Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A F	or the	2009 caler	ndar yea	r, or tax year beginning	07-01-2009	and ending 06-30-20:	10			
B Ch	neck if a	applicable Pi	lease	C Name of organization NATIONAL JEWISH HEALT	-H			D Employer	ident	ification number
☐ Ad	dress cl	nange	se IRS ibel or	Doing Business As				74-2044 E Telephone		h au
∏ Na	me cha	ange <b>p</b> i	rint or /pe. See	Doing Business As						
┌ In	ıtıal retu	ırn Sı	pecific	Number and street (or P	O box if mail is	not delivered to street addr	ess) Room/suite	(303) 38		
Гте	mınate	ed ti	nstruc- ons.	1400 JACKSON STREET				<b>G</b> Gross recei	ots \$ 2	243,474,589
┌ An	nended	return		City or town, state or co	untry, and ZIP +	4		-		
┌ Ap	plication	n pending		DENVER, CO 80206						
			<b>F</b> Nam	ne and address of princ	ipal officer		H(a) Is t	<b></b> hıs a group ret	urn fo	or.
				I Salem MD				iates?	uiii id	TYes ▼No
				ackson St , CO 80206						
				,				all affiliates incl		?
I Ta	ax-exen	npt status	<b>√</b> 501(c)	(3) <b>◄</b> (insert no )	1947(a)(1) or <b>「</b>	527		oup exemption		
, v	/ebsit	e:⊫ www.n	atıonalje	wish org						
<b>K</b> For	m of or	rganization 🔽	Corporat	ion Trust Association	Other 🕨		L Year of	formation 1978	M St	tate of legal domicile CO
Pa	rt I	Summa								
Governance		National Jand for pre	ewish's f eventing	disease, 2) discover k	and provide in nowledge to e	nificant activities novative clinical progra nhance prevention, tre physicians, healthcare	atment and c	ures, through a	ın ınt	
ě										
	2	Check this	s box 🛏	f the organization dis	scontinued its	operations or dispose	d of more tha	n 25% of its ne	etass	sets
න් ග	3	Number of	fvoting n	nembers of the governi	ng body (Part	:VI, line 1a)		•	3 _	47
Activities &	4	Number of	fındepen	dent voting members o	of the governi	ng body (Part VI, line 1	b)	•	_	47
S S	5			nployees (Part V, line 2					_	1,898
∢	6			lunteers (estimate if no					_	132
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 . <b>b</b> Net unrelated business taxable income from Form 990-T, line 34								7a _ 7b	1,284,841 251,334
	b	Net unrela	itea busii	ness taxable income ir	om Form 990	-1, line 34	D=	ior Year	<del>/B</del>	,
	R	8 Contributions and grants (Part VIII, line 1h)						83,584,955		89,655,570
ā	9							96,143,656	+	105,458,966
Rayenue	10					, and 7d)		-4,507,771	+	6,041,531
ů.	11			art VIII, column (A ), lı				379,852	+	320,666
	12					art VIII, column (A ), lıı	ne	<u> </u>		· · ·
	1.5							175,600,692	+	201,476,733
	13 14					, lines 1-3)		0	+	0
	15			r for members (Part IX		rt IX, column (A), lines	5_			
8	15	10)	other co	impensation, employee	Dellellts (Fai	rt 1x, column (x), mes	3-	106,069,629		110,949,495
Expenses	16a	Professio	nal fund	raısıng fees (Part IX, c	olumn (A), lır	e 11e)		256,924		165,247
ੜ	b	Total fundr	aısıng expe	enses (Part IX, column (D),	line 25) ► 5,949	,941				
	17	Otherex	penses (	Part IX, column (A), lır	nes 11a-11d	, 11f-24f)	•	72,820,815		79,409,686
	18	-		·	-	(, column (A), line 25)		179,147,368	1	190,524,428
	19	Revenue	less exp	enses Subtract line 1	8 from line 12	2		-3,546,676	<u> </u>	10,952,305
Net Assets or Fund Balances							Beginni	ng of Current Year		End of Year
24	20	Total ass	sets (Par	t X, line 16)				226,525,000		239,210,000
주를 기타하다	21	Total liab	oilities (P	art X, line 26)				84,961,000		82,876,000
žĒ	22	Net asse	ts or fun	d balances Subtract lı	ne 21 from lır	ne 20		141,564,000		156,334,000
Pa	rt II	Signat	ure Blo	ock						
						turn, including accompanyin er (other than officer) is bas				
Sign Here		Signatur	re of office	.r			201 Date	0-12-31 e		
	•	Christine		Chief Financial Officer						
			•			Date	Check If	Preparer's ide	ntifvir	na number
Paid		Preparer's signature				Date	self-	(see instruction		ig number
	arer's	Firm's name	a (or yours	. <b>.</b>			empolyed 🕨			
	Only	ıf self-emple	oyed),	•				EIN Þ		
	<b>y</b>	address, an	a ZIP + 4	-				Phone no		
		<u> </u>								<del>-,,</del>
May	the IR	≀S discuss t	thıs retur	rn with the preparer sh	own above? (s	see instructions)			J <sup>-</sup>	Yes No

## Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization	's	missio	ı

National Jewish's mission since 1899 is to heal, discover and educate as a preeminent healthcare institution. We serve by providing the best integrated and innovative care for patients and their families, by understanding and finding cures for the diseases we research, and, by educating and training the next generation of healthcare professionals to be leaders in medicine and science

4e	Total program service e	expenses <b>)-</b> \$	159,108,38	7		
	(Expenses \$	2,574,936 inc	luding grants o	of \$	0 ) (Revenue \$	3,052,415)
4d	Other program services	(Describe in Sch	edule O ) <b>See</b>	also Additional Data f	or Description	
	common causes of behaviora cessation program to assist in cessation strategies. National individuals through contracts 680,000 individuals and has 2008, National Jewish introdumedical and psycho-social exparticipants in reaching their	ally related premature of ndividuals in their effor I Jewish has contracts with insurance provide achieved one of the high uced Fitlogix®, a weight loss goals The weight loss goals The 1008, individuals enrolled	death in the Unite its to stop smokin with several state ers, businesses an ighest 12-month s ight loss program fers telephonic an program is marke	d States tobacco consuming by providing ongoing edus to provide these services demployer groups. Since to ustained "quit smoking" rabuilt upon the National Jew diveb based support combeted to insurance providers.	two nationally recognized program ofton and obesity. National Jewish ication, telephonic and internet ship through state QuitLine programs he program began in 2002, National tes in the country. In an effort to visit's smoking cessation platform and to employer groups. In an indust an average of 11.75 pounds and the state of the	currently maintains a smoking apport, as well as other smoking. These services are also provided the factorial Jewish has coached over deal with those with obesity, in Developed in conjunction with intoring to assist program idependent study conducted by a
4c	(Code	) (Expenses \$	8,441,000	ıncludıng grants of \$	0 ) (Revenue \$	8,956,474 )
4b	National Jewish Health is a in treatment of respiratory, care gastroenterology, rheumatok and infectious disease. Natio area. In the fiscal year ender of 17 25 patients. National Je largest group. National Jewis	national referral center diac, allergic and immu ogy, cardiology, endoc nal Jewish provides ph d June 30, 2010, Natio ewish patients included sh was founded with th	treating adult and unologic diseases irinology, critical consistent oversight tonal Jewish had 63 diresidents from vie motto "None m	pediatric patients on both Clinical specialties include are and hospital medicine, and critical care and hospit 1,997 outpatient physician intually every state and sevay enter who can pay, Noi	an inpatient and outpatient basis allergy, pulmonology, occupation otolaryngology, sleep medicine, o al medicine services at two large	National Jewish specializes in the lad medicine, psychosocial medicine procology, cancer, pharmacokinetics hospitals in the Denver metropolita and an average day program count ents of Colorado constituting the lional Jewish accepts paying
4b	(Code	) (Expenses \$	76,752,000	ıncludıng grants of \$	0) (Revenue \$	88,587,000 )
	specialties, National Jewish o Research activities have resu	conducts research in ba ulted in a number of sc er 70 private and gove	isic immunology, d lentific discoveries rnmental agencies	cell biology, signal transduc that have improved care is grants and charitable conf	tion to translational research prog ction, structrual biology, cancer bio for patients worldwide Funds for tributions, including the National I	ology, and oxidant biology National Jewish's biomedical
4a	(Code	) (Expenses \$	71,340,451	including grants of \$	45,141,000 ) (Revenue \$	63,251,902 )
4		01(c)(4) organizat	ions and secti	on 4947(a)(1) trusts	e largest program services to are required to report the ar service reported	
	If "Yes," describe these	changes on Sched	ule O			
3	Did the organization ceases					┌ Yes ┌ No
	If "Yes," describe these i	new services on So	chedule O			
	the prior Form 990 or 99			ervices during the yea		┌ Yes ┌ No

Part IV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20	Yes	

FUIII	990 (2009)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other	<b>IRS Filings</b>	and Tax	Compliance
--------	------------	-----------	-------	--------------------	---------	------------

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		103	110
	<b>1a</b> 310			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
_	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	vear			

