

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)

2006

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 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER. Address: 1400 JACKSON STREET, DENVER, CO 80206

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

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: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 191,354,930

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, 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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23 Specific assistance to individuals (attach schedule)	0	0		
24 Benefits paid to or for members (attach schedule)	0	0		
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	3,034,224	1,676,376	1,161,111	196,737
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	0	0	0	0
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b and c	65,189,898	50,929,275	12,680,188	1,580,435
27 Pension plan contributions not included on lines 25a, b and c	0	0	0	0
28 Employee benefits not included on lines 25a - 27	7,111,605	5,326,452	1,495,306	289,847
29 Payroll taxes	4,479,482	3,355,044	941,868	182,570
30 Professional fundraising fees	50,113	0	0	50,113
31 Accounting fees	142,046	0	141,700	346
32 Legal fees	915,668	4,140	901,306	10,222
33 Supplies	13,650,538	12,087,530	1,488,146	74,862
34 Telephone	324,007	188,922	68,059	67,026
35 Postage and shipping	1,462,911	766,009	149,815	547,087
36 Occupancy	2,685,382	255,134	2,090,764	339,484
37 Equipment rental and maintenance	3,482,253	1,713,488	1,735,374	33,391
38 Printing and publications	1,840,083	1,032,578	152,749	654,756
39 Travel	1,205,487	939,051	128,221	138,215
40 Conferences, conventions, and meetings	500,722	404,892	89,488	6,342
41 Interest	2,117,280	1,585,801	445,185	86,294
42 Depreciation, depletion, etc (attach schedule)	4,908,277	3,676,203	1,032,028	200,046
43 Other expenses not covered above (itemize)				
a See Additional Data Table				
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	131,689,000	98,597,930	28,325,105	4,765,965

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 Medical Research, General/Other National Jewish Medical & Research Center is known worldwide for treatment of patients with respiratory, immune, and related disorders, and for groundbreaking medical research. Founded in 1899 as a nonsectarian, nonprofit hospital for respiratory patients, National Jewish remains the only facility in the world dedicated exclusively to these disorders. Patient information for fiscal year July 1, 2006 through June 30, 2007: inpatient days 534, average inpatient length of stay 5.88 days, average number of day program patients 12.73 days, total number of outpatient visits 31,276. In its 2007 guide to "America's Best Hospitals," U.S. News & World Report ranked National Jewish as the best respiratory hospital in the nation for ten consecutive years. The rankings are based on various objective criteria as well as surveys of board-certified pulmonologists from around the nation. In January 2007 the National Jewish Board of Directors approved a new strategic plan, Decade of Innovation Strategic Plan 2017, which lays out a vision of personalized medicine and the steps necessary to achieve that vision. Personalized medicine refers to use of advances in genetics, proteomics, imaging and disease biology to develop a personal profile of each patient, which helps guide caregivers through initial risk assessments, prevention, tracking and customized care. The focus will be to integrate our research and clinical efforts at the point of the patient, so that each patient can take advantage of the latest innovative research. In May 2007 National Jewish opened the Iris and Michael Smith Clinics and Laboratories, a six-story, 90,000-square-foot building that houses clinical space on the first three floors and research laboratories on the top three floors. Construction was funded through a \$13.5 million adjustable-rate, tax-exempt bond issue, proceeds of the Road Ahead capital campaign, and National Jewish cash reserves. The White House Office of National Drug Control Policy (ONDCP) cited National Jewish for "outstanding contributions and significant accomplishments in advancing research and knowledge of methamphetamine's consequences," for research led by John Martyny, PhD, into chemical exposures associated with clandestine methamphetamine laboratories. National Jewish faculty, which numbers approximately 136 members, published over 250 research papers in scientific and medical journals during the past year in topics including asthma, atopic dermatitis, peanut allergies, autoimmune diseases, stroke and diabetes. 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 2007, National Jewish was awarded over \$38 million in research grants to fund 285 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. (0 Clients)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>98,597,930</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)</p> <p>(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) <input type="checkbox"/></p>	<p>98,597,930</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		5,523,000	45	1,404,000	
	46 Savings and temporary cash investments		13,358,000	46	7,204,000	
	47a Accounts receivable	47a	17,933,000			
	b Less allowance for doubtful accounts	47b	7,882,000	7,224,000	47c	10,051,000
	48a Pledges receivable	48a	13,159,000			
	b Less allowance for doubtful accounts	48b	2,884,000	9,804,000	48c	10,275,000
	49 Grants receivable		3,730,000	49	5,550,000	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		0	50b	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		893,000	52	667,194	
	53 Prepaid expenses and deferred charges		638,000	53	750,000	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		89,479,000	54a	96,021,000	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		9,130,000	54b	10,922,000	
55a Investments—land, buildings, and equipment basis	55a	1,913,000				
b Less accumulated depreciation (attach schedule)	55b	0	0	55c	1,913,000	
56 Investments—other (attach schedule)		0	56	0		
57a Land, buildings, and equipment basis	57a	156,901,000				
b Less accumulated depreciation (attach schedule)	57b	75,400,000	71,791,000	57c	81,501,000	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		8,307,000	58	11,073,000		
59 Total assets (must equal line 74) Add lines 45 through 58		219,877,000	59	237,331,194		
Liabilities	60 Accounts payable and accrued expenses		17,940,000	60	19,705,000	
	61 Grants payable		0	61	0	
	62 Deferred revenue		282,000	62	751,000	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0	
	64a Tax-exempt bond liabilities (attach schedule)		46,278,000	64a	45,169,000	
	b Mortgages and other notes payable (attach schedule)		0	64b	0	
	65 Other liabilities (describe <input type="checkbox"/> _____)		16,069,000	65	12,746,000	
66 Total liabilities Add lines 60 through 65		80,569,000	66	78,371,000		
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		76,918,000	67	94,939,194	
	68 Temporarily restricted		26,934,000	68	23,585,000	
	69 Permanently restricted		35,456,000	69	40,436,000	
	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 and column (B) must equal line 21)		139,308,000	73	158,960,194	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		219,877,000	74	237,331,194	

