

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 07-01-2005 and ending 06-30-2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER. % Christine K Forkner CFO. Number and street (or P O box if mail is not delivered to street address): 1400 Jackson Street. Room/suite. City or town, state or country, and ZIP + 4: Denver, CO 80206

D Employer identification number: 74-2044647. E Telephone number: (303) 398-1004. F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.nationaljewish.org

J Organization type (check only one): 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 157,400,312

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 0	0		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25	Compensation of officers, directors, etc	25 2,472,361	740,038	1,566,731	165,592
26	Other salaries and wages	26 59,418,932	46,874,331	11,192,612	1,351,989
27	Pension plan contributions	27 0	0	0	0
28	Other employee benefits	28 6,963,151	5,137,861	1,538,802	286,488
29	Payroll taxes	29 4,145,290	3,058,662	916,077	170,551
30	Professional fundraising fees	30 67,253	0	0	67,253
31	Accounting fees	31 132,735	0	132,445	290
32	Legal fees	32 394,805	3,129	390,131	1,545
33	Supplies	33 13,560,089	11,961,749	1,532,559	65,781
34	Telephone	34 329,425	175,613	87,136	66,676
35	Postage and shipping	35 1,552,019	849,976	186,038	516,005
36	Occupancy	36 2,601,279	230,313	2,044,485	326,481
37	Equipment rental and maintenance	37 3,304,364	1,628,711	1,640,582	35,071
38	Printing and publications	38 1,748,939	1,003,200	215,661	530,078
39	Travel	39 1,109,098	871,150	130,435	107,513
40	Conferences, conventions, and meetings	40 456,490	391,755	56,453	8,282
41	Interest	41 1,955,055	1,442,565	432,052	80,438
42	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	42 4,611,017	4,025,559	493,652	91,806
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 120,684,000	90,970,832	25,562,256	4,150,912

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► To conduct patient care, clinical research, basic science research, and education and training</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a Patient Care National Jewish Medical and Research Center is known worldwide for treatment of patients with respiratory, immune and allergic disorders, and for groundbreaking medical research. Founded in 1899 as a nonsectarian, nonprofit hospital for tuberculosis (TB) patients, National Jewish remains the only facility in the world dedicated exclusively to these disorders. Patient information for fiscal year July 1, 2005 through June 30, 2006: inpatient days 350, average inpatient length of stay 5.44 days, average number of day program patients 12.62 days, total number of outpatient visits 27,163. In its 2006 guide to America's Best Hospitals, U.S. News & World Report has ranked National Jewish as the best in the nation for treating respiratory diseases, based on various objective criteria as well as surveys of board-certified pulmonologists from around the nation. National Jewish has been at the top of this list for nine consecutive years. National Jewish physicians began providing round-the-clock care to critically ill patients in the Intensive Care Unit (ICU) at HealthONE Rose Medical Center. National Jewish created a Division of Radiology with four new faculty members, who provide services that were previously supplied through a contract with the University of Colorado Health Sciences Center. National Jewish continues the mission on which it was founded to provide care to patients regardless of ability to pay. In addition to participating in the Medicare, Medicaid, and Colorado Indigent Care Program, National Jewish maintains its own charity care program funded by private donations. National Jewish faculty, which numbers approximately 125 members, published 184 research papers in scientific and medical journals during the past fiscal year on a variety of topics including asthma, atopic dermatitis, peanut allergies, autoimmune diseases, stroke and diabetes. National Jewish Immunologist Philippa Marrack, Ph.D., received the second annual Pearl Meister Greengard Prize, established to honor a female scientist who has made exceptional contributions to biomedical science. The National Jewish Professional Education Division reached out to approximately 250,000 physicians and allied healthcare professionals with live programs, printed and web-based educational materials on diseases we treat, including asthma, COPD, tuberculosis, and allergies. National Jewish maintains a diverse research program. In 2006, National Jewish was awarded over \$51 million in research grants to fund 277 projects, including basic research in areas such as cell biology and immunology, as well as translation research in diseases we treat such as asthma and emphysema. (27,163 Outpatient visits)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>90,970,832</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>90,970,832</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		3,899,000	45	5,523,000	
	46 Savings and temporary cash investments		11,534,000	46	13,358,000	
	47a Accounts receivable	47a	12,973,000			
	b Less allowance for doubtful accounts	47b	5,749,000	6,757,000	47c	7,224,000
	48a Pledges receivable	48a	12,886,000			
	b Less allowance for doubtful accounts	48b	3,082,000	9,494,000	48c	9,804,000
	49 Grants receivable		2,822,000	49	3,730,000	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0	
	51a Other notes and loans receivable (attach schedule)	51a	0			
	b Less allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use		591,000	52	893,000	
	53 Prepaid expenses and deferred charges		422,000	53	638,000	
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	102,502,000	54	<input checked="" type="checkbox"/>	98,609,000
	55a Investments—land, buildings, and equipment basis	55a	0			
	b Less accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56 Investments—other (attach schedule)		0	56	0	
	57a Land, buildings, and equipment basis	57a	144,170,000			
	b Less accumulated depreciation (attach schedule)	57b	72,379,000	59,210,000	57c	<input checked="" type="checkbox"/> 71,791,000
58 Other assets (describe <input type="checkbox"/> _____)		10,592,000	58	<input checked="" type="checkbox"/>	8,307,000	
59 Total assets (must equal line 74) Add lines 45 through 58		207,823,000	59		219,877,000	
Liabilities	60 Accounts payable and accrued expenses		14,210,000	60	17,940,000	
	61 Grants payable		0	61	0	
	62 Deferred revenue		637,000	62	282,000	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0	
	64a Tax-exempt bond liabilities (attach schedule)		47,048,000	64a	<input checked="" type="checkbox"/> 46,278,000	
	b Mortgages and other notes payable (attach schedule)		0	64b	0	
	65 Other liabilities (describe <input type="checkbox"/> _____)		15,376,000	65	<input checked="" type="checkbox"/> 16,069,000	
66 Total liabilities Add lines 60 through 65		77,271,000	66		80,569,000	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		70,101,000	67		76,918,000
	68 Temporarily restricted		27,935,000	68		26,934,000
	69 Permanently restricted		32,516,000	69		35,456,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		130,552,000	73		139,308,000
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		207,823,000	74		219,877,000

