 Unrelated business taxable income. Subtract line 30 from line 29				31			
23701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.		-			Form <b>990-T</b> (201		

Form 99	0-T (2019)	NEIGHBORCARE HEALTH	_				9:	1-089	3287 Page 2
<b>IPart</b>		Total Unrelated Business Taxal	ole Income						
32	Total o	f unrelated business taxable income computed	from all unrelated trades or business	ses (see	instructions)		32	T	0.
33		ts paid for disallowe a fringes		•	ŕ		33	1	
34	Charita	Charitable contributions (see instructions for limitation rules)			34	T	0.		
35		nrelated business taxable income before pre-20	•	ubtract lin	e 34 from the sum o	of lines 32 and 33	35		
36		ion for net operating loss arising in tax years b	•				36	1	
37		f unrelated business taxable income before spe	• • • • • • •		•		37		
38		c deduction (Generally \$1,000, but see line 38			•		38	1	1,000.
39	•	ted business taxable income. Subtract line 38	• •	an line 3	17				
•		ne smaller of zero or line 37	on the contract of the ground in		,		39	1	0.
<b>IPart</b>		Tax Computation							
40		zations Taxable as Corporations. Multiply line	39 by 21% (0.21)				▶ 40	$\overline{}$	_ 0.
41	-	Taxable at Trust Rates. See instructions for ta	• •	nount o	n line 39 from:	•	10		
71		ax rate schedule or Schedule D (Form	•	nount o		1	<b>►</b> 41	•	
42		ax. See instructions	10117				<b>→</b> 42		
43	-	tive minimum tax (trusts only)				•	43		
44		Noncompliant Facility Income. See instruction	inc				44	+	
45		Add lines 42, 43, and 44 to line 40 or 41, which					45	+	0.
		Tax and Payments					1 40		
		tax credit (corporations attach Form 1118; tru	sets attach Form 1116)		46a				
ь	_	redits (see instructions)	sts attach i offic i i ioj		46b			<u> </u>	
C		I business credit. Attach Form 3800			46c	<del></del>			
d		or prior year minimum tax (attach Form 8801)	or 9927)		46d				
			01 0027)		400 ]		46e	<b>"</b>	
47	e Total credits. Add lines 46a through 46d  47 Subtract line 46e from line 45					47	<del> </del>	0.	
			Form 8611  Form 8697	Earm D	ee	' (attach schedule		+	
48 49		ix. Add lines 47 and 48 (see instructions)	- roilli 6011 [] - roilli 6097 []	roilli o	000 [] Other	(attach schedul	49	+	0.
		· · · · · · · · · · · · · · · · · · ·	on OCE B. Dort H. column (b) line 2				50	+	0.
50		et 965 tax liability paid from Form 965-A or For	rm 965-B, Part II, column (k), line 3		51a		30		<del></del>
	•	nts: A 2018 overpayment credited to 2019			<del></del>	32,400		<b>i</b> l	
		stimated tax payments			51b	32,400	<u>'-</u>	<b>i</b> i	
		osited with Form 8868	(a		51c			ii .	
	_	organizations: Tax paid or withheld at source	(see instructions)		51d		-	<u>i</u> l	
	•	withholding (see instructions)	(attach Farm 0044)		51e			<u>i</u> l	
		or small employer health insurance premiums	•		51f				
9			orm 2439	- otal ▶	51g				
E0			ther To	olai 📂	[ 318 ]			•	32,400.
52 52		ayments. Add lines 51a through 51g	2000 is attached				52 53	+	32,400.
53		ed tax penalty (see instructions). Check if Form					► 54	<del> </del>	
55	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid				Š	55		32,400.	
56	•	e amount of line 55 you want: Credited to 202		alu	D.	efunded <b>)</b>	56	+	32,400.
		Statements Regarding Certain		matic				<del></del>	32,400.
57		time during the 2019 calendar year, did the org							Yes No
37	-	inancial account (bank, securities, or other) in							163 140
		Form 114, Report of Foreign Bank and Financi	• • •		=				
	here	Tom 114, report of Folographic and Financia	ar Accounts. If Tes, enter the name	01 1110 11	oroigii coama y				Х
58		the tax year, did the organization receive a dist	ribution from or was it the grantor o	f or trai	neferor to a fore	ign truet?			$\frac{1}{x}$
30		see instructions for other forms the organization		1, UI II a	iisicioi to, a iore	igii ii ustr			
59		ie amount of tax-exempt interest received or ac	•						
	U	nder penalties of perjury, I declare that I have examined	this return, including accompanying schedul	les and st	atements, and to th	e best of my kno	wledge and	belief, it is	true,
Sign	co	rrect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which	ch prepare	er has any knowled	јө			
Here		My hund 718000	15/11/2020 <b>≥</b> CEO	,			-	RS discuss t rer shown b	this return with
		Signature of officer	Date Title					ns)? X	
		Print/Type preparer's name	Preparer's signature	l n	ate	Check		TIN	1100
			i reparer a arginature	"	410	self- employ		4	
Paid		KURT BENNION, CPA	KURT BENNION, CP.	יח ב	5/07/20	our employ		0146	9618
-	arer	Firm's name CLIFTONLARSO		<u> 10 .</u>	5/0//40	Firm's EIN			46749
Use	Only		HUP WAY, SUITE 20	0.0		TOTHI S EIN			
		Firm's address   BELLEVUE,	•			Phone no.	425-	-250-	6100
923711	01.07.00	THIN S AUDIESS P DELILEVUE,	MA 30004	-		Li none no.	- L J -		990-T (2019)
923/11	01-27-20							FOLIA	(2019)