

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2016** calendar year, or tax year beginning and ending

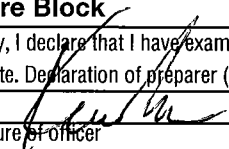
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE NEW YORK ACADEMY OF MEDICINE		D Employer identification number 13-1656674
	Doing business as		E Telephone number (212) 822-7222
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10029-5205		G Gross receipts \$ 47,667,474.
F Name and address of principal officer: KATHLEEN O'DONNELL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.NYAM.ORG		If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	
L Year of formation: 1851		M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	115
	6 Total number of volunteers (estimate if necessary)	6	29
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	514,375.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-68,854.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,394,835.	6,666,547.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,841,641.	2,088,891.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,257,149.	5,180,802.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	575,443.	753,660.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,069,068.	14,689,900.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,043,492.	701,544.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	11,428,946.	10,677,299.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 771,388.	50,000.	50,000.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,505,106.	5,367,802.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,027,544.	16,796,645.
19 Revenue less expenses. Subtract line 18 from line 12	-6,958,476.	-2,106,745.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	82,641,791.	80,559,594.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,152,361.	1,408,300.
		81,489,430.	79,151,294.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 10-10-17			
	KATHLEEN O'DONNELL, SR VICE PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 11/07/17	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945			
	Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022	Phone no. (212) 286-2600			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,938,437. including grants of \$ 21,661.) (Revenue \$ 5,000.) CENTER FOR HEALTH POLICY AND PROGRAMS - SEE SCHEDULE O.

4b (Code:) (Expenses \$ 1,609,333. including grants of \$) (Revenue \$ 126,926.) LIBRARY AND HISTORICAL COLLECTIONS - SEE SCHEDULE O.

4c (Code:) (Expenses \$ 911,540. including grants of \$ 79,686.) (Revenue \$) ROBERT WOOD JOHNSON FOUNDATION HEALTH AND SOCIETY SCHOLARS PROGRAM - SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,076,122. including grants of \$ 600,197.) (Revenue \$ 1,544,878.)

4e Total program service expenses 12,535,432.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields (104, 0, 115).

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	25	
b	Enter the number of voting members included in line 1a, above, who are independent	23	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KATHLEEN O'DONNELL - (212) 822-7222**
1216 FIFTH AVENUE, NEW YORK, NY 10029-5205