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	129,440,000
b	Amounts included on line a but not on line 12		
1	Net unrealized gains on investments	b1	1,286,000
2	Donated services and use of facilities	b2	0
3	Recoveries of prior year grants	b3	0
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	1,286,000
c	Subtract line b from line a	c	128,154,000
d	Amounts included on line 12, but not on line a		
1	Investment expenses not included on line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	1,286,000
e	Total revenue (line 12) Add lines c and d	e	128,154,000

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	120,684,000
b	Amounts included on line a but not on line 17		
1	Donated services and use of facilities	b1	0
2	Prior year adjustments reported on line 20	b2	0
3	Losses reported on line 20	b3	0
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	120,684,000
d	Amounts included on line 17, but not on line a :		
1	Investment expenses not included on line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (line 17) Add lines c and d	e	120,684,000

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 47		
75b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 92 .	Yes	
75c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		No
75d	Does the organization have a written conflict of interest policy?	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Yes
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	No
b	If "Yes," enter the name of the organization 93 _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures (See line 81 instructions) 81a 0		
81b	Did the organization file Form 1120-POL for this year?	81b	No

Part VI Other Information *(continued)*

	Yes	No
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82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> See Additional Data Table			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) <input type="text" value="1,220"/>	90b		1,220
91a	The books are in care of <input type="text" value="Chief Financial Officer"/> Telephone no <input type="text" value="(303) 398-1004"/> 1400 Jackson St Located at <input type="text" value="Denver, CO"/> ZIP + 4 <input type="text" value="802062762"/>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts	91b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="text"/>	91c		No
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/>	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: 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 Health Initiatives/Disease Management		0		0	7,538,000
b Educational Services		0		0	1,733,347
c Referral Laboratory Services	621500	866,766		0	0
d Net Patient Service Revenue		0		0	43,216,234
e Other Program Service Revenue		0		0	1,378,378
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments	900003	6,152	14	664,491	0
96 Dividends and interest from securities		0	14	3,026,000	0
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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		0	14	2,048,191	0
101 Net income or (loss) from special events		0	1	-1,588,723	0
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Biostatistics Services	541511	114,642		0	0
b License & Royalty Income		0	15	108,368	0
c Occupancy		0	22	580,020	0
d Laboratory & Immunology Services	621500	16,340		0	0
e Cafeteria, Gift Shop, and Kunsberg School Tuition		0	3	1,120,562	0
104 Subtotal (add columns (B), (D), and (E))		1,003,900		5,958,909	53,865,959
105 Total (add line 104, columns (B), (D), and (E))					60,828,768

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 the instructions.)