Denver, CO 802062762

(303) 388-4461

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
	action 711 of Verning Body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body 1a 47			
b	Enter the number of voting members that are independent 1b 47			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			L
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1.5-		NI -
<b>L</b>	taxable entity during the year?	16a		Νο
U	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17		A , IL	, KS , K	Υ,
	MA, MD, ME, MN, MO, MS, NC, NH OH, OK, OR, PA, SC, TN, UT, WA, Y	, NJ , N		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Chief Financial Officer 1400 Jackson St	ie orga	nızatıor	n <b>-</b>

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title  A verage hours per week  A	Check this box if the organization did		sate any	/ curi	rent	or fo	rmer c	ffice	r, director, trustee	or key employee	
week or director o		A verage hours		<b>(C)</b> Position (check all				Reportable compensation	Reportable compensation	Estimated amount of other	
See add'l data			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-	from the organization and related
	See add'l data										
											-
	,										

1b Total	<b>Ŧ</b>	5,329,821	0	116,849

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 176

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	( <b>B</b> ) Description of services	<b>(C)</b> Compensation
University of Colorado Denver Dept 388 Denver, CO 80291	Fellows	1,182,104
Hospital Shared Services 900 S Broadway Suite 100 Denver, CO 80209	Support Services/Security	833,365
Aspenware Internet Solutions Inc 6000 Greenwood Plaza Blvd Suite 110 Greenwood Village, CO 80111	Software Development and Support	653,873
University Physicians 13199 East Montview Blvd Aurora, CO 80045	Physician Services	529,809
Ricerca Biosciences LLC 7528 Auburn Rd Concord, OH 44077	Research Services	514,712
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►33	) who received more than	

Page 8

Form 99		-						Page <b>9</b>
Part V	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts its	1a	Federated cam	paigns 1a	35,088				
효효	ь	Membership du	ies <b>1b</b>	0				
g,g ∰	С	Fundraising eve	ents <b>1c</b>	5,389,570				
推	d	Related organiz	zations 1d	0				
S. C	e	Government grants	s (contributions) <b>1e</b>	56,465,000				
Sile.	f	All other contribution	ons, gifts, grants, and <b>1f</b>	27,765,912				
至五		sımılar amounts no	ot included above					
Contributions, gifts, grants and other similar amounts	g	lines 1a-1f \$	,114,332					
No.	h	Total. Add lines	s 1a-1f	🕨	89,655,570			
-				Business Code				
an.	2a	Patient Revenue		622,000	88,587,000	87,455,220	1,131,780	0
wer	b	Health Initiatives R	Povenue	· ·	· · · · ·			
2 <u>4</u>				900,099	8,956,474	8,955,355	1,119	0
Program Serwce Revenue	C	Other Program Ser		900,099	5,431,492	5,284,551	146,941	0
Š	d	Educational and Tr	aining Services	900,099	2,484,000	2,484,000	0	0
E	e	<del></del>						
มอิด	f	All other progra	am service revenue		0	0	0	0
ΔĚ	g	Total. Add lines	s 2a-2f		105,458,966			
	3		ome (including dividen					
		and other simil	aramounts)		2,985,429	0	5,001	2,980,428
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0	0	0	0
	5	Royalties		▶ [	700,416	0	0	700,416
			(ı) Real	(II) Personal				
	6a	Gross Rents	0	0				
	Ь	Less rental expenses	0	0				
	С	Rental income or (loss)	0	0				
	d	, ,	me or (loss)		0	0	0	О
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	41,744,939	665,266				
	Ь	Less cost or other basis and	38,632,739	721,364				
		sales expenses Gain or (loss)	3,112,200	-56,098				
	c d		ss)	,	3,056,102	0	0	3,056,102
	8a		rom fundraising		0,000,102			0,000,102
Other Revenue		events (not inc \$ 5,389 of contributions	luding 0,570 or reported on line 1c) ne 18					
ā.			a	752,385				
돌	b   с		penses <b>b</b> (loss) from fundraising	2,643,753 events . ►	-1,891,368	o	0	-1,891,368
	9a		rom gaming activities	Cyclica i i i	1,001,000			1,051,000
			ne 19					
			а	0				
	ь		penses b	=				
	C		(loss) from gamıng actı	vities	0	0	0	0
	10a	Gross sales of returns and allo		0				
	Ь		oods sold <b>b</b>	0				
	С		(loss) from sales of inv		0	0	0	0
		Miscellaneous	s Revenue	Business Code	677 446		•	677 446
		Occupancy		532,000	677,116		0	677,116
	Ь	Cafeteria		722,210	667,001	0	0	667,001
	С	Gıft Shop		453,220	167,501	0	0	167,501
	d		ue		0	0	0	0
	e	Total. Add lines			1,511,618			
	12	iotal revenue.	See Instructions .	•	201,476,733	104,179,126	1,284,841	6,357,196
								Form <b>990</b> (2009)