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELVILLE E. BOUFFORD, MD PRESIDENT	35.00	X		X				486,783.	0.	77,947.
(2) GEORGE E. THIBAUT CHAIRMAN	1.00	X		X				0.	0.	0.
(3) JAMES FLYNN VICE-CHAIRMAN	1.00	X		X				0.	0.	0.
(4) STEVEN FELSHER TREASURER	1.00	X		X				0.	0.	0.
(5) ALLEN M. SPIEGEL, MD TRUSTEE	1.00	X						0.	0.	0.
(6) BOBBIE BERKOWITZ TRUSTEE	1.00	X						0.	0.	0.
(7) CHARLES N. BERTOLAMI, DDS TRUSTEE	1.00	X						0.	0.	0.
(8) CLAIR POMEROY, MD TRUSTEE	1.00	X						0.	0.	0.
(9) EDWARD LEWIS TRUSTEE	1.00	X						0.	0.	0.
(10) EDWARD SHORTLIFFE, MD, PHD TRUSTEE	1.00	X						3,000.	0.	0.
(11) ELSA-GRACE V. GIARDINA, MD TRUSTEE	1.00	X						0.	0.	0.
(12) JOHN DAMONTI TRUSTEE	1.00	X						0.	0.	0.
(13) JOHN L. CASSIS, MBA TRUSTEE	1.00	X						0.	0.	0.
(14) LORRAINE CORTES-VAZQUEZ TRUSTEE	1.00	X						0.	0.	0.
(15) MARK L. WAGAR TRUSTEE	1.00	X						0.	0.	0.
(16) MARK N. KAPLAN, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(17) MARTIN J. SEPULVEDA, MD TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MELODY ROLLINS, CFA, CA TRUSTEE	1.00	X						0.	0.	0.
(19) PHILIP FASANO, MBA TRUSTEE	1.00	X						0.	0.	0.
(20) RAMANATHAN RAJU TRUSTEE	1.00	X						0.	0.	0.
(21) STANLEY CHANG, MD TRUSTEE	1.00	X						0.	0.	0.
(22) STEVEN J. CORWIN TRUSTEE	1.00	X						0.	0.	0.
(23) STEVEN M. SAFYER, MD TRUSTEE	1.00	X						0.	0.	0.
(24) MARY TRAVIS BASSETT, PHD EX-OFFICIO	1.00	X						0.	0.	0.
(25) BARBARA GREEN EX-OFFICIO	1.00	X						0.	0.	0.
(26) KATHLEEN D. O'DONNELL SVP-FINANCE & ADMINISTRATION	35.00			X				336,895.	0.	24,652.
1b Sub-total								826,678.	0.	102,599.
c Total from continuation sheets to Part VII, Section A								1,778,807.	0.	278,242.
d Total (add lines 1b and 1c)								2,605,485.	0.	380,841.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **19**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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 individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MINERVA PROTECTION AND RISK SOLUTIONS 244 5TH AVE. , NEW YORK, NY 10001	SECURITY	178,089.
PACHYDERM CONSULTING, 66 WEST 38TH ST., SUITE 11K, NEW YORK, NY 10018	INFORMATION TECHNOLOGY	160,579.
STERLING AFFAIR INC. 100 COMMERCE ROAD, CARLSTADT, NJ 07072	CATERING SERVICES	152,395.
RABIN MARTIN 104 W. 40TH ST., NEW YORK, NY 10018	PROGRAM CONSULTANT	115,000.
BLENDERBOX, INC. 26 DOBBIN STREET, BROOKLYN, NY 11222	WEBSITE DESIGN	106,032.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include: (27) ANTHONY SHIH, EXECUTIVE VICE PRESIDENT; (28) MICHAEL WOLFE, DIRECTOR OF FINANCE; (29) JOSE A. PAGAN, DIRECTOR OF CENTER FOR HEALTH INNOVA; (30) DAVID SISCOVICK, SVP OF RESEARCH; (31) ANGELA V. MENDOZA, JR., DIRECTOR, HEALTH POLICY; (32) LISA O'SULLIVAN, DIRECTOR, LIBRARY; (33) LINDA J. WEISS, DIR. CENTER OF EVALUATION & RESEARCH.