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)
93 b	Health Initiatives/Disease Management Revenue is substantially related to exempt purpose of patient care
93 c	Educational Services Revenue is substantially related to exempt purpose of educating and training healthcare professionals and the lay public
93 a	Patient Service Revenue is substantially related to exempt purpose of patient care
93 d	Other Program Service Revenue is substantially related to exempt purposes of patient care, clinical and basic science research, and education

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (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).

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.

Please Sign Here

Signature of officer: _____ Date: 2006-11-14

Christine Forkner Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

Check if self-employed:

Preparer's SSN or PTIN (See Gen Inst W): _____

EIN: _____

Phone no: _____

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Department of the
Treasury
Internal Revenue
Service

Name of the organization
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

Employer identification number

74-2044647

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Alam Rafeul MD 1400 Jackson St Denver, CO 80206	Sr MD/Faculty Member 40	240,961	26,234	0
Ellis James MD 1400 Jackson St Denver, CO 80206	Sr MD/Faculty Member 40	234,553	23,995	0
Leung Donald MD 1400 Jackson St Denver, CO 80206	Sr MD/Faculty Member 40	210,379	25,469	0
Szefler Stanley MD 1400 Jackson St Denver, CO 80206	Sr MD/Faculty Member 40	224,157	26,104	0
Mason Robert MD 1400 Jackson St Denver, CO 80206	Sr MD/Faculty Member 40	211,225	24,173	0
Total number of other employees paid over \$50,000 ▶	356			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Davis Partnership 2301 Blake Street Suite 100 Denver, CO 80205	Architectural	715,504
Sheridan Ross 1560 Broadway Suite 1200 Denver, CO 80202	Legal Services	288,168
University Physicians Inc 5250 Leetsdale Drive Suite 119 Denver, CO 802221451	Physician Services	1,099,182
UCHSC Graduate Medical Education Dept 388 4200 E 9th Ave Denver, CO 80291	Fellows	637,095
Ultra Imaging Inc 1440 Voorhees Ranch Way Castle Rock, CO 80109	Contract Radiologist	239,500
Total number of others receiving over \$50,000 for professional services ▶	14	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
KUSA Dept 0223 Denver, CO 802910223	Advertising	351,750
Hospital Shared Services 1395 S Platte River Drive Denver, CO 802233467	Support Services	373,447
Weitz Inc 4725 S Monaco St Suite 100 Denver, CO 80237	Construction svcs	11,337,070
Quadramed PO Box 1915 Merrifield, VA 221161915	Software Support	644,134
GE Medical Systems PO Box 843553 Dallas, TX 752843553	Equipment Maintenanc	318,399
Total number of other contractors receiving over \$50,000 for other services ▶	19	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>111,933</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1 Yes	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) <input type="checkbox"/>		
a	Sale, exchange, or leasing property?	2a	No
b	Lending of money or other extension of credit?	2b	No
c	Furnishing of goods, services, or facilities?	2c	Yes
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes
e	Transfer of any part of its income or assets?	2e	No
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	No
b	Do you have a section 403(b) annuity plan for your employees?	3b	Yes
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	No
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)									
The organization is not a private foundation because it is (Please check only ONE applicable box)									
5	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)								
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)								
7	<input checked="" type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)								
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)								
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____								
10	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)								
11a	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
11b	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
12	<input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)								
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3								
Provide the following information about the supported organizations (see page 5 of the instructions)									
<table border="1"> <thead> <tr> <th>(a) Name(s) of supported organization(s)</th> <th>(b) Line number from above</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		(a) Name(s) of supported organization(s)	(b) Line number from above						
(a) Name(s) of supported organization(s)	(b) Line number from above								
14	<input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)								

