

Return of Organization Exempt From Income Tax

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

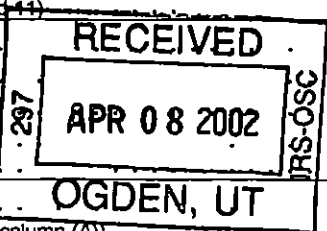
A For the 2000 calendar year, OR tax year period beginning 07/01/2000, and ending 06/30/01

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amend return. C Name of organization: National Jewish Medical & Research Center. D Employer identification number: 74-2044647. E Telephone number: 303-388-4461. F Check if application pending.

G Organization type (check only one): 501(c)(3) (insert no) 527 OR 4947(a)(1). Note (H and I are not applicable to section 527 orgs). H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? (If "No" attach a list. See inst.) Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Enter 4-digit group exemption no (GEN) N/A. L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) X.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows. Revenue section (lines 1-12) includes contributions, program service revenue, membership dues, interest, dividends, gross rents, sales of assets, special events, and inventory. Expenses section (lines 13-17) includes program services, management and general, fundraising, and payments to affiliates. Net Assets section (lines 18-21) includes excess or deficit, beginning and ending net assets, and other changes.



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Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Patient Revenue					32,589,077
b Referral Lab Revenue	621500	1,085,923			
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,262,355	
96 Dividends and interest from securities			14	2,672,406	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	487,438	
101 Net income or (loss) from special events			01	-2,257,925	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <u>STMT 7</u>				1,154,009	3,784,599
b					
c					
d					
e					
104 Subtotal (add columns (B), (D) and (E))		1,085,923		3,318,283	36,373,676
105 Total (add line 104 columns (B) (D) and (E))					40,777,882

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Patient care, medical research and teaching in the areas of respiratory, allergic and immunological medicine
103a	Patient care, medical research and teaching in the areas of respiratory, allergic and immunological medicine

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name address and EIN of corporation partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
National Jewish Center Asthma and Allergy Network FEIN 84-1295449 1400 Jackson Street Denver, CO 80206	100 0000 % % %	Medical Networking	0 00	0 00

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please 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 officer) is based on all information of which preparer has any knowledge

Christine K Forkner
Signature of officer Date 11/15/01 Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____
 Firm's name (or yours if self-employed) and address and ZIP code _____ EIN _____ Phone no _____