7 Other salaries and wages  Pension plan contributions (include section 401(k) and section 403(b) employer contributions 1,750,805  1,493,672  207,731  49,400  9 Other employee benefits  7,633,422  6,514,370  869,302  255,691  10 Payroll taxes  6,203,611  5,267,741  725,136  206,732  11 Fees for services (non-employees)  a Management  0 0 0 0 0 0  0 0 0  0 0 0  0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0 0  0 0 0 0 0 0 0 0  0 0 0 0 0 0 0 0  0 0 0 0 0 0 0 0 0  150,002  150,002 0 0 151,002 0 0 151,002 0 0  150,003 0 0 134,022 0 0 151,002 0 0  150,004 0 0 134,008 0 0 134,008 0 0 134,008 0 0 134,008 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Form	990 (2009)				Page <b>10</b>
A list the organization must complete column (A) but are not required to complete column (B), (C), and (D).   76, 80, 90, and 100 of Part VIII.   1	Part					
Column   C					(D)	
Total acceptance of the programs are approached in section of the programs are approached as a section of the program are approached as a section of the programs and programs are approached as a s						(D)
In the U.S. See Part IV, lime 22		• • • • • • • • • • • • • • • • • • • •	Total expenses	1 -	1 -	,
U. S. See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4 Benfits paid to or for members  5 Compensation of current officers, furectors, insulted, and key amplyings.  6 Compensation for current officers, directors, trustees, and key amplyings.  7 Other salid under section 4958(0)(13) and persons (as defined under section 4958(13)	1		0			
3	2		0	0		
Compensation of current officers, directors, trustees, and key employees	3	organizations, and individuals outside the U S See				
Rey employees   1,198,670   2,612,365   1,160,962   475,331	4	Benefits paid to or for members	0	0	]	
Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8)) and persons described in section 4958(c)(3)(8) s.  Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 49,000 (1,750,000) 1,750,000 1,7	5		4 400 670	2 642 265	1.150.053	425.242
7         Other salaries and wages         91,556,967         79,054,723         10,062,073         2,040,193           8         Pension plan contributions (include section 401(k) and section 401(k) employer contributions)         1,750,805         1,493,672         207,731         49,400           9         Other employee benefits         7,633,422         6,514,370         869,362         255,601           11         Fees for services (non-employees)         6,203,611         5,267,741         729,136         206,731           11         Fees for services (non-employees)         0	6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons	, ,	, ,		425,343
Pension plan contributions (include section 401 (k) and section   1,750,805   1,493,672   207,731   49,400   90   Other employee benefits   7,639,422   6,514,370   869,362   255,600   10   Payroll taxes   6,203,611   5,267,741   729,136   205,731   11   Fees for services (non-employees)	7		91,156,987	79,054,723	10,062,073	2,040,191
9 Other employee benefits	8	Pension plan contributions (include section 401(k) and section				
10 Payroll taxes	•				<del>                                     </del>	
### Amagement		• •		, ,	<del>'</del>	
B   Legal			6,203,611	5,267,741	/29,136	206, /34
b         Legal         386,735         298,018         59,978         28,735           c         Accounting         159,885         3,397         154,220         2,266           d         Lobbying         151,002         0         151,002         0         151,002         0           d         Professional fundraising See Part IV, line 17         165,247         —         115,042         0         312,128         0         0         0         315,522         215,622         11,002,002         13,460,802         13,338,732         215,422         11,622         0         0         0         0         0         0         0         0				_	_	
c         Accounting         159,885         3,397         154,220         2,266           d         Lobbying         151,002         0         151,002         0         165,247           e         Professional fundraising See Part IV, line 17         165,247         155,247         0         312,128         0	a	-				0
Professional fundraising See Part IV, line 17   165,247   165,2	b	-	<u> </u>		<u> </u>	28,739
Professional fundraising See Part IV, line 17 . 165,247	c	-			· ·	2,268
Transition   Tr	d		· · · · · · · · · · · · · · · · · · ·	0	151,002	0
15,014,980	е		· ·			165,247
1.885,891 181,627 1,650,309 53,955 13 Office expenses	f		312,128	0	312,128	0
13 Office expenses	g		15,014,980	13,460,802	1,338,752	215,426
1,968,426 969,164 999,118 144 15 Royalties		Advertising and promotion	1,885,891	181,627	1,650,309	53,955
15 Royalties	13	·	23,393,128	21,821,245	1,130,727	441,156
16       Occupancy       5,847,258       1,097,051       4,362,849       387,358         17       Travel       1,029,476       777,348       51,518       200,616         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0        0       0       0       0       0       0       0       0       0       0       0       0       0       0       0        0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	14		1,968,426	969,164	999,118	144
17 Travel	15	Royalties			0	0
18       Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	5,847,258	1,097,051	4,362,849	387,358
state, or local public officials     0     0     0       19     Conferences, conventions, and meetings     514,118     468,019     30,604     15,495       20     Interest     2,172,690     1,844,920     255,365     72,405       21     Payments to affiliates     0     0     0     0     0       22     Depreciation, depletion, and amortization     9,511,161     8,076,317     1,117,886     316,956       23     Insurance     925,968     432,448     476,561     16,955       24     Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)     53,228     53,228     0     0       a Income Tax     53,228     53,228     0     0     0       b Collaborative Agreements     8,701,694     8,701,694     0     0       c Recruitment     228,608     13,991     214,627     0       d Research Subject Fees and Patient Research     1,000,985     1,000,985     0     0       f All other expenses     Add lines 1 through 24f     190,524,428     159,108,387     25,466,100     5,949,943       25     Total functional expenses. Add lines 1 through 24f     190,524,428     159,108,387     25,466,100     5,949,943	17	Travel	1,029,476	777,348	51,518	200,610
20 Interest	18	· · · · · · · · · · · · · · · · · · ·	0	0	0	0
21 Payments to affiliates       0	19	Conferences, conventions, and meetings	514,118	468,019	30,604	15,495
22       Depreciation, depletion, and amortization	20	Interest	2,172,690	1,844,920	255,365	72,405
23	21	Payments to affiliates	0	0	0	0
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a Income Tax 53,228 53,228 0 0 0  b Collaborative Agreements 8,701,694 8,701,694 0 0 0  c Recruitment 228,608 13,981 214,627 0  d Research Subject Fees and Patient Research 1,000,985 1,000,985 0 0 0  e Bad Debt Expense 2,855,000 2,855,000 0 0 0  f All other expenses 3,297,325 2,110,272 131,192 1,055,863  25 Total functional expenses. Add lines 1 through 24f 190,524,428 159,108,387 25,466,100 5,949,943  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	22	Depreciation, depletion, and amortization	9,511,161	8,076,317	1,117,886	316,958
grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )  a Income Tax	23	Insurance	925,968	432,448	476,561	16,959
b Collaborative Agreements 8,701,694 8,701,694 0 0  c Recruitment 228,608 13,981 214,627 0  d Research Subject Fees and Patient Research 1,000,985 1,000,985 0 0  e Bad Debt Expense 2,855,000 2,855,000 0 0  f All other expenses 3,297,325 2,110,272 131,192 1,055,861  25 Total functional expenses. Add lines 1 through 24f 190,524,428 159,108,387 25,466,100 5,949,947  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	24	grouped together and labeled miscellaneous may not exceed 5% of				
c       Recruitment       228,608       13,981       214,627       0         d       Research Subject Fees and Patient Research       1,000,985       1,000,985       0       0         e       Bad Debt Expense       2,855,000       2,855,000       0       0         f       All other expenses       3,297,325       2,110,272       131,192       1,055,861         25       Total functional expenses. Add lines 1 through 24f       190,524,428       159,108,387       25,466,100       5,949,942         Complete this line only if the organization reported in column (B) joint costs from a combined educational	а	Income Tax	53,228	53,228	0	0
d Research Subject Fees and Patient Research  e Bad Debt Expense  f All other expenses  7,000,985  1,000,985  2,855,000  2,855,000  2,855,000  3,297,325  2,110,272  131,192  1,055,865  25 Total functional expenses. Add lines 1 through 24f  190,524,428  159,108,387  25,466,100  5,949,945  26 Joint costs. Check here ▶ ☐ if following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational	b	Collaborative Agreements	8,701,694	8,701,694	0	0
e Bad Debt Expense 2,855,000 2,855,000 0 0  f All other expenses 3,297,325 2,110,272 131,192 1,055,861  25 Total functional expenses. Add lines 1 through 24f 190,524,428 159,108,387 25,466,100 5,949,943  26 Joint costs. Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	С	Recruitment	228,608	13,981	214,627	0
All other expenses  3,297,325  2,110,272  131,192  1,055,861  25  Total functional expenses. Add lines 1 through 24f  190,524,428  159,108,387  25,466,100  5,949,941  26  Joint costs. Check here ▶ ☐ if following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational	d	Research Subject Fees and Patient Research	1,000,985	1,000,985	0	0
Total functional expenses. Add lines 1 through 24f  190,524,428  159,108,387  25,466,100  5,949,943  26  Joint costs. Check here ► ☐ if following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational	e	Bad Debt Expense	2,855,000	2,855,000	0	0
26 Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	f	All other expenses	3,297,325	2,110,272	131,192	1,055,861
Complete this line only if the organization reported in column (B) joint costs from a combined educational	25	Total functional expenses. Add lines 1 through 24f	190,524,428	159,108,387	25,466,100	5,949,941
Campaign and fandationing constitution	26	Complete this line only if the organization reported in				

Pa	rt X	Balance Sheet							
					(A) Beginning of year		<b>(B)</b> End of year		
	1	Cash—non-interest-bearing	ı		69,000	1	62,000		
	2	Savings and temporary cash investments			3,669,000	2	6,864,000		
	3	Pledges and grants receivable, net			19,249,000	3	8,240,000		
	4	Accounts receivable, net			14,971,000	4	15,492,000		
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and					
		Schedule L			0	5	0		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II (		n 4958(f)(1)) and					
		Schedule L	hedule L						
ssets	7	Notes and loans receivable, net			0	7	0		
8	8	Inventories for sale or use			1,131,000	8	1,319,000		
⋖	9	Prepaid expenses and deferred charges			861,000	9	956,000		
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	182,847,000					
	ь	Less accumulated depreciation	10b	94,823,000	93,323,000	10c	88,024,000		
	11	Investments—publicly traded securities			82,709,000	11	104,548,000		
	12	Investments—other securities See Part IV, line 11	1,456,000	12	4,017,000				
	13	Investments—program-related See Part IV, line 11	0	13	0				
	14	Intangible assets	978,000	14	900,000				
	15	Other assets See Part IV, line 11	8,109,000	15	8,788,000				
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			226,525,000	16	239,210,000		
	17	Accounts payable and accrued expenses .			17,337,000	17	20,036,000		
	18	Grants payable			0	18	0		
	19	Deferred revenue			2,486,000	19	1,268,000		
	20	Tax-exempt bond liabilities			42,828,000	20	41,594,000		
<u>ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D		0	21	0		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,						
ä		persons Complete Part II of Schedule L			0	22	0		
	23	Secured mortgages and notes payable to unrelated third parties			10,557,000	23	8,038,000		
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0		
	25	Other liabilities Complete Part X of Schedule D			11,753,000	25	11,940,000		
	26	Total liabilities. Add lines 17 through 25			84,961,000	26	82,876,000		
Si		Organizations that follow SFAS 117, check here $\blacktriangleright$ $\overline{\mbox{$ec V$}}$ and comp	plet e l	lines 27					
JC e	l	through 29, and lines 33 and 34.							
<u> </u>	27	Unrestricted net assets			84,861,000		96,310,000		
Fund Balance	28	Temporarily restricted net assets			26,829,000		22,394,000		
Ē	29	Permanently restricted net assets	_	_	29,874,000	29	37,630,000		
H.		Organizations that do not follow SFAS 117, check here ► a	nd cor	nplet e					
or.	30	lines 30 through 34.  Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
55	32	Retained earnings, endowment, accumulated income, or other fu				32			
	33	Total net assets or fund balances	anus		141,564,000	33	156,334,000		
Net									
ı	34	Total liabilities and net assets/fund balances			226,525,000	34	239,210,000		

