Return of Organization Exempt From Income Tax

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

QMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A Fo	r the 2	00 <u>0 calendar year, OR tax year period beg</u> i	<u>inning 0,7017</u>	, 20	00, and ending	06/30	/01	
Всне	ck if applica Change of	Fiorma	C Name of organization			D Employer Identification number		
\vdash	eddress Change of name	use (RS labetor National Jewish Medical & Res	National Jewish Medical & Research Center				44647	
П	Initial retu	Number and street (or P O box if	Number and street (or P O box if mail is not delivered to street address) Room/suite					
	Final retur	type See						
_		Specific 1400 Jackson Street	303-388-4461					
Ш	Amend rei	City or town, state or country, and Denver, CO 80206	F Check I if application pending					
G o	menizet	ion type (check only one) ▶ 501(c) (3) ◀ (inse	ert no) 527 OR	4947 (a)(1)	N-4- (1441			
		on 501(c)(3) organizations and 4947(a)(1) nonexemp			H(a) Is this a group		cable to section 527 orgs) or affiliates? Yes X No	
		completed Schedule A (Form 990 or 900-EZ)		of affiliates ▶				
		ng method Cash Accrual ×	s include a list. Si	ed?				
		ere If the organization's gross receipts a	return file	ed by an □ ▽				
\$	25 000	The organization need not file a return with the I		group ruling? ☐ Yes A No emption no (GEN) ► N/A				
		a Form 990 Package in the mail, it should file a re		rganization is not required				
		ates require a complete return		(Form 990 or 990-EZ) > X				
Part		evenue, Expenses, and Changes in Net Ass	sets or Fund Balan	ces (See Spec				
	1	Contributions, gifts, grants, and similar amounts re		<u> </u>		T		
	a	Direct public support		1a	30,971,636			
	ь	Indirect public support	•	1b	64,982	1		
	C	Government contributions (grants)	• • • •	1c	27,930,500	1		
	d		996,699 noncesh \$		1,970,419	111	58,967,118	
	2	Program service revenue including government fe		n Part VII. line 93	STMT 16	2	33,675,000	
	3	Membership dues and assessments	(3		
	4	Interest on savings and temporary cash investmen	is.			4	1,262,355	
	5	Dividends and interest from securities	5	2,672,406				
	6 a	Gross rents		·				
	Ь	Less rental expenses	6a		1			
	1	Net rental income or (loss) (subtract line 6b from li	.	6c				
9	7	Other investment income (describe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	٠,	7		
Revenue	8 a	Gross amount from sales of assets other	(A) Securites	(B)	Other			
8		than inventory STMT 8		8a	0	1		
	ь	Less cost or other basis and sales expenses		8b	330,779	1		
	С	Gain or (loss) (attach schedule)	818,217	8c	-330,779	1		
	d	Net gain or (loss) (combine line 8c, columns (A) an				84	487,438	
	9	Special events and activities (attach schedule)		-				
	а	Gross revenue (not including \$ 6,24						
	ŀ	contributions reported on line 1a)	STMT 1	9a	1,014,015	ìì		
	ь	Less direct expenses other than fundraising exper	•	9b	3,271,940	1		
	С	Net income or (loss) from special events (subtract	9c	-2,257,925				
	10a	Gross sales of inventory, less returns and allowand						
	Ь	Less cost of goods sold		1				
	С	Gross profit or (loss) from sales of inventory (atta	10c					
	11	Other revenue (from Part VII, line 103)	11	4,938,608				
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c	12	99,745,000				
	13	Program services (from line 44, column (B))	. <u></u>	D	13	62,328,455		
Expenses	14	Management and general (from line 44 column (C	14	24,340,584				
	15	Fundraising (from line 44, column (D))	1 1 FX1					
	16	Payments to affiliates (attach schedule)	15 16					
	17	Total expenses (add lines 16 and 44, column (A	17	91,683,999				
Net Assets	18	Excess or (deficit) for the year (subtract line 17 fro	m line 12)	GDEN, L	JT	18	8,061,001	
	19	Net assets or fund balances at beginning of year (19	88,590,000				
	20	Other changes in net assets or fund balances (att	20	5,210,000				
ž	21	Net assets or fund balances at end of year (comb	21	101,861,001				