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	151,341,194
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	3,483,000
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	3,483,000
c	Subtract line b from line a	c	147,858,194
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	3,483,000
e	Total revenue (Part I, line 12) Add lines c and d	e	147,858,194

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

a	Total expenses and losses per audited financial statements	a	131,689,000
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	0
2	Prior year adjustments reported on Part I, line 20	b2	0
3	Losses reported on Part I, line 20	b3	0
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	131,689,000
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (Part I, line 17) Add lines c and d	e	131,689,000

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 (continued)

Table with 3 columns: Question (75a, 75b, 75c, 75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 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? 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 the organization? 75d: Does the organization have a written conflict of interest policy?

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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76, 77, 78a, 78b, 79, 80a, 81a, 81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 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? 81a: Enter direct or indirect political expenditures (See line 81 instructions). 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Yes No

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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006
91a The books are in care of Chief Financial Officer Telephone no
91b 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

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, membership dues, interest, dividends, net rental income, gain/loss from sales, and other revenue.

105 Total (add line 104, columns (B), (D), and (E)) 73,248,704

Note: Line 105 plus line 1e, 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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

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.		
	_____ Signature of officer	2008-01-15 Date	
	Christine Forkner Chief Financial Officer Type or print name and title		

Paid Preparer's Use Only	Preparer's signature _____	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 _____			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

2006

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 2 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
Lynch David MD 1400 Jackson Street DENVER, CO 80206	Sr MD/Faculty Member 40	300,759	8,751	0
Schwartz Michael MD 1400 Jackson Street DENVER, CO 80206	Sr MD/Faculty Member 40	241,713	7,425	14,603
Alam Rafeul MD 1400 Jackson St Denver, CO 80206	Sr MD/Faculty Member 40	246,527	27,950	0
Newell John MD 1400 Jackson Street DENVER, CO 80206	Sr MD/Faculty Member 40	301,082	8,751	0
Hale Valerie MD 1400 Jackson Street DENVER, CO 80206	Sr MD/Faculty Member 40	300,289	2,376	0
Total number of other employees paid over \$50,000	528			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals 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	203,845
UCHSC Graduate Medical Education Dept 388 4200 E 9th Ave Denver, CO 80291	Fellows	988,305
Sheridan Ross 1560 Broadway Suite 1200 Denver, CO 80202	Legal Services	267,791
Ultra Imaging Inc 1440 Voorhees Ranch Way Castle Rock, CO 80109	Contract Radiologist	399,090
University Physicians Inc 5250 Leetsdale Drive Suite 119 Denver, CO 802221451	Physician Services	361,407
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 individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Primesource Staffing 600 Grant Street 350 Denver, CO 80203	Temp Services	648,789
Pegus Research Inc 1425 South 700 East Salt Lake City, UT 84105	Consultant	200,116
Peopledcom Inc 4925 Robert J Mathews Parkway 100 El Dorado Hills, CA 95762	Consultant	429,444
Weitz Company Inc 4725 S Monaco Street 100 Denver, CO 80237	Construction Services	438,563
Hospital Shared Services 1395 S Platte River Drive Denver, CO 802233467	Support Services	745,373
Total number of other contractors receiving over \$50,000 for other services	13	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>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>143,283</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1	Yes	
<p>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.) 🗨</p>			
<p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 🗨</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** 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** 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** 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** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 2002 through 2005 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 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 11b, 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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
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 2002 through 2005, 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?		
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?		
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)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
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?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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— 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		
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 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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