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

## OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL JEWISH HEALTH

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number** 

									74-2044647		
	rt I			olic Charity State						ructions	
he d	organız —	zation is	not a private	foundation because	itis (Forlin	nes 1 throug	h 11, check o	only one box	)		
1		A churc	h, conventio	n of churches, or as:	sociation of c	hurches <b>se</b>	ction 170(b)(	1)(A)(i).			
2	Γ	A schoo	ol described	ın <b>section 170(b)(1)</b>	(A)(ii). (Atta	ach Schedule	∍ E )				
3	굣	A hospi	tal or a coop	erative hospital serv	/ice organiza	tion describ	ed in <b>section</b>	170(b)(1)(A	(iii).		
4	Г		cal research l's name, cıt	organization operate y, and state	ed in conjunc	tion with a h	ospital descri	ıbed ın <b>secti</b> o	on 170(b)(1)	( <b>A)(iii).</b> Ente	r the
5	Γ	An orga	ınızatıon ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	overnmental	unıt describe	_ ed in
		section	170(b)(1)(A	<b>\)(iv).</b> (Complete Pa	rt II )						
6	Γ	A feder	al, state, or l	ocal government or q	governmenta	l unıt descrı	bed in <b>sectior</b>	n 170(b)(1)(	A)(v).		
7	Γ	describ	ed ın	t normally receives a		part of its si	upport from a	government	al unit or fron	n the general	public
8	$\vdash$			described in <b>section</b>		)( <b>vi</b> ) (Comp	lete Part II)				
9	Γ	An orga receipts its supp	inization that s from activit port from gro	t normally receives ties related to its exc ss investment incom anization after June 3	(1) more tha empt function ne and unrela	n 331/3% of ns—subject t ted business	its support fr to certain exc s taxable inco	om contribu eptions, and ome (less se	l (2) no more ction 511 tax	than 331/3%	of
LO	$\sqcap$	Anorga	ınızatıon orga	anızed and operated	exclusively t	o test for pu	blic safety S	ee <b>section 5</b> 0	09(a)(4).		
l <b>1</b>	Г _	one or r the box a	nore publicly that describ Type I	anized and operated supported organizaries the type of supported by Type II	tions describ rting organiz <b>c</b> [	ed in sectio ation and co Type III -	n 509(a)(1) o mplete lines Functionally	or section 50 11e through integrated	9(a)(2) See 11h <b>d</b>	section 509(	<b>a)(3).</b> Check I - Other
e f	l	other th	ian foundatio 509(a)(2) rganization r	x, I certify that the o n managers and othe eceived a written det	er than one o	r more publi	cly supported	l organizatio	ns described	in section 50	)9(a)(1) or
g		Since A		006, has the organız	atıon accept	ed any gıft o	r contribution	from any of	the		,
		(i) a pe	rson who dir	ectly or indirectly co	ntrols, either	alone or tog	gether with pe	rsons descr	ıbed ın (ıı)		Yes No
		and (III)	below, the g	overning body of the	the supporte	ed organızat	ion?			11g(i)	
		(ii) a fa	mıly membei	r of a person describ	ed ın (ı) abov	e?				11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) ab	ove?			11g(iii)	
h		Provide	the following	g information about t	he supported	l organizatio	n(s)				_
	(i) Name suppor rganiza	of rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your govei documei	on in ed in rning	(v) Did you not organizati col (i) of support	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
				instructions))	Yes	No	Yes	No	Yes	No	

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Income Tax	53,228	53,228	0	0
Collaborative Agreements	8,701,694	8,701,694	0	0
Recruitment	228,608	13,981	214,627	0
Research Subject Fees and Patient Research	1,000,985	1,000,985	0	0
Bad Debt Expense	2,855,000	2,855,000	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493017000141

## OMB No 1545-0047

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),
then
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
◆ Section 527 organizations Complete Part I-A only
If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

▶ Se	ction 527 organizations Complete Part I-A only					
f th	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line	47 (Lob	bying .	Activi	ties), ther	1
▶ Se	ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Par	t II-A Do	not co	mplete	Part II-B	
• Se	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Comple	te Part II-	-B Dor	not cor	mplete Part	II-A
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, I	ne 35a	(regar	ding	proxy tax)	, then
▶ Se	ction 501(c)(4), (5), or (6) organizations Complete Part III					
	me of the organization FIONAL JEWISH HEALTH	Employ	er ider	ntıfıca	tıon numbe	r
IVA	IONAL JEWISH HEALITH	74-20	44647			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a				anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Pa	rt IV				
2	Political expenditures		<b>-</b>	\$		
3	V olunteer hours					
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955		•	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		Þ	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except	section	n 50	1(c)(	3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function a	ctivities		\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section	527				
	exempt funtion activities		<b>-</b>	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b	Þ	\$		
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes	┌ No
5	State the names, addresses and employer identification number (EIN) of all section 527 politic were made. For each organization listed, enter the amount paid from the filing organization's function contributions received that were promptly and directly delivered to a separate political organization or a political action committee (PAC). If additional space is needed, provide information in	ds Also tion, su	enteri	the an	nount of po	litical
	(a) Name (b) Address (c) ETN (D) A			(6)	A mount of	nolitical

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).										
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,							
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	(a) Filing Organization's Totals	(b) Affiliated Group Totals								
1a	Total lobbying expenditures to influence public o										
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)								
c	Total lobbying expenditures (add lines 1a and 18	b)									
d	Other exempt purpose expenditures										
e	Total exempt purpose expenditures (add lines 1	c and 1d)									
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both								
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir									
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00							
	Over \$17,000,000	\$1,000,000									
		•									
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)									
h	Subtract line 1g from line 1a If zero or less, enter	er -0-									
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -									
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No					
	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 2a through 2f on page 4.)										
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı					
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total					
2a	Lobbying non-taxable amount										
b	Lobbying ceiling amount (150% of line 2a, column(e))										
c	Total lobbying expenditures										
d	Grassroots non-taxable amount										

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		151,002	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			151,002	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912		'		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
SchC_P2B_S00_L01		National Jewish utilizes lobbyists to lobby congressional representatives on healthcare issues which impact the healthcare of our patients. 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, both state and nation-wide, can include working with the various congressional representatives and agencies that oversee research funding and the grant request process.

1 1

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493017000141

OMB No 1545-0047

Open to Public Inspection

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization NATIONAL JEWISH HEALTH 74-2044647 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ \_\_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

ar	Organizations Maintaining Co	<u>llections of Art</u>	, Hist	toric	<u>al Tre</u>	asu	ires, or (	<u> </u>	r Simila	r Ass	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of the	e follo	wing th	at ar	e a signific	ant u	ise of its co	ollectio	n	
а	Public exhibition		d	Γ	Loan or	exc	hange prog	rams	;			
b	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
ļ	Provide a description of the organization's co	ollections and expla	ın how	they	further	the o	organizatio	n's ex	xempt purp	ose in		
i	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
a	rt IV Escrow and Custodial Arrang						n answere	ed "Y	es" to Fo	rm 99	0,	
	Part IV, line 9, or reported an ar											
а	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	diary	for co	ntributi	ons	or other as:	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	followi	ıng ta	ble		Г		1			
							-			A mo	unt	
с	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							<b>1</b> f				
а	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?							Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b	Prior \		(c)⊺	wo Years Bad	k (d	I)Three Years	Back (	<b>e)</b> Four Y	ears Back
	Beginning of year balance	57,597,000			,021,000			-				
b	Contributions	17,136,000			,998,000			_				
C	Investment earnings or losses	5,951,000		-7,	146,000			_				
d	Grants or scholarships	0			0			_				
е	Other expenditures for facilities and programs	326,000		5,	276,000							
f	Administrative expenses	0			0							
g	End of year balance	80,358,000		57,	,597,000							
_	Provide the estimated percentage of the yea	r end balance held a			l							
а	Board designated or quasi-endowment	52 78 % %										
_	•	70										
Ь	remailent endowment <b>F</b>											
с -	Term endowment P /0	acion of the organiza	-tn t	ha+ a.	ra bald m		dministara	d 60 "	+ h a			
а	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	ııat aı	ie lielu a	allu c	iuiiiiiistere	u ioi	tile		Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organization									3b		
	Describe in Part XIV the intended uses of th											
a	t VI Investments—Land, Building	s, and Equipme	nt. Se	ee Fo	orm 990	0, Pa	art X, lıne	10.	T	T		
	Description of investment				Cost or oth (Investme		(b)Cost or o		(c) Accum deprecia		( <b>d</b> ) Boo	ok value
а	Land					0	3,47	3,000				3,473,000
b	Buildings		. [			0	114,91	1,000	49,8	28,000	6	5,083,000
С	Leasehold improvements		. [			0	2	4,000		7,000		17,000
d	Equipment		. [		<u> </u>	0	64,15	7,000	44,8	86,000	1	9,271,000
e	Other					0	28	2,000	1	.02,000		180,000

88,024,000

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives		7,500
Closely-held equity interests	0	
Other Alternative Investments	3,091,000	F
Alternative Trivestillents	3,091,000	<u> </u>
Private Equity	705,000	F
Fund of Funds	221,000	F
	,	
	4,017,000	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Total (Column (b) should equal from 350, full X, col (b) line 15 )	0	
Part IX Other Assets. See Form 990, Part X, II  (a) Descri		(b) Book value
Current Assets Other Receivables	priori	3,002,000
Contribution Receivable Under Unitrust Rec		4,626,000
Bond Issuance Costs		679,000
O ther		481,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	<b>.</b> 8,788,000
Part X Other Liabilities. See Form 990, Part 3	X, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	17,000	
Liability under gift annuity contracts	10,811,000	
Liability under unitrust agreements	764,000	
Estimated 3rd party payor settlements	348,000	
	]	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	11,940,000	

T	Total revenue (Form 990, Part VIII, column (A), line 12)	1	201,476,733
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	190,524,428
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,952,305
4	Net unrealized gains (losses) on investments	4	3,817,695
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	3,817,695
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	14,770,000
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	204,984,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 0		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,817,695
3	Subtract line <b>2e</b> from line <b>1</b>	3	201,166,305
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 310,428		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	310,428
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	201,476,733
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	190,214,000
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	190,214,000
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 310,428		
b	Other (Describe in Part XIV) 4b 0		
C	Add lines <b>4a</b> and <b>4b</b>	4c	310,428
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	190,524,428
Pai	t XIV Supplemental Information		
Con	policity this part to provide the descriptions required for Part II, lines 3, 5, and 0, Part III, lines 1, and 4, P.	art IV	lines 1 h and 2 h

