

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)

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

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

C Name of organization: NATIONAL JEWISH HEALTH. Number and street: 1400 JACKSON STREET. City or town: 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).

- 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?

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 212,786,138

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 (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-c), Other investment income (7), Gross amount from sales of assets (8a-c), Special events (9a-c), Gross sales of inventory (10a-c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

Part III 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
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)	3,415,390	2,105,507	1,071,589	238,294
b	Compensation of former officers, directors, key employees etc listed in Part V - B (attach schedule)	220,641	0	220,641	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	77,393,997	61,771,542	13,752,200	1,870,255
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	8,654,902	6,654,575	1,661,805	338,522
29	Payroll taxes	5,433,411	4,177,637	1,043,255	212,519
30	Professional fundraising fees	42,679	0	0	42,679
31	Accounting fees	153,255	0	152,500	755
32	Legal fees	238,343	5,360	230,483	2,500
33	Supplies	15,913,821	13,716,499	2,115,758	81,564
34	Telephone	419,042	303,423	44,070	71,549
35	Postage and shipping	2,098,297	955,697	228,088	914,512
36	Occupancy	3,217,717	529,747	2,306,048	381,922
37	Equipment rental and maintenance	3,678,853	1,791,317	1,862,702	24,834
38	Printing and publications	2,112,983	960,364	196,268	956,351
39	Travel	1,349,090	1,032,504	127,372	189,214
40	Conferences, conventions, and meetings	524,298	481,695	29,838	12,765
41	Interest	2,432,768	1,870,505	467,109	95,154
42	Depreciation, depletion, etc (attach schedule)	6,740,787	5,182,851	1,294,281	263,655
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)	158,540,915	120,367,138	31,830,404	6,343,373

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 Health Care Programs, General/Other National Jewish Health 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 tuberculosis patients, National Jewish remains the only facility in the world dedicated exclusively to these disorders. Patient information for fiscal year July 1, 2007 through June 30, 2008: inpatient days 343, average inpatient length of stay 7.16 days, average number of day program patients 18.83 days, total number of outpatient visits 41,040. In its 2008 guide to "America's Best Hospitals," U.S. News & World Report ranked National Jewish as the best respiratory hospital in the nation for the eleventh year in a row. The rankings are based on various objective criteria as well as surveys of board-certified pulmonologists from around the nation. In July 2008, National Jewish Medical and Research Center, changed its name to National Jewish Health, with a brand promise, Science Transforming Life, to symbolize its strategic plan to pioneer the field of personalized, preventive medicine. During the course of the year, it opened three new satellite offices, which will serve as the institutional pillars for that plan. The Institute for Advanced Biomedical Imaging, opened in partnership with Siemens Healthcare, brought state-of-the-art imaging technology to National Jewish Health patients and researchers. The Integrated Bioinformation and Specimen Center brings together vast amounts of invaluable data and tissue samples into a combined, linked database, which will serve as a powerful research resource. The Center for Genetics and Therapeutics will drive genetic discovery at National Jewish Health, which is at the center of our plan to pioneer personalized medicine. National Jewish Health also opened the Minimally Invasive Diagnostic Center, featuring groundbreaking interventional bronchoscopy by Ali Musani, MD. National Jewish also launched FitLogix, a telephonic weight management program. National Jewish received a \$25 million NIH grant for the largest study ever of the genetic and epidemiological characteristics of patients with chronic obstructive pulmonary disease. National Jewish faculty, which numbers approximately 215 members, published 162 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. (0 Clients)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>120,367,138</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)</p>	<p>120,367,138</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		1,404,000	45	1,032,750	
	46 Savings and temporary cash investments		7,204,000	46	3,378,250	
	47a Accounts receivable	47a	23,619,000			
	b Less allowance for doubtful accounts	47b	10,631,000	10,051,000	47c	12,988,000
	48a Pledges receivable	48a	12,476,000			
	b Less allowance for doubtful accounts	48b	2,815,000	10,275,000	48c	9,661,000
	49 Grants receivable		5,550,000	49	5,383,000	
	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		667,194	52	1,121,000	
	53 Prepaid expenses and deferred charges		750,000	53	856,000	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		96,021,000	54a	94,579,061	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		10,922,000	54b	5,468,939	
55a Investments—land, buildings, and equipment basis	55a	0				
b Less accumulated depreciation (attach schedule)	55b	0	1,913,000	55c	0	
56 Investments—other (attach schedule)		0	56	0		
57a Land, buildings, and equipment basis	57a	175,682,000				
b Less accumulated depreciation (attach schedule)	57b	80,671,000	81,501,000	57c	95,011,000	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		11,073,000	58	11,555,450		
59 Total assets (must equal line 74) Add lines 45 through 58		237,331,194	59	241,034,450		
Liabilities	60 Accounts payable and accrued expenses		19,705,000	60	20,428,000	
	61 Grants payable		0	61	0	
	62 Deferred revenue		751,000	62	749,000	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0	
	64a Tax-exempt bond liabilities (attach schedule)		45,169,000	64a	44,019,000	
	b Mortgages and other notes payable (attach schedule)		0	64b	0	
	65 Other liabilities (describe <input type="checkbox"/> _____)		12,746,000	65	25,659,000	
66 Total liabilities Add lines 60 through 65		78,371,000	66	90,855,000		
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		94,939,194	67	89,779,450	
	68 Temporarily restricted		23,585,000	68	18,110,000	
	69 Permanently restricted		40,436,000	69	42,290,000	
	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)		158,960,194	73	150,179,450	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		237,331,194	74	241,034,450	