Part VII		ına Activi	ties (See See	cific Instr	ructions or	200 30	<u> </u>	Page b	
	mounts unless otherwise	Ing Activities (See Specific Instructions on p							
indicated	THE STREET OF THE PROPERTY OF	(A) (B)		Willie II	Excluded by section 512, 513, or 514			(E) Related or	
93 Program	n service revenue nt. Revenue	Business code	Amoun	t	Exclusion code		D) lount	exempt function income	
" 	ral Lab Revenue	621500	 	85,923				32,589,077	
	THE DES NEVEL SE	021300	1,0	763,323					
		 	 	+					
ď			 -						
#			 						
	e/Medicald payments		 -						
_	d contracts from government agencies riship dues and assessments		 -						
	·		 		14	· <u>-</u> -	1,262,355		
	in savings and temporary cash investments inds and interest from securities		 -		14		2,672,406		
	ital income or (loss) from real estate		 	+			2,012,400		
	anced property .	 -	 						
	t-financed property		 						
	Income or (loss) from personal property		 						
	nvestment income		 						
	oss) from sales of assets other than inventory		 		18		487,438		
•-	ome or (loss) from special events		 		01		-2,257,925		
	rolit or (loss) from sales of inventory								
	evenue a STMT 7						1,154,009	3,784,599	
			 					0,101,033	
			 		-				
_			 	·					
6									
104 Subtota	il (add columns (B), (D) and (E))		1,0	85,923			3,318,283	36,373,676	
	add line 104 columns (B) (D) and (B	<u> </u>	·	· · · · ·				40,777,882	
Note Line 10	5 plus line 1d, Part I, should equal ti	he amount o	n line 12, Part I						
Line No ▼ 93a 1	Relationship of Activities (Explain how each activity for which of the organization's exempt purpor Patient care, medical researed immunological medicine	income is r ses (other th arch and	eported in columnian by providing fute teaching in t	n (E) of Pa unds for suc the areas	rt VII contrib h_purposes) of respi	outed import	antly to the accor	nplishment	
	Patient care, medical rese		teaching in t	he areas	of resp.	ratory,	allergic		
	and immunological medicine								
Part IX	Information Regarding Taxa	<u>ble Subsi</u>	diaries and Di	<u>isregarde</u>	<u>ed Entities</u>	s (See Sr	<u>pecific Instruc</u>	tions on page 31)	
(A) Name address and EIN of corporation			(B) (C) Percentage of Nature of activities			То	(D) tal income	(E) End-of-year	
	partnership or disregarded entity		ownership interest					assets	
National Jewish Center Asthma and Aliergy Network FEIN 84-1295449			10C 0000 %	70			0 00	0 00	
1400 Jacks			og Networking						
Denver, Co			<u> </u>					<u> </u>	
	Information Regarding Trai	actors Are	<u>%</u>	Danasas	I Compete C	1			
(a) Did the benefit (b) Did the	e organization, during the year, t contract? e organization, during the year, es" to (b), file Form 8870 and Fo	receive an pay premi	y funds, directly or ums, directly or	or indired	ctly, to pay	premiums	on a personal	Yes X No	
Please	Under penalties of perjury, I declar and belief it is true correct and (Important See General Instruction	re that I have complete De n.W. on page	examined this return claration of prepare 14)	ा ाटोप्रवासकु a r (other than	officer) is base	schedules and d on all inform	statements and treatment of which prep	o the best of my knowledge arer has any knowledge	
Sign Here		1	111/15/01			- • -	Christine K Forkner, CFO		
	Signature of officer				Dáte	Ту	pe or print name a		
David	Preparer's signature				Date		Check if self-	Preparer's SSN or PTIN	
Paid							employed ▶		
Preparer's	Time traine (or yours	- -				EIN ►			
Use Only	if self-employed) and address and ZIP code					Phone			
							no 🟲		