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	, ,	National Jewish endowment funds are used to support our mission. Many funds are restricted by the donor to purposes such as immunology research, indigent care, fellowships, and faculty support. Unrestricted funds are used for the area of greatest need as established by the Board of Directors.
SchD_P10_S00_L00	,	National Jewish does not have a footnote in the June 30, 2010 audited financial statements regarding the organization's liability for certain tax positions under FIN48

As Filed Data -

DLN: 93493017000141

**SCHEDULE G** (Form 990 or 990-EZ)

licensing

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No. 1545-0047 2009

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

Department of the Treasury  Internal Revenue Service  or if the organization enter  Attach to Form 990				than \$15,000 on Form 990-EZ, 90-EZ. 🏲 See separate instruct		Open to Public Inspection
Name of the organization NATIONAL JEWISH HEA	LTH				74-2044647	tification number
	<b>g Activities.</b> Complete Z filers are not required		_		to Form 990, Part IV	, line 17.
1 Indicate whether the	e organization raised funds	through	any of the	e following activities Ch	eck all that apply	
a 🔽 Mail solicitation	s		e	Solicitation of nor	n-government grants	
<b>b</b> 🔽 Internet and e-r	naıl solicitations		f	Solicitation of gov	ernment grants	
c Phone solicitation	ons		g	Special fundraisin	ig events	
d 🔽 In-person solici	tations					
or key employees lis	sted in Form 990, Part VII	) or entity	y in conn	·	fundraising activities?	
or key employees list  b If "Yes," list the ten		) or entity entities anization	y in conn (fundrais Form 99	ection with professional fers) pursuant to agreem	fundraising activities? ents under which the fun	ıdraıserıs
or key employees list  b If "Yes," list the ten	highest paid individuals or at least \$5,000 by the orga	) or entity entities	y in conn (fundrais Form 99 Did er have dy or Tol of	ection with professional fers) pursuant to agreem	fundraising activities? ents under which the fun	ıdraıserıs
or key employees lis  b If "Yes," list the ten to be compensated a  (i) Name of individua	highest paid individuals or at least \$5,000 by the orga	entities anization (iii) fundrais custo contr	y in conn (fundrais Form 99 Did er have dy or Tol of	ection with professional ters) pursuant to agreement to agreement of the professional terms are not required.  (iv) Gross receipts	fundraising activities?  ents under which the funited to complete this tab  (v) A mount paid to  (or retained by) fundraiser listed in	draiser is ble  (vi) A mount paid to (or retained by)
or key employees lis  b If "Yes," list the ten to be compensated a  (i) Name of individua	highest paid individuals or at least \$5,000 by the orga	or entity entities anization (iii) fundrais custo contr	y in conn (fundrais Form 99 Did er have dy or ol of utions?	ection with professional ters) pursuant to agreement to agreement of the professional terms are not required.  (iv) Gross receipts	fundraising activities?  ents under which the funited to complete this tab  (v) A mount paid to  (or retained by) fundraiser listed in	draiser is ble  (vi) A mount paid to (or retained by)

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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization	on answered "Yes" to events with gross rec	Form 990, Part IV, lin	e 18, or 1	repor	ted
		. ,	(a) Event #1  New York Gala  (event type)	(b) Event #2  Denver Gala (event type)	(c) O ther Events  18 (total number)	(d) Tot (Add col		
Revenue	1	Gross receipts	2,046,550	1,966,808	2,118,097	97 6		1,455
	2	Less Charitable contributions	1,783,300	1,829,308	1,766,462		5,37	9,070
	3	Gross income (line 1 minus line 2)	263,250	137,500	351,635		75	2,385
	4	Cash prizes	0	0	0			0
Expenses	5	Non-cash prizes	0	0	0			0
	6	Rent/facility costs	13,306	52,354	78,715		14	4,375
ă	7	Food and beverages	233,723	175,133	343,537		75	2,393
Direct	8	Entertainment	60,000	104,382	22,885		18	7,267
Δ	9	Other direct expenses .	280,303	444,287	825,125		1,54	9,715
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌		2,63	3,750
	11	Net income summary Combine lii						1,365
Par	t II	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e thar	ו
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
မွ	2	Cash prizes						
Expenses	3	Non-cash prizes						
Dreat E	4	Rent/facility costs						
<u>_</u>	5	Other direct expenses						
	6	Volunteer labor		Г Yes	┌ Yes			
		Direct expense summary Add lines  Net gaming income summary Com						
							Yes	No
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain			<del></del> .	. 9a		
	_	No, Explain				_		
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, susper	ided or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficial med to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entity	11		
					Schedule G (Form 9		EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

## OMB No 1545-0047

2009

Open to Public Inspection

## SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
 ► Attach to Form 990.
 ► See separate instructions.

**Hospitals** 

Name of the organization
NATIONAL JEWISH HEALTH

Employer identification number

74-2044647 Charity Care and Certain Other Community Benefits at Cost Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . . . 1a Yes 1b Yes If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care За Yes \_\_\_\_\_\_Other\_\_\_ 150% 100% Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Yes 300% **7** 350% 200% If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . . . . Yes Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . 5a Yes If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . 5b Yes If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? . . . . . . . . . . . . . . . . . . 5c Νo Does the organization prepare an annual community benefit report? . 6a Νo 6b If "Yes," does the organization make it available to the public? . . . . . . . . . . . . . . . . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of **Charity Care and** (b) Persons (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of activities or served benefit expense revenue expense total expense **Means-Tested Government** programs (optional) **Programs** (optional) Charity care at cost (from 301,091 301,091 0 16 % Worksheets 1 and 2) Unreimbursed Medicaid (from 8,969,230 4,841,904 4,127,326 2 17 % Worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from Worksheet 3, 7,711,667 2,839,962 4,871,685 2 56 % column b) Total Charity Care and Means-Tested Government 0 16,981,988 7,681,866 9,300,102 4 89 % Programs . \_ . \_ . Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4) . . 3,851,840 720.077 3,131,763 1 64 % Health professions education 1,446,789 99,245 1,347,544  $0\ 01\ \%$ (from Worksheet 5) . . Subsidized health services 2,708,834 1 09 % 4,777,991 2,069,157 (from Worksheet 6) . . Research (from Worksheet 7) 80,225,451 63,251,902 16,973,549 8 91 % Cash and in-kind contributions

0

0

0

to community groups (from Worksheet 8)

k Total. Add lines 7d and 71

Total Other Benefits . . .

66,780,058

74,461,924

53,119

90,355,190

107,337,178

23,575,132

32,875,234

0 %

11 65 %

16 54 %

	rt II Community Buildin	ng Activitie	<b>s</b> Complete t	his table if the	organızatı	on cor	nducted any commur	nity b		g g
	activities.	(a) Number of	(b) Persons	(c) Total communi	- :v <b>(d)</b> Di	rect offse	etting (e) Net communit	· v T	(f) Perc	ent o
		activities or programs (optional)	served (optional)		, I , ,	evenue	building expense		total ex	
L	Physical improvements and housing									
2	Economic development									
3	Community support									
	Environmental improvements									
5	Leadership development and training for community members									
5	Coalition building									
'	Community health improvement advocacy									
3	Workforce development									
9	Other									
) a r	Total  Bad Debt, Medicar	e & Collec	tion Practice							
	Dad Debt, Medical	e, a conec	tion Fractic	<u> </u>						
:ct	ion A. Bad Debt Expense								Yes	No
	Does the organization report b Statement No 15?	ad debt expen	se in accordan	ce with Heathcare	Financial	Manage 	ement Association	1	Yes	
2	Enter the amount of the organi		ebt expense (at	t cost)		2	2,635,534			
3	Enter the estimated amount of attributable to patients eligible					3	0			
ļ	Provide in Part VI the text of t In addition, describe the costi	the footnote to ng methodolog	the organizatio gy used in deter	on's financial state rmining the amour			•			
ct	rationale for including other ba ion B. Medicare	id debt amoun	ts in community	y benefit						
	Enter total revenue received fi	rom Medicare	(including DSH	and IME)		5	7,367,497			
	Enter Medicare allowable cost					6	12,954,574			
	Subtract line 6 from line 5 Th					7	-5,587,077			
3	Describe in Part VI the extent Also describe in Part VI the co Check the box that describes	osting method the method us	ology or source ed	used to determin			•			
	Cost accounting system	<b>▽</b> c∘	st to charge ra	tio	O ther					
ect	ion C. Collection Practices									
а	Does the organization have a							9a	Yes	
b	If "Yes," does the organization patients who are known to quater IV Management Com	lify for charity	care or financia	al assistance? De				9b	Yes	
	Hanagement com				(c) Organiz	ration's	(d) Officers, directors,	1	e) Physic	
	(a) Name of entity	(t	o) Description of pr activity of entity		profit % oi ownershi	stock	trustees, or key employees' profit % or stock ownership%	pro	ofit % or ownersh	stoc
0										
1										
2										
3										
4										

Part V Facility Information									r age 3
		១	O		0	IJ	Ш	ш	
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
National Jewish Health 1400 Jackson Street Denver, CO 80031	x	x		x		X		x	physician outpatient clinics, rehab program, outpatient laboratories and other diagnostic services
National Jewish Health Highlands Ranch Clinic 8671 S Quebec St Suite 120 Highlands Ranch, CO 80130	х								physician outpatient clinics and services
National Jewish Health South Denver 499 E Hampden Ave Suite 300 Englewood, CO 80113	x								physician outpatient clinics and services
National Jewish Health Sleep Center South 7877 S Chester Street TownePlace Suites by Marriott Englewood, CO 80112	х								diagnostic services
National Jewish Health Sleep Center North 480 Flatiron Blvd Broomfield, CO 80021	х								diagnostic services
									I

#### Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

National Jewish Health maintains a financial counseling department designed to help patients obtain needed assistance. Financial counselors actively seek out any patient with a possible obligation of more than \$500 to help them understand their obligations. As part of this process, the counselors inquire about financial need and educate patients on the various assistance programs available to them, including National Jewish's own financial assistance program. The counselors are available to assist patients in applying for need based programs and in establishing payment plans and options.