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	149,760,171
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-8,963,000
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	-8,963,000
c	Subtract line b from line a	c	158,723,171
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	-8,963,000
e	Total revenue (Part I, line 12) Add lines c and d	e	158,723,171

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

a	Total expenses and losses per audited financial statements	a	158,540,915
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	158,540,915
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	158,540,915

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 <u>40</u>		
b 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)	75b Yes	
c 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? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	No
d Does the organization have a written conflict of interest policy?	75d 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 (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
J Verne Singleton 1400 JACKSON STREET DENVER, CO 80206	0	220,641	0	0

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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	
b 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 _____ _____ 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 <u>0</u>		
b Did the organization file Form 1120-POL for this year?	81b	No

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, 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, 2007
91a The books are in care of Chief Financial Officer Telephone no
1400 Jackson St
Located at Denver, CO ZIP + 4
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)

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 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, rental income, and other revenue.

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)

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
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?			

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 _____ Christine Forkner Chief Financial Officer Type or print name and title	2008-12-17 Date

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

2007

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL JEWISH HEALTH

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
Newell John MD 1400 Jackson Street DENVER, CO 80206	Sr MD/Faculty Member 40	315,178	16,198	0
Lynch David MD 1400 Jackson Street DENVER, CO 80206	Sr MD/Faculty Member 40	314,599	16,198	0
Hale Valerie MD 1400 Jackson Street DENVER, CO 80206	Sr MD/Faculty Member 40	311,180	11,737	0
Schwartz Michael MD 1400 Jackson Street DENVER, CO 80206	Sr MD/Faculty Member 40	297,498	9,260	0
Howard Weinberger MD 1400 Jackson St Denver, CO 80206	Sr MD/Faculty Member 40	337,234	9,321	0
Total number of other employees paid over \$50,000	544			

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	355,634
Sheridan Ross 1560 Broadway Suite 1200 Denver, CO 80202	Legal Services	257,009
Cossette Communications 415 Madison Avenue New York, NY 10017	Advertising/Marketing	444,700
UCHSC Graduate Medical Education Dept 388 4200 E 9th Ave Denver, CO 80291	Fellows	1,112,467
Merkle Domain PO Box 64897 Columbia, MD 21264	Fundraising	233,600
Total number of others receiving over \$50,000 for professional services	15	

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 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Hospital Shared Services 1395 South Platte River Drive Denver, CO 802233467	Support Services	807,501
Aspenware Inc 6000 Greenwood Place Boulevard Englewood, CO 80111	Customized Software	1,264,832
Office Team File 73484 PO Box 6000 San Francisco, CA 941603484	Staffing Services	434,964
Weitz Company Inc 4725 South Monaco Street Suite 100 Denver, CO 80237	Construction Services	622,822
Primesource Staffing 600 Grant Street Suite 350 Denver, CO 80203	Staffing	806,519
Total number of other contractors receiving over \$50,000 for other services	23	

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>135,706</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) 2006	(b) 2005	(c) 2004	(d) 2003	(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 _____			26d
	22 _____	26b _____			26e
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 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 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— 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 11 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) 2007	(b) 2006	(c) 2005	(d) 2004	(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

	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		135,706
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines c through h.)			135,706

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 12 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