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines	18 _____	19 _____			26d
	22 _____	26b _____			26e
e Public support (line 26c minus line 26d total)					26f
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			27c
	17 _____	20 _____	21 _____		27d
d Add Line 27a total _____ and line 27b total _____					27e
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) 	31	
32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 		
33 Does the organization discriminate by race in any way with respect to	33a	
a Students' rights or privileges?	33b	
b Admissions policies?	33c	
c Employment of faculty or administrative staff?	33d	
d Scholarships or other financial assistance?	33e	
e Educational policies?	33f	
f Use of facilities?	33g	
g Athletic programs?	33h	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table— <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is—	The lobbying nontaxable amount is—	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is—	The lobbying nontaxable amount is—														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
	No	
	No	
	No	
	No	
	No	
Yes		111,933
	No	
		111,933

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?**a** Transfers from the reporting organization to a noncharitable exempt organization of**(i)** Cash**(ii)** Other assets**b** Other transactions**(i)** Sales or exchanges of assets with a noncharitable exempt organization**(ii)** Purchases of assets from a noncharitable exempt organization**(iii)** Rental of facilities, equipment, or other assets**(iv)** Reimbursement arrangements**(v)** Loans or loan guarantees**(vi)** Performance of services or membership or fundraising solicitations**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?
 Yes
 No
b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Person Name	Explanation
Evan H Zucker	
Leonard M Perimutter	
Christine K Forkner	
Robin Chotin	
Margaret Allon	
Paulette Brody	

Person Name	Explanation
Steven Kaufman	
Mariner Kemper	
Ronald E Montoya	
Carole Schw artz	
Marc D Steron	
Debra Tuchman	

Person Name	Explanation
Joseph H Silversmith Jr	
Carol Gibson	
David Tinkelman MD	
Burton Tansky	
Bruce Deifik	
Martin Richard MD	

Person Name	Explanation
Philip H Karsh	
Richard B Tucker	
Lynn Taussig MD	
Gary Cott MD	
J Verne Singleton	
Gelfand Erw in MD	

Person Name	Explanation
Cambier John	
Tom Gart	
Larry Silverstein	
Rich Baer	
David Ehrlich	
Joel Farkas	

Person Name	Explanation
Jim Berenbaum	
Norman Brownstein	
Clifford Holtz	
James D Kuhn	
Richard Schierburg	
Martin Semple	

Person Name	Explanation
Law rence Gelfond	
William Gold III	
A Barry Hirschfeld	
Mark M King	
Robert L Mettler	
Susan Sturm	

Person Name	Explanation
Daniel Yohannes	
David Engleberg	
Steve Arent	
Law rence A Fain	
Michael Feiner	
Roger Gibson	

Person Name	Explanation
Michael K Schonbrun	
Joseph S Davis	
Edward A Robinson	

TY 2005 Depreciation and Depletion Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 05000240

Software Version: v1.00

Asset	Amount
All Assets	4,611,017

TY 2005 Gain/Loss from Sale of Public Securities Schedule**Name:** NATIONAL JEWISH MEDICAL AND RESEARCH CENTER**EIN:** 74-2044647**Software ID:** 05000240**Software Version:** v1.00**Gross Sales Price:** 28,766,000**Basis:** 26,717,809**Sales Expenses:** 0**Total (net):** 2,048,191

TY 2005 Investments - Securities Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 05000240

Software Version: v1.00

Description	Book Value	Cost/FMV
Assets Held By Trustees	6,467,000	F
Long Term Investment	39,471,000	F
Marketable Securities - Restricted	547,000	F
Assets Reserved For Gift Annuities	12,173,000	F
Beneficial Interest Under Perpetual Trust Agreement	6,895,000	F
Internally Designated Assets	33,056,000	F

TY 2005 Land etc. Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 05000240

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Buildings	82,227,000	38,418,000	43,809,000
Construction in Progress	17,102,000	0	17,102,000
Equipment and Software	41,343,000	33,961,000	7,382,000
Land	3,498,000	0	3,498,000

TY 2005 Other Assets Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 05000240

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Current Assets-Others	1,565,000	1,709,000
Bond Issuance Costs	717,000	687,000
Other	542,000	538,000
Contribution Receivable Under Unitrust Agreements	6,479,000	4,162,000
Goodwill	1,289,000	1,211,000