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

National Jewish Health serves national and international communities. Though based in Denver, Colorado, a significant percentage of our patients, some from out of catalogical participations.

patients come from out of state and internationally. Our scientists collaborate with institutions around the world and with the Federal Government. Our research brings cutting edge discoveries to communities around the world. Our research and clinical fellowship and doctoral training programs are both national and international.

- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

  See additional data
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

DLN: 93493017000141

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

NAT	IONAL JEWISH HEALTH		. ,			
			74-2044647			
Pa	rt I Questions Regarding Compensation					
	,				Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pr					
	First-class or charter travel	Housing allowance or residence for	-			
	Travel for companions	Payments for business use of pers	·			
	Tax idemnification and gross-up payments	Health or social club dues or initial				
	Discretionary spending account	_				
	,	( 3 ,	,			
b	If any of the boxes in line 1a are checked, did the organiz reimbursement orprovision of all the expenses described			1b		
2	Did the organization require substantiation prior to reimbo officers, directors, trustees, and the CEO/Executive Direc		•	2		
3	Indicate which, if any, of the following the organization use organization's CEO/Executive Director Check all that ap	•	e			
	Compensation committee	Written employment contract				
	✓ Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compens	ation committee			
4	During the year, did any person listed in Form 990, Part V or a related organization	II, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control paym	ent?		4a	Yes	
b	Participate in, or receive payment from, a supplemental n	onqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based	compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item	ın Part III			
_	Only 501(c)(3) and 501(c)(4) organizations only must co					
5	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of	.a, did the organization pay or accrue a	any			
а	The organization?			5a		Νo
b	Any related organization?		ļ	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III		•			
6	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	a, did the organization pay or accrue a	iny			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III		ļ			
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descri		n-fixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid o subject to the initial contract exception described in Regs in Part III	•		8		
9	If "Yes" to line 8, did the organization also follow the rebu	ittable presumption procedure describ	ed in Regulations	•		Νο

section 53 4958-6(c)?

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

					. ,			
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	· ·	(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	50.10110	(2)(.)	Form 990 or Form 990-EZ
Michael Salem MD	(ı) (ıı)	483,886 0	136,000 0	0	1,008 0	4,672 0	625,566 0	249,443 0
Christine K Forkner	(ı) (ıı)	192,327 0	56,000 0	16,500 0	467 0	9,298 0	274,592 0	104,413
David Schwartz MD	(ı) (ıı)	340,342 0	33,540 0	38,500 0	0	9,298 0	421,680 0	216,961 0
Richard Martin MD	(ı) (ıı)	328,470 0	90,841	22,000	742 0	7,208 0	449,261 0	179,805 0
Erwin Gelfand MD	(ı) (ıı)	309,342 0	76,800 0	22,000	694 0	7,208 0	416,044	165,671
David Tinkelman MD	(ı) (ıı)	289,369 0	76,073 0	38,176 0	689 0	7,208 0	411,515 0	163,772 0
Greg Downey MD	(ı) (ıı)	291,052 0	79,700 0	37,504 0	630 0	7,208 0	416,094 0	160,171 0
Gary Cott MD	(ı) (ıı)	226,664 0	26,681 0	9,500	505 0	9,298 0	272,648 0	118,082
Ron Berge	(ı) (ıı)	185,566 0	75,012 0	38,500 0	0	7,208 0	306,286 0	129,443
Valerie Hale MD	(ı) (ıı)	281,364 0	0	30,732 0	740 0	<b>4</b> ,672	317,508 0	146,589 0
David Lynch MD	(ı) (ıı)	285,334 0	0	20,980	7 <b>4</b> 8 0	9,298 0	316,360 0	146,340 0
John Newell MD	(ı) (ıı)	284,368 0	0	20,814	748 0	7,597 0	313,527 0	143,957 0
Debra Dyer MD	(ı) (ıı)	280,581 0	7,550 0	22,000	0	9,298 0	319,429 0	139,812
Richard Mountain MD	(ı) (ıı)	235,292 0	48,682 0	22,000	0	6,902	312,876 0	177,328
Susan Holt	(ı) (ıı)	186,053 0	10,474 0	82,750 0	0	3,504 0	282,781 0	141,305 C
							6-11-	ula 1 (Farm 000) 2000

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Schedule J, Part I, Line 4	Susan Holt received a severance payment of 66,250

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493017000141

OMB No 1545-0047

2009

Open to Public Inspection

## **Supplemental Information on Tax Exempt Bonds**

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
► Attach to Form 990.
► See separate instructions.

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Name of the organization
NATIONAL JEWISH HEALTH

Employer identification number 74-2044647

Pa	art I Bond Issues									•				
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date	Issued	( <b>e)</b> Issue	Price	(f) Description of P		Purpose	pose (g) De		Beh	On alf of uer
											Yes	No	Yes	No
A	Colorado Health Facilities Authority	84-0752932	196474V98	01-20-2005		13,5	13 500 000 1		Construction of clinical and research laboratories			x		Х
Pa	rt III Proceeds							_						
	<del>-</del>				A		3	С		D		E		
1	-				3,500,000	0								
2	Gross proceeds in reserve funds				782,800	0								
3	Proceeds in refunding or defeasance escrows				(	0								
4	O ther unspent proceeds				(	0								
5	Issuance costs from proceeds				270,000	0								
6	Working capital expenditures from proceeds				(	0								
7	Capital expenditures from proceeds			1	2,447,20	0								
8	Year of substantial completion			20	07									
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is	ssue?		×									
10	Were the bonds issued as part of	an advance refunding	j issue?		х									
11	Has the final allocation of proceed	ds been made?		Х										
12	Does the organization maintain at the final allocation of proceeds?	dequate books and re	cords to support	х										
Pa	rt IIII Private Business Use												-	
				A			1	-	<u> </u>	D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,		Х									
2					х									
For	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Cat No 50193E  Schedule K (Form 990) 2009													

Schedule K (Form 990) 2009

			Α		В		С	D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	nere any management or service contracts with respect to the ed property which may result in private business use?		Х								
	nere any research agreements with respect to the financed property may result in private business use?		×								
couns	the organization routinely engage bond counsel or other outside el to review any management or service contracts or research ments relating to the financed property?		х								
by ent	the percentage of financed property used in a private business use titles other than a section 501(c)(3) organization or a state or local nment	0 %									
as a re organı	the percentage of financed property used in a private business use esult of unrelated trade or business activity carried on by your ization, another section 501(c)(3) organization, or a state or local nment		0 %								
6 Total	of lines 4 and 5	0 %									
•	he organization adopted management practices and procedures to e the post-issuance compliance of its tax-exempt bond liabilities?	Х									

			A		В		С		)		E
		Yes	No								
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x								
2	Is the bond issue a variable rate issue?	Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х								
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х								
6	Did the bond issue qualify for an exception to rebate?	х									

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493017000141

OMB No 1545-0047

Open to Public Inspection

# Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization NATIONAL JEWISH HEALTH