	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements		No	
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		143,283
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines c through h.)			143,283

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

Additional Data

Software ID: 06000173

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 Recruitment	43a	286,889	4,991	281,598	300
b Patient Research Costs	43b	623,649	623,649	0	0
c Income Taxes	43c	64,271	64,271	0	0
d Professional Fees	43d	4,962,283	2,856,033	1,894,107	212,143
e Dues & Memberships	43e	235,418	94,718	137,974	2,726
f Other	43f	1,846,707	1,236,474	554,363	55,870
g Collaborative Agreements	43g	5,023,933	5,023,933	0	0
h Temporary Help	43h	919,500	832,694	65,247	21,559
i Insurance & Taxes	43i	637,003	17,006	611,064	8,933
j External Fees	43j	1,615,021	1,540,328	70,000	4,693
k Research Subject Fees	43k	353,360	353,360	0	0
l Bad Debt Expense	43l	1,379,419	1,379,419	0	0
m Capital Costs	43m	563,660	563,660	0	0
n Books & Periodicals	43n	77,911	66,499	9,444	1,968

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
Gary Cott MD 1400 Jackson St Denver, CO 80206	EVP Med/Clinical Svs 50	249,068	26,348	0
David Tinkelman MD 1400 Jackson St Denver, CO 80206	VP Hlth Initiatives 50	354,993	24,881	0
Christine K Forkner 1400 Jackson St Denver, CO 80206	CFO, Ass't Secretary 50	255,847	27,271	0
Richard Martin MD 1400 Jackson St Denver, CO 80206	Chairman, Medicine 50	372,222	25,081	0
Burton Tansky 1400 Jackson St Denver, CO 80206	Chair, Trustees 2	0	0	0
Steve Arent 1400 Jackson St Denver, CO 80206	Chair, BOD 2	0	0	0
Tom Gart 1400 Jackson St Denver, CO 80206	Vice Chair, BOD 2	0	0	0
Robin Chotin 1400 Jackson St Denver, CO 80206	Secretary, BOD 2	0	0	0
Rich Baer 1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Jim Berenbaum 1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0

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
Paulette Brody 1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Bruce Deifik 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
A Barry Hirschfeld 1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Jim Kuhn 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
Richard Schierburg 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
Michael Salem MD  1400 Jackson St Denver, CO 80206	Pres/CEO 50	506,304	4,893	15,000

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
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
Evan H Zucker 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
Philip H Karsh 1400 Jackson St Denver, CO 80206	Emeritus Member, BOD 2	0	0	0
Leonard M Perlmutter 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
Erwin Gelfand MD 1400 Jackson St Denver, CO 80206	Chairman, Pediatrics 50	341,715	24,918	0
Sue Allon 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

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
Clifford Holtz 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
Blanca Lerman 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
Susan Sturm 1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Daniel Yohannes 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
Joseph H Silversmith Jr 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
John Cambier 1400 Jackson Street DENVER, CO 80206	Chair Integrated Dept of Immunology 50	56,630	0	0

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
Lawrence Gelfond 1400 Jackson Street DENVER, CO 80206	Member, BOD 2	0	0	0
Steve Siegel 1400 Jackson Street DENVER, CO 80206	Co-Chair, Council of National Trustees 2	0	0	0
Wendy Siegel 1400 Jackson Street DENVER, CO 80206	Co-Chair, Council of National Trustees 2	0	0	0
Norman Brownstein 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
Barbara Gallagher 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
Greg Downey 1400 Jackson Street DENVER, CO 80206	Exec VP Academic Affairs 50	195,193	5,327	0
J Verne Singleton 1400 Jackson St Denver, CO 80206	EVP/CAO, Asst Treas (Termed 5/2/07) 50	328,606	23,190	0
David Engleberg 1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0

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
Roger Gibson 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
Robert L Mettler 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
Carol Gibson 1400 Jackson St Denver, CO 80206	VP, Development 50	179,260	17,477	0
Martin Semple 1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Geraldine Cohen 1400 Jackson Street DENVER, CO 80206	Member, BOD 2	0	0	0

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

TY 2006 Compensation Explanation

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Person Name	Explanation
Michael Salem MD	Car Allow ance

TY 2006 Depreciation and Depletion Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Asset	Amount
All Assets	4,908,277