Additional Data**Software ID:** 05000240**Software Version:** v1.00**EIN:** 74-2044647**Name:** NATIONAL JEWISH MEDICAL AND RESEARCH CENTER**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Insurance & Taxes	43a	613,657	3,022	592,495	18,140
b Recruitment	43b	285,849	9,056	276,668	125
c Research Subject Fees	43c	412,562	412,562	0	0
d Books & Periodicals	43d	107,689	88,140	14,108	5,441
e Dues & Memberships	43e	193,753	73,265	117,204	3,284
f Capital Costs	43f	742,287	742,287	0	0
g Professional Fees	43g	4,712,607	3,141,484	1,468,191	102,932
h External Medical Fees	43h	1,220,063	1,170,063	50,000	0
i Other	43i	1,625,235	1,050,350	446,410	128,475
j Temporary Help	43j	438,313	376,308	41,329	20,676
k Collaborative Agreements	43k	3,617,165	3,617,165	0	0
l Patient Research Costs	43l	587,524	587,524	0	0
m Bad Debt Expense	43m	1,225,624	1,225,624	0	0
n Income Taxes	43n	79,370	79,370	0	0

TY 2005 Other Liabilities Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 05000240

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Liability Under Annuity Contracts	14,018,000	14,468,000
Capital Leases	8,000	0
Liability Under Unitrust Agreements	811,000	948,000
Estimated 3rd Party Payor Settlements	539,000	653,000

TY 2005 Other Changes in Net Assets Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 05000240

Software Version: v1.00

Description	Amount
Unrealized gain - unrestricted	145,000
Unrealized gain - temporarily restricted	77,000
Unrealized gain - permanently restricted	1,064,000

TY 2005 Relationship Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 05000240

Software Version: v1.00

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Donald Silversmith	Board Member	Joseph Silversmith Jr	Board Member	Family
William Gold II	Board Member	William Gold III	Board Member	Family
Steven M Kaufman	Board Member	Edward Robinson	Board Member	Family
Martin Semple	Board Member	Joseph Silversmith Jr	Board Member	Family

TY 2005 Special Events Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 05000240

Software Version: v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
New York Real Estate Dinner	2,123,400	1,897,860	225,540	444,030	-218,490
New York Finance Dinner	588,775	487,115	101,660	125,681	-24,021
Other Events (includes dinners and golf tournaments)	1,879,808	1,412,648	467,160	1,511,029	-1,043,869
Denver Dinner	1,191,429	1,046,009	145,420	447,763	-302,343

TY 2005 Tax-Exempt Bond Liabilities Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 05000240

Software Version: v1.00

Item No.	1
Name of Issue	Series 1998
Purpose	Capital construction and renovation
Amount Outstanding	27822000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	Series 2005
Purpose	Construction of Iris and Michael Smith building
Amount Outstanding	13500000
Unexpeded Bond Proceeds	1557000
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	1998B
Purpose	Upgrading of National Jewish PowerHouse building
Amount Outstanding	4956000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2005 Non Electing Public Charities Statement

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 05000240

Software Version: v1.00

Statement: National Jewish is continually expanding its research programs. To assist with this goal, representatives of National Jewish identify potential sources of funding, then market and promote National Jewish research scientists and programs as worthy recipients of these funds. The marketing efforts can include working with the various congressional representatives and agencies that oversee research funding and the grant request process.

TY 2005 Compensation Explanation**Name:** NATIONAL JEWISH MEDICAL AND RESEARCH CENTER**EIN:** 74-2044647**Software ID:** 05000240**Software Version:** v1.00

Person Name	Explanation
Barbara Gallagher	
Blanca Lerman	
Marvin Moskowitz	
Meyer M Saltzman	
Donald Silversmith	
William Gold	

TY 2005 Self Dealing Statement

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 05000240

Software Version: v1.00

Line Number	Explanation
2d	National Jewish reimburses officers, key employees, and board members for expenses incurred on behalf of the organization, pursuant to National Jewish travel and expenditure policies. National Jewish compensates its officers and key employees. This information is reported on Statement 12.