**Employer identification number** 

							7	4-20446	47		
							(4) organı	zations	only).		
Complete if the organizat	ion ans	wered "	Yes" on Form 99	90, P	art IV, line 25a o	or 25	b, or Form	990-EZ,	Part V , line		
1 (a) Name of disqu	ualıfıed	person			<b>(b)</b> Desc	rıptı	on of trans	action			
					. ,					Yes	No
										-	
							c)(4) organizations only). 25b, or Form 990-EZ, Part V, line 40b  cotion of transaction    Cotion of transaction   Cotion of t				
										(c) Corre Yes	
2 Enter the amount of tax impos section 4958	ed on ti	ne orgai	nızatıon manage		disqualified pers			ear unde	r ► \$		
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimbursed b	by th	e organization .			•	<b>•</b> \$		
Part II Loans to and/or F					Part IV line 26	orl	Form 990-F	7 Part \	/ line 38a		
Complete ii the organiz			1	. ,,,,	l die IV, inie 20	, <u> </u>	01111 330 1				
(a) Name of interested person and		oan to m the	(c)O riginal	I				Appro	ved		
purpose		zation?	principal amou		(d)Balance due	d∈	fault?			igreemen	t?
	То	From	-			Ye	s No	+	1	Ves	No
	' '	110111					110	103	110	103	110
Total											
Part III Grants or Assistar Complete if the orga						/, lır	ne 27.				
(a) Name of interested pers	on	(	-		en interested per ganization	rson	( <b>c)</b> A m	nount of g	rant or type	ofassist	tance
			and th	ie org	gamzation						
Part IV Business Transact Complete if the orga						/, lır	ne 28a, 28	b, or 28	c.		
			Relationship								
(a) Name of interested persor	1	1	veen interested rson and the		(c) A mount of transaction		(d) Desc	rıptıon of	transaction		
			rganization		tiansaction					-	No
isa C Cicutto		1	member of Dr		104,6	40	compensat	ion as em	nployee	1	No
Pich Boor		Downe		+	202.2		naumant f	r + a l = c - :	municati:		N -
Rich Baer Mariner Kemper		<del>                                     </del>	of Corporation of Corporation	+	· · · · · · · · · · · · · · · · · · ·	_				•	
			· 		270,9		and LOC fe	es			IN O
Sage Hospitality Nalter Isenberg			member is of Corporation		253,6	99		r NJH sle	ep clinic		Νο

Walter Isenberg

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Open to Public Inspection

**Employer identification number** Name of the organization NATIONAL JEWISH HEALTH 74-2044647 Data Types of Property

	Types of Property	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> ) Method of de reven	etermi	nıng	
1	Art—Works of art	аррисавис		19				
	Art—Historical treasures							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	70	1,114,332	Market Value			
10	Securities—Closely held stock .			,				
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ►()							
	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29		l w l	0
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three year	s from the o	late of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	tacceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e thırd partı		to solicit, process, or sell r	non-cash	32a		No
ь	If "Yes," describe in Part II							
		revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493017000141

OMB No 1545-0047

2009

Open to Public Inspection

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization
NATIONAL JEWISH HEALTH

Employer identification number

74-2044647

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	The following officers, directors, trustees, or key employees have a family relationship or business relationship with another officer, director, trustee or key employee. Brownstein, Norm - Business Relationship Davis, Joe - Business Relationship Gold, Bill - Family Relationship and Business Relationship Gold, Will - Family Relationship and Business Relationship Golding, Staunton - Business Relationship Karsh, Phil - Business Relationship Richardson, Blair - Business Relationship Robinson, Eddie - Business Relationship Salem, Hassan - Business Relationship Saltzman, Meyer - Business Relationship Schonbrun, Michael - Business Relationship, Zucker, Evan - Business Relationship

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	1	The Form 990 was prepared by the Finance Staff and was reviewed by the Controller, EVP/Chief Financial Officer and President/Chief Executive Officer. It was distributed to the Board of Directors prior to issuance. Board members are not required to review the return prior to filing.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	National Jew ish Health requires all employees and board members to complete a conflict of interest (COI) declaration statement annually. Each individual's COI statement is reviewed by their Director or senior manager. All statements with COIs are reviewed by the Chief Compliance Officer (CCO). The EVP and Chief Operating Officer is the CCO. The CCO reviews any comments from the Director and or senior manager and when conflicts are present develops a plan to either eliminate the conflict or develops a plan to manage the conflict. COIs involving the CEO would be taken to the Chairman of the Board for resolution. If the EVP/ COO had a COI it would resolved by the CEO. Board member conflicts are reviewed by the Audit Committee. Board members with conflicts are asked to recuse themselves from any Board deliberations, decisions, or negotiations related to their conflict.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Executive compensation decisions are made by the Compensation Committee of the Board of Directors The committee relies on the report of an independent compensation consultant for compensation decisions. The committee also utilizes independent data to compare the incumbent's compensation to that for similarly qualified individuals in comparable positions at similarly situated organizations. Specific sources include, but are not limited to. The Association of American Medical Colleges, Mountain States Employers Council, Economic Research Institute, Mercer, Sullivan Cotter and Associates, Inc., and Watson Wyatt Worldwide, Inc. Contemporaneous documentation is maintained of Committee deliberations and decisions.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	National Jew ish Health's Articles of Incorporation are available to the general public through the Colorado Secretary of State's office. Its annual financial audited financial statements and other financial statistics are available on the National Jew ish wiebsite and the Municipal Market Access System (EMMA). National Jew ish Health does not make its Bylaw's or Conflict of Interest Policy available to the public.

ldentifier	Return Reference	Explanation
SchG_P01_S00_L02b	· ·	National Jew ish Health has contracted with Merkle Inc. in Seattle, Washington, to aid and assist with the direct mail program. Merkle is contracted to provide fundraising counsel, strategic planning, account management, creative design, print and lettershop production services, and results analysis for the direct mail program. A monthly fee is charged for account, strategy, and production management services. For the fiscal year ending June 30, 2010, these fees totaled \$164,520. Based on the contract, other fundraising expenses are paid to or reimbursed to Merkle for printing, paper, postage, lettershop work, etc. These additional fundraising expenses totaled \$1,035,088 for the same fiscal period.

ldentifier	Return Reference	Explanation
SchK_P02_S00_L05	'	In January 2005, the Colorado Health Facilities Authority issued \$13,500,000 aggregate principal amount of its Series 2005 Revenue Bonds (the 2005 Bonds) dated January 20, 2005 Proceeds from the 2005 Bonds were used to finance the construction of a clinical and research building, as well as several renovation projects and equipment issuance costs from the proceeds totaled \$270,000 \$255,000 w as used to pay bond issuance costs including underwriter's discount, rating agency fees, bond counsel and trustee fees. The remaining \$15,000 w as used to pay for credit enhancement fees

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493017000141

2009

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury

Internal Revenue Service Name of the organization **Employer identification number** NATIONAL JEWISH HEALTH 74-2044647 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (a)
Name, address, and EIN of disregarded entity (d) (b) (c) (e) Direct controlling Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity National Jewish Illiquid Asset Holding Company 1400 Jackson St CO 0 Property Holding 27,634 N/A Denver, CO 80206 74-2044647 Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (b) (c) (d) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(g) Share of end	-of-year	Disprop	rtionate	Code amount ir Sched	V—UBI box 20 of ule K-1	Genei mana	ral or aging
	Identification of Related Organizations Taxable as a Corporation or Trust (Complete If the organization answered "Yes" on Form 99 line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)		Yes	No									
		Primary activity    Complete   Co			_								
												(j) Genera manag partne  Yes  Part IV,	$\vdash$
													$\vdash$
													-
													_
Part IV Identification 11 Identification 12 Iden	ation of Related	<b>I Organiz</b> or more r	ations Taxable a	s a Corporation or s treated as a corpo	r <b>Trust</b> (Complete ration or trust duri	if the organi	zation ai ar.)	nswer	ed "Y	es" on Fo	orm 990, Pa	art IV,	
(a) Name, address, and EIN of		(b)		<b>(c)</b> Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of	total	Sh end-	are of -of-year	<b>(h)</b> Percentage ownership		

	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	7			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		
b	Gift, grant, or capital contribution to other organization(s)		<b>1</b> b		
c	Gift, grant, or capital contribution from other organization(s)		<b>1</b> c		
d	Loans or loan guarantees to or for other organization(s)		1d		
е	Loans or loan guarantees by other organization(s)		1e		
f	Sale of assets to other organization(s)		1f		
g	Purchase of assets from other organization(s)		<b>1</b> g		
h	Exchange of assets		1h		
i	Lease of facilities, equipment, or other assets to other organization(s)		1i		
j	Lease of facilities, equipment, or other assets from other organization(s)		1j		
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		
ı	Performance of services or membership or fundraising solicitations by other organization(s)		11		
m	Sharing of facilities, equipment, mailing lists, or other assets		1m		
n	Sharing of paid employees		1n		
0	Reimbursement paid to other organization for expenses		10		
р	Reimbursement paid by other organization for expenses		1р		
q	O ther transfer of cash or property to other organization(s)		1q		
r	O ther transfer of cash or property from other organization(s)		1r		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship	and transaction thresh	olds		
	(a)	<b>(b)</b> Transaction		(c)	
	Name of other organization	type(a-r)	Amoun	t involve	ed
1) 2)					
2)					
3)					
٠,					
4)					
• )					
5)					
,					
5)					
•					

# Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		ortionate nons?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	h) eral or laging tner?	
			Yes	No		Yes	No		Yes	No	
			-							<u> </u>	
										-	
										+	
										T	
										╀	
							<del> </del>			╁	
										╁	
			1			_				╄	
			+				+ +			+	
			†							T	
										1	

### **Additional Data**

Software ID: Software Version:

**EIN:** 74-2044647

Name: NATIONAL JEWISH HEALTH

# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

### 4d. Other program services

(Code ) (Expenses \$ 2,574,936 including grants of \$ 0 ) (Revenue \$ 3,052,415 )