TY 2006 Gain/Loss from Sale of Public Securities Schedule**Name:** NATIONAL JEWISH MEDICAL AND RESEARCH CENTER**EIN:** 74-2044647**Software ID:** 06000173**Software Version:** v1.00**Gross Sales Price:** 45,392,430**Basis:** 40,229,741**Sales Expenses:** 0**Total (net):** 5,162,689

TY 2006 Investments - Land Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land Held for Sale	1,913,000	0	1,913,000

TY 2006 Investments - Securities Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Description	Book Value	Cost/FMV
Funds of Funds	7,132,000	F
Private Capital	624,000	F
Commodities	3,166,000	F

TY 2006 Land etc. Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	3,460,000	0	3,460,000
Buildings	108,036,000	40,835,462	67,200,538
Equipment & Software	45,351,000	34,564,538	10,786,462
Construction in Progress	54,000	0	54,000

TY 2006 Other Assets Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Current Assets-Others	1,709,000	3,840,000
Bond Issuance Costs	687,000	659,000
Other	538,000	463,000
Contribution Receivable Under Unitrust Agreements	4,162,000	4,977,000
Goodwill	1,211,000	1,134,000

TY 2006 Other Changes in Net Assets Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Description	Amount
Unrealized Gain - Permanently Restricted	1,349,000
Unrealized Gain - Temporarily Restricted	333,000
Unrealized Gain - Unrestricted	1,801,000

TY 2006 Other Liabilities Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Liability Under Unitrust Agreements	948,000	698,000
Liability Under Annuity Contracts	14,468,000	11,657,000
Estimated 3rd Party Payor Settlements	653,000	391,000

TY 2006 Relationship Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Jim Berenbaum	Board Member	LLC involved in small oil wells		Patial ow ner of LLP that is a partial ow ner of the LLC w ith another board member
Will Gold III	Board Member	Bill Gold	Board Member	Son-Father - As Son and Father they have investment entities as well as a shared interest in a children's clothing store
Bill Gold	Board Member	Will Gold III	Board Member	Father-Son - As father and Son they have investment entities as well as a shared investment in a children's clothing store
Joe Silversmth	Board Member	Martin Semple	Board Member	Mr Silversmth's daughter is married to Mr Semple
Edw ard Robinson	Board Member	Steve Kaufmann	Board Member	Mr Robinson's daughter is married to Mr Kaufmann

TY 2006 Special Events Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
New York Real Estate Dinner	2,475,819	2,203,569	272,250	459,903	-187,653
New York Finance Dinner	417,855	339,855	78,000	128,214	-50,214
Other Events (Includes Dinners & Golf Tournaments)	3,361,859	2,727,289	634,570	2,174,237	-1,539,667
Denver Beaux Arts Ball	1,390,531	1,174,531	216,000	504,641	-288,641

TY 2006 Tax-Exempt Bond Liabilities Schedule

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Item No.	1
Name of Issue	Revenue Bonds, Series 2005
Purpose	Construction of Iris and Michael Smith Building
Amount Outstanding	13200000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	Revenue Bonds, Series 1998
Purpose	Capital Construction and Renovation
Amount Outstanding	27130000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	Revenue Bonds, Series 1998B
Purpose	Upgrading of National Jewish Power House Building
Amount Outstanding	4839000
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2006 Non Electing Public Charities Statement

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Statement: National Jewish Medical and Research Center is continually expanding its research programs. To assist with this goal, representatives of National Jewish Medical and Research Center identify potential sources of funding, then market and promote National Jewish Medical and Research Center 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 2006 Self Dealing Statement

Name: NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

EIN: 74-2044647

Software ID: 06000173

Software Version: v1.00

Line Number	Explanation
2c	National Jewish Medical and Research Center occasionally transacts business with firms whose owners or principals are on the Board of Directors at National Jewish Medical and Research Center. All prices paid for services are at fair market value. Total expenditures with these firms are in fiscal year 2007 was \$365,709. National Jewish Medical and Research Center requires each board member, and employees that have significant purchasing authority, to sign a conflict of interest statement on an annual basis. These statements are reviewed by the Compliance Officer.

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No 1545-1870

For calendar year 2006, or tax year beginning 7/1/2006, and ending 6/30/2007

2006

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

NATIONAL JEWISH MEDICAL AND RESEARCH CENTER

Employer identification number

74 2044647

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	\$147,858,194
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

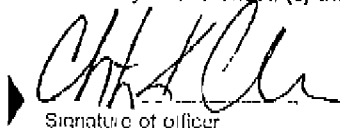
Part II Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here



Signature of officer

1/23/08
Date


Christine Forkner, Chief Financial Office
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN Phone no ()

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN Phone no ()

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Out No 56805Q

Form **8453-EO** (2006)