Line Number	Explanation
2c	National Jewish occasionally transacts business with firms whose owners or principals are on the Board of Directors at National Jewish. All prices paid for services are at fair market value. Total expenditures with these firms in fiscal year 2006 was \$392,858. National Jewish requires each board member, and employees who have significant purchasing authority, to sign a conflict of interest statement on an annual basis. These statements are reviewed by the Compliance Officer

Form 990, Part VI, Line 90a - List the states with which a copy of this return is filed:











List the states with which a copy of this return is filed

AL, CT, GA, MA, WI, AK, IL, MD, NJ, NM, OR, SC, TN, KY, OK, AZ, CA, DC, FL, KS, MS, NV, NC, OH, PA, WA, ME, MN, NH, NY, UT









Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Daniel Yohannes  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
David Engleberg  1400 Jackson St Denver, CO 80206	Chair & Member, BOD 2	0	0	0
Steve Arent  1400 Jackson St Denver, CO 80206	Chair-Elect, BOD 2	0	0	0
Lawrence A Fain  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Michael Feiner  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Roger Gibson  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Michael K Schonbrun  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Joseph S Davis  1400 Jackson St Denver, CO 80206	Emeritus Member, BOD 2	0	0	0
Edward A Robinson  1400 Jackson St Denver, CO 80206	Emeritus Member, BOD 2	0	0	0











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Evan H Zucker  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Leonard M Perlmutter  1400 Jackson St Denver, CO 80206	Emeritus Member, BOD 2	0	0	0
Christine K Forkner  1400 Jackson St Denver, CO 80206	CFO, Ass't Secretary 50	227,612	25,091	0
Robin Chotin  1400 Jackson St Denver, CO 80206	Secretary, BOD 2	0	0	0
Margaret Allon  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Paulette Brody  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Steven Kaufman  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Mariner Kemper  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Ronald E Montoya  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Carole Schwartz  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0











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Barbara Gallagher  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Blanca Lerman  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Marvin Moskowitz  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Meyer M Saltzman  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Donald Silversmith  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
William Gold  1400 Jackson St Denver, CO 80206	Emeritus Member, BOD 2	0	0	0
Joseph H Silversmith Jr  1400 Jackson St Denver, CO 80206	Emeritus Member, BOD 2	0	0	0
Michael Salem MD 1400 Jackson St Denver, CO 80206	Pres/CEO start 9/05 50	335,256	2,737	11,250
Richard Johnston MD 1400 Jackson St Denver, CO 80206	EVP Aca Affairs 20	154,900	2,475	0
Carol Gibson  1400 Jackson St Denver, CO 80206	VP, Development 50	165,248	15,481	0











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David Tinkelman MD  1400 Jackson St Denver, CO 80206	VP Hlth Initiatives 50	335,999	21,362	0
Burton Tansky  1400 Jackson St Denver, CO 80206	Chair, Trustees 2	0	0	0
Bruce Deifik  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Martin Richard MD  1400 Jackson St Denver, CO 80206	Chairman, Medicine 50	341,365	23,951	0
Jim Berenbaum  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Norman Brownstein  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Clifford Holtz  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
James D Kuhn  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Richard Schierburg  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Martin Semple  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0

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(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Larry Silverstein  1400 Jackson St Denver, CO 80206	Treasurer 2	0	0	0
Rich Baer  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
David Ehrlich  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Joel Farkas  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Lawrence Gelfond  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
William Gold III  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
A Barry Hirschfeld  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Mark M King  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Robert L Mettler  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Susan Sturm  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0

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Marc D Steron  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Debra Tuchman  1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Philip H Karsh  1400 Jackson St Denver, CO 80206	Emeritus Member, BOD 2	0	0	0
Richard B Tucker  1400 Jackson St Denver, CO 80206	Emeritus Member, BOD 2	0	0	0
Lynn Taussig MD  1400 Jackson St Denver, CO 80206	Pres/CEO ret 01/06 50	706,834	77,493	4,333
Gary Cott MD  1400 Jackson St Denver, CO 80206	EVP Med/Clinical Svs 50	233,696	24,580	0
J Verne Singleton  1400 Jackson St Denver, CO 80206	EVP/CAO, Asst Treas 50	313,325	26,364	0
Gelfand Erwin MD  1400 Jackson St Denver, CO 80206	Chairman, Pediatrics 50	303,567	23,502	0
Cambier John  1400 Jackson St Denver, CO 80206	Chairman, Immunology 25	54,530	0	0
Tom Gart  1400 Jackson St Denver, CO 80206	Vice Chair , BOD 2	0	0	0