Additional Data

Software ID: 07000149

Software Version: v1.00

EIN: 74-2044647

Name: NATIONAL JEWISH HEALTH


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 and Taxes	43a	718,993	13,413	695,111	10,469
b Books & Periodicals	43b	73,503	64,219	8,049	1,235
c Professional Fees	43c	5,993,934	3,176,379	2,361,636	455,919
d Dues and Memberships	43d	264,143	97,428	162,657	4,058
e Other	43e	2,817,114	1,528,601	1,161,058	127,455
f Temporary Help	43f	1,812,598	1,490,677	274,728	47,193
g Recruitment	43g	368,965	6,346	362,619	0
h Bad Debt Expense	43h	2,045,352	2,045,352	0	0
i Research Subject Fees	43i	540,984	540,984	0	0
j External Fees	43j	2,376,685	2,376,146	539	0
k Capital Costs	43k	600,171	600,171	0	0
l Income Taxes	43l	88,709	88,709	0	0
m Patient Research Costs	43m	614,430	614,430	0	0
n Collaborative Agreements	43n	6,185,060	6,185,060	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
Geraldine Cohen 1400 Jackson St DENVER, CO 80206	Member, BOD 2	0	0	0
Gary Cott MD 1400 Jackson St Denver, CO 80206	EVP Med/Clinical Svs 50	269,903	27,193	0
Ron Berge 1400 Jackson St Denver, CO 80206	COO 50	116,354	3,087	0
Richard Martin MD 1400 Jackson St Denver, CO 80206	Chairman, Medicine 50	443,106	27,022	0
Erwin Gelfand MD 1400 Jackson St Denver, CO 80206	Chairman, Pediatrics 50	406,103	26,607	0
David Engleberg 1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Steve Arent 1400 Jackson St Denver, CO 80206	Chair, BOD 2	0	0	0
Robin Chotin 1400 Jackson St Denver, CO 80206	Secretary, BOD 2	0	0	0
Jim Berenbaum 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


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
Barbara Gallagher 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
Mariner Kemper 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
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
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	603,590	38,538	15,000
Marc D Steron 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

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
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
David Tinkelman MD 1400 Jackson St Denver, CO 80206	VP Hlth Initiatives 50	405,393	25,744	0
Burton Tansky 1400 Jackson St Denver, CO 80206	Chair, Trustees 2	0	0	0
Sue Allon 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
Paulette Brody 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
William Gold III 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

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
Richard Schierburg 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
Edward A Robinson 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 St DENVER, CO 80206	Chair Integrated Dept of Immunology 50	88,082	0	0
Lawrence Gelfond 1400 Jackson St DENVER, CO 80206	Member, BOD 2	0	0	0
Wendy Siegel 1400 Jackson St DENVER, CO 80206	Co-Chair, Council of National Trustees 2	0	0	0
Greg Downey  1400 Jackson St DENVER, CO 80206	Exec VP Academic Affairs 50	374,704	7,516	4,134
Christine K Forkner 1400 Jackson St Denver, CO 80206	CFO, Ass't Secretary 50	270,203	24,817	0
Tom Gart 1400 Jackson St Denver, CO 80206	Vice Chair, 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
Rich Baer 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
Jim Kuhn 1400 Jackson St Denver, CO 80206	Member, BOD 2	0	0	0
Carol Gibson 1400 Jackson St Denver, CO 80206	VP, Development 50	217,321	20,973	0
Donald Silversmith 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
A Barry Hirschfeld 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
Martin Semple 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
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
Steve Siegel 1400 Jackson St DENVER, CO 80206	Co-Chair, Council of National Trustees 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	NM, OH, OR, SC, WI, CA, GA, ME, MS, NH, OK, TN, UT, AL, AK, CT, DC, IL, KS, MD, MA, NV, NJ, NY, NC, PA, WA, AZ, FL, KY, MN
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TY 2007 Compensation Explanation

Name: NATIONAL JEWISH HEALTH

EIN: 74-2044647

Software ID: 07000149

Software Version: v1.00

Person Name	Explanation
Michael Salem MD	Car Allowance
Greg Downey	Reimbursement of Moving Expenses

TY 2007 Depreciation and Depletion Schedule

Name: NATIONAL JEWISH HEALTH

EIN: 74-2044647

Software ID: 07000149

Software Version: v1.00

Asset	Amount
All Assets	6,740,787

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** NATIONAL JEWISH HEALTH**EIN:** 74-2044647**Software ID:** 07000149**Software Version:** v1.00**Gross Sales Price:** 52,987,124**Basis:** 50,815,516**Sales Expenses:** 0**Total (net):** 2,171,608

TY 2007 Investments - Securities Schedule

Name: NATIONAL JEWISH HEALTH

EIN: 74-2044647

Software ID: 07000149

Software Version: v1.00

Description	Book Value	Cost/FMV
Private Capital	797,254	F
Funds of Funds	4,671,685	F

TY 2007 Land etc. Schedule

Name: NATIONAL JEWISH HEALTH

EIN: 74-2044647

Software ID: 07000149

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	3,475,000	0	3,475,000
Buildings	114,107,000	43,696,338	70,410,662
Construction in Progress	7,000	0	7,000
Equipment & Software	58,093,000	36,974,662	21,118,338