National Jewish emphasizes the education of health professionals and biomedical scientists. National Jewish offers CEU and/or CCM accredited education programs. These courses, presented by the Center's Professional Education Department, are designed to ensure that health plan managers have the skills required to positively impact the quality of care and the quality of life of plan participants. In addition, National Jewish provides a free community outreach program designed to promote lung health and awareness in the community. The Center operates a free, accredited, K-8 school on campus, geared to the needs of children who have been educationally disadvantaged by long term illness. The Stanley Kunsberg School, founded in the early 1940s, provides an opportunity for 85 to 90 chronically ill children annually to benefit from studying with their peers while receiving required medical care.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per	Posi t	tion ( that a	(che			T	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				
Sue Allon Member, BOD	2	x						0	0	0	
Steve Arent Member, BO D	2	х						0	0	0	
Rich Baer Member, BO D	2	х						0	0	0	
Jim Berenbaum Member, BO D	2	×						0	0	0	
Paulette Brody Member, BO D	2	×						0	0	0	
Norman Brownstein Member, BO D	2	х						0	0	0	
Robin Chotin Vice Chair and Secretary, BOD	2	х		х				0	0	0	
Geraldine Cohen Member, BO D	2	х						0	0	0	
Joseph S Davis Lifetime Member, BOD	2	х						0	0	0	
Stanton Dodge Member, BO D	2	х						0	0	0	
David Engleberg Member, BO D	2	х						0	0	0	
Joel Farkas Member, BO D	2	х						0	0	0	
Mıchael Feiner Member, BO D	2	х						0	0	0	
Barbara Gallagher Member, BO D	2	х						0	0	0	
Tom Gart Chair, BOD	2	х		х				0	0	0	
Lawrence Gelfond Member, BO D	2	х						0	0	0	
Roger Gibson Member, BO D	2	Х						0	0	0	
Jerry Glauser Member, BOD	2	Х						0	0	0	
William Gold Lifetime Member, BOD	2	Х						0	0	0	
William Gold III Member, BO D	2	Х						0	0	0	
Staunton Golding Member, BO D	2	Х						0	0	0	
A Barry Hırschfeld Member, BOD	2	Х						0	0	0	
Christine Isenberg Member, BOD	2	Х						0	0	0	
Philip H Karsh Lifetime Member, BOD	2	х						0	0	0	
Mariner Kemper Member, BO D	2	×						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours per		(C tion ( hat a	che	)	_	1	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
Steven Krıs Member, BO D	2	×						0	0	0
Bradley Levin Member, BO D	2	х						0	0	0
Jım Kuhn Member, BO D	2	Х						0	0	0
Evelyn Makovsky Member, BO D	2	х						0	0	0
Marvın Moskowitz Member, BO D	2	Х						0	0	0
Zachery Pashel Member, BO D	2	Х						0	0	0
Marcus Peperzak Member, BO D	2	Х						0	0	0
Leonard M Perlmutter Lifetime Member, BOD	2	Х						0	0	0
Blair Richardson Member, BO D	2	х						0	0	0
Eddie A Robinson Lifetime Member, BOD	2	х						0	0	0
Scott Robinson Member, BO D	2	х						0	0	0
Hassan Salem Member, BO D	2	Х						0	0	0
Meyer M Saltzman Member, BO D	2	х						0	0	0
Richard Schierburg Member, BO D	2	х						0	0	0
Mıchael K Schonbrun Member, BO D	2	х						0	0	0
Carole Schwartz Member, BO D	2	х						0	0	0
Martın Semple Member, BO D	2	х						0	0	0
Donald Silversmith Vice Chair, BOD	2	х		х				0	0	0
Larry Silverstein Treasurer, National Council Trustees	2	х		х				0	0	0
Marc D Steron Member, BO D	2	х						0	0	0
Burton Tansky Member, BO D	2	Х						0	0	0
Debra Tuchman Member, BO D	2	х						0	0	0
Evan H Zucker Vice Chair, BOD	2	Х		х				0	0	0
Michael Salem MD President and CEO	50			х				619,886	0	5,680
Christine K Forkner EVP and CFO, Ass't Secretary	50			х				264,827	0	9,765

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	Posi t	(( tion ( hat a	che		I		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
David Schwartz MD Provost	50				х			412,381	0	9,298
Richard Martin MD Chairman, Department of Medicine	50				х			441,311	0	7,950
Erwin Gelfand MD Chairman, Department of Pediatrics	50				X			408,142	0	7,902
David Tinkelman MD VP Health Initiatives	50				х			403,618	0	7,897
Greg Downey MD EVP Academic Affairs	50				X			408,256	0	7,838
Gary Cott MD EVP Medical and Clincal Services	50				х			253,345	0	9,804
Ron Berge EVP and COO	50				х			299,080	0	7,208
Susan Holt VP, Development	50				х		х	279,278	0	3,504
Valerie Hale MD Sr MD/Faculty Member	50					х		312,096	0	5,412
David Lynch MD Sr MD/Faculty Member	50					х		306,314	0	10,046
John Newell MD Sr MD/Faculty Member	50					х		305,182	0	8,345
Debra Dyer MD Sr MD/Faculty Member	50					х		310,131	0	9,298
Richard Mountain MD Sr MD/Faculty Member	50					х		305,974	0	6,902

# **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 74-2044647

Name: NATIONAL JEWISH HEALTH

### Form 990 Schedule H, Part VI - Supplemental Information, Line 1

National Jewish Health conducts an annual study to determine the costs of all major programs. Through this study, which allocates specific costs across major programs, we determine the cost of clinical care. This ratio is multiplied by the total bad debt charges to determine cost. It is the same methodology used to determine cost of free and reduced care.

National Jewish Health conducts an annual study to determine the costs of all major programs. Through this study, which allocates specific costs across major programs, we determine the cost of clinical care. This ratio is multiplied by the total bad debt charges to determine cost. It is the same methodology used to determine cost of free and reduced care.

National Jewish Health is committed to providing specialty care to seniors. Patients benefit from extensive time with their healthcare providers, multi-specialty care focused on the whole patient, comprehensive patient education, rehabilitation and thorough diagnostic workups and treatment. This care is expensive and many aspects of it are not reimbursed adequately from Medicare. Many patients come to us as a last resort. The ability to access our care without regard to the limitations of insurance is an important benefit to these patients and to their community.

Our collection policies are designed with the patient's ability to pay in mind. Our policy is that patients with expected balances greater than \$500 are screened for financial assistance prior to receiving services to ensure that we qualify them as early as possible for assistance programs. Patients who qualify for assistance programs are held accountable only for a sliding scale copayment based on the federal poverty level. If, at any time either before or after services are rendered, the patient expresses concern over an ability to pay their bill, they are referred to financial counselors who specialize in qualifying patients for assistance programs, including National Jewish Health's own financial assistance program. Patients are also offered no-interest flexible payment plans that range from 6 months to 5 years.

National Jewish Health (NJH) is a nationwide referral center for respiratory, cardiac, and immune related diseases. We conduct extensive biomedical research and education of healthcare professionals and the community. To ensure that our programs meet the needs of the national community we serve, NJH maintains a significant presence within the community and continually assesses community needs. Our Board of Directors and National Council of Trustees are comprised of business, medical and community leaders from around the country. These individuals are heavily involved in their communities and work diligently to ensure that National Jewish meets community healthcare needs. Our faculty and management serve as leaders on a variety of community boards and committees, from the National Institutes of Health to local school accountability committees. Through this involvement, National Jewish maintains a solid understanding of community requirements. National Jewish faculty collaborate with their colleagues around the world to assess disease progression and treatments. Every three years, National Jewish reviews its strategic vision and updates its strategic plan. As part of this effort, National Jewish seeks out community leaders, governmental leaders and our colleagues at other healthcare organizations to ensure that our strategic direction is well-aligned to meet the healthcare needs of the communities we serve

National Jewish Health invests significant resources in meeting the healthcare needs of our community. Since our founding over 111 years ago, when NJH was a free hospital for the care of indigent tuberculosis patients, National Jewish Health has been committed to meeting the medical needs of the underserved in the community. National Jewish is one of only a handful of hospitals and outpatient clinics in the area that schedules patients for services on a first come, first serve basis regardless of ability to pay. All patients are provided a full scope of diagnostic and therapeutic services without regard to the patients financial need. Our clinicians serve at multiple locations throughout the state in order to ease access to our services. As a teaching institution, our faculty educate and train tomorrow's doctors, nurses and other healthcare staff. Every year, National Jewish spends millions of dollars to conduct the full continuum of research from basic science to clinical application. National Jewish operates a free K-8 school on our campus devoted exclusively to 85-90 chronically ill children with special medical needs. To our knowledge it is the only school of its kind on a healthcare campus in the country. Overwhelmingly, the students at the school live in poverty and qualify for free or reduced lunches. National Jewish offers free lung testing around the country. We subsidize programs throughout the community including an intercity asthma program in the Denver Public Schools, an Asthma tool kit program for the western slope and a free asthma care and an asthma care and teaching program in lower income communities in Colorado As a not-for-profit institution, our Board of Directors, all of whom are community leaders, are heavily involved in the direction and strategies of furthering our mission. To heal, discover and educate. On April 8th, 2010, National Jewish Health was unanimously recognized by the Colorado House and Senate for our vital role in serving the health needs of Colorado Citizens.