TY 2007 Other Assets Schedule**Name:** NATIONAL JEWISH HEALTH**EIN:** 74-2044647**Software ID:** 07000149**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Other	463,000	486,450
Current Assets-Others	3,840,000	4,521,000
Contribution Receivable Under Unitrust Agreements	4,977,000	4,828,000
Bond Issuance Costs	659,000	664,000
Goodwill	1,134,000	1,056,000

TY 2007 Other Changes in Net Assets Schedule

Name: NATIONAL JEWISH HEALTH

EIN: 74-2044647

Software ID: 07000149

Software Version: v1.00

Description	Amount
Unrealized Loss - Temporarily Restricted	-715,000
Unrealized Loss - Permanently Restricted	-3,221,000
Unrealized Loss - Unrestricted	-5,027,000

TY 2007 Other Liabilities Schedule

Name: NATIONAL JEWISH HEALTH

EIN: 74-2044647

Software ID: 07000149

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Capital Leases	0	13,000,000
Liability Under Annuity Contracts	11,657,000	11,417,000
Liability Under Unitrust Agreements	698,000	837,000
Estimated 3rd Party Payor Settlements	391,000	405,000

TY 2007 Relationship Schedule

Name: NATIONAL JEWISH HEALTH

EIN: 74-2044647

Software ID: 07000149

Software Version: v1.00

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Will Gold III	Board Member	Bill Gold	Board Member	Related - Family Shared business interest
Blanca Lerman	Board Member	Michael Feiner Roger Gibson Bill Gold and	Board Member	Common LLC investment and other investment interests
Stephen Arent	Board Member	Engleberg Farkas Schierburg	Board Member	Common investments
Bill Gold	Board Member	Will Gold III	Board Member	Related - Family Shared business interest
Edward Robinson	Board Member	Steve Kaufmann	Board Member	Related - Family
Stephen Siegel	Board Member	Wendy Siegel	Board Member	Spouse relationship
Joe Silversmith	Board Member	Martin Semple	Board Member	Related - Family

TY 2007 Special Events Schedule

Name: NATIONAL JEWISH HEALTH

EIN: 74-2044647

Software ID: 07000149

Software Version: v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
New York Finance Dinner	671,648	552,178	119,470	162,492	-43,022
Denver Beaux Arts Ball	2,137,710	1,962,710	175,000	597,305	-422,305
Other Events (Includes Dinners & Golf Tournaments)	2,492,276	2,087,736	404,540	2,043,131	-1,638,591
New York Real Estate Dinner	2,425,727	2,172,977	252,750	444,523	-191,773

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: NATIONAL JEWISH HEALTH

EIN: 74-2044647

Software ID: 07000149

Software Version: v1.00

Item No.	1
Name of Issue	Series 1998 Bond Issue
Purpose	Capital construction and renovation
Amount Outstanding	26402000
Unexpended Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	Series 1998B Bond Issue
Purpose	Upgrading of National Jewish Power House Building
Amount Outstanding	4717000
Unexpended Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	Series 2005 Bond Issue
Purpose	Construction of Iris and Michael Smith Building
Amount Outstanding	12900000
Unexpended Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2007 Non Electing Public Charities Statement

Name: NATIONAL JEWISH HEALTH

EIN: 74-2044647

Software ID: 07000149

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 2007 Self Dealing Statement

Name: NATIONAL JEWISH HEALTH

EIN: 74-2044647

Software ID: 07000149

Software Version: v1.00

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 are in fiscal year 2008 was \$624,357. National Jewish requires each board member, and employees that have purchasing authority, to sign a conflict of interest statement on an annual basis. These statements are reviewed by the Compliance Officer. Conflicts are reviewed no less than annually by the Audit Committee.
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.

*** 990 Online Filers: Please fax completed and signed form to 866-699-3916

Form 8453-EO	Exempt Organization Declaration and Signature for Electronic Filing	OMB No 1545-1870
		2007
For calendar year 2007, or tax year beginning <u>7/1/2007</u> , and ending <u>6/30/2008</u>		
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868		
Department of the Treasury Internal Revenue Service		
Name of exempt organization NATIONAL JEWISH HEALTH		Employer identification number 74 2044647
▶ See instructions on back.		

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.

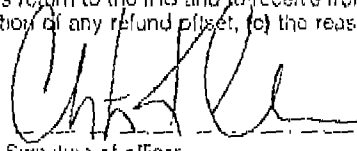
1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>\$158,723,171</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (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

6 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/D90 FZ/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 2007 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 acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund (if set), (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶  Date 1/14/09 ▶ Title Christine Forkner, Chief Financial Office

Signature of officer _____ Date _____ 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. ()