Total to Part VII, Section A, line 1c 1,778,807. 278,242.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	673,351.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,116,173.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,877,023.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		6,666,547.				
	Program Service Revenue	2 a EDUCATION CONFERENCE CENTER FEES	Business Code 611430	1,619,637.	1,207,550.	412,087.	
b MEMBERSHIP DUES & ASSESSMENTS		900099	162,445.	162,445.			
c REGISTRATION FEES		611430	119,505.	119,505.			
d LIBRARY FEES		541900	115,624.	115,624.			
e OTHER SERVICES		900099	71,680.	71,680.			
f All other program service revenue							
g Total. Add lines 2a-2f			2,088,891.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,185,540.		51,788.	1,133,752.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		78,158.			78,158.	
	6 a Gross rents	(i) Real	255,737.				
		(ii) Personal	0.				
		c Rental income or (loss)	255,737.				
	d Net rental income or (loss)		255,737.			255,737.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	36,824,615.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	32,829,353.				
		c Gain or (loss)	3,995,262.				
	d Net gain or (loss)		3,995,262.			3,995,262.	
	8 a Gross income from fundraising events (not including \$ 673,351. of contributions reported on line 1c). See Part IV, line 18	a	75,825.				
		b Less: direct expenses	148,221.				
		c Net income or (loss) from fundraising events		-72,396.			-72,396.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a COMMISSION INCOME		541990	232,537.			232,537.	
	b ADMINISTRATION FEES		900099	150,796.			150,796.
			900099	50,500.		50,500.	
	d All other revenue		900099	58,328.			58,328.
		e Total. Add lines 11a-11d		492,161.			
12 Total revenue. See instructions.			14,689,900.	1,676,804.	514,375.	5,832,174.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	209,387.	209,387.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	486,732.	486,732.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,425.	5,425.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,777,264.	706,222.	762,227.	308,815.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	193,463.	193,463.		
7 Other salaries and wages	6,862,375.	5,567,109.	1,069,072.	226,194.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	185,204.	152,848.	25,843.	6,513.
9 Other employee benefits	1,032,599.	830,394.	179,477.	22,728.
10 Payroll taxes	626,394.	469,210.	123,180.	34,004.
11 Fees for services (non-employees):				
a Management				
b Legal	33,327.	8,100.	21,185.	4,042.
c Accounting	69,000.		69,000.	
d Lobbying	60,600.	60,600.		
e Professional fundraising services. See Part IV, line 17	50,000.			50,000.
f Investment management fees	197,784.		197,784.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,494,581.	1,116,243.	312,995.	65,343.
12 Advertising and promotion	71,801.	6,509.	65,292.	
13 Office expenses	357,509.	260,954.	72,065.	24,490.
14 Information technology	168,891.	34,691.	132,138.	2,062.
15 Royalties				
16 Occupancy	370,211.	317,386.	48,952.	3,873.
17 Travel	429,684.	399,981.	29,117.	586.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	471,888.	446,036.	23,068.	2,784.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	914,868.	781,244.	123,827.	9,797.
23 Insurance	170,086.		170,086.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	282,459.	245,648.	34,253.	2,558.
b ADMINISTRATION FEES	150,796.	150,796.		
c SUBSCRIPTIONS & MEMBERS	65,771.	31,559.	27,930.	6,282.
d COPYRIGHT EXPENSE	24,876.	24,876.		
e All other expenses	33,670.	30,019.	2,334.	1,317.
25 Total functional expenses. Add lines 1 through 24e	16,796,645.	12,535,432.	3,489,825.	771,388.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,500.	1	4,350.
	2 Savings and temporary cash investments	1,712,412.	2	2,613,383.
	3 Pledges and grants receivable, net	2,033,876.	3	1,670,276.
	4 Accounts receivable, net	125,189.	4	181,229.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	150,170.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	349,132.	9	444,888.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,332,257.		
	b Less: accumulated depreciation	10b 8,434,891.		
	11 Investments - publicly traded securities	10,654,780.	10c	9,897,366.
	12 Investments - other securities. See Part IV, line 11	42,433,231.	11	49,648,997.
	13 Investments - program-related. See Part IV, line 11	25,129,456.	12	15,758,560.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	199,215.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	82,641,791.	15	190,375.	
Liabilities	17 Accounts payable and accrued expenses	872,870.	16	80,559,594.
	18 Grants payable	872,870.	17	1,100,163.
	19 Deferred revenue	102,251.	18	110,000.
	20 Tax-exempt bond liabilities	177,240.	19	198,137.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	1,152,361.	25	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	1,408,300.
	27 Unrestricted net assets	48,640,856.	27	45,104,682.
	28 Temporarily restricted net assets	20,885,579.	28	22,094,071.
	29 Permanently restricted net assets	11,962,995.	29	11,952,541.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	81,489,430.	33	79,151,294.	
34 Total liabilities and net assets/fund balances	82,641,791.	34	80,559,594.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,689,900.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,796,645.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,106,745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,489,430.
5	Net unrealized gains (losses) on investments	5	-222,552.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,839.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	79,151,294.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	X	
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	X	

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **THE NEW YORK ACADEMY OF MEDICINE** Employer identification number **13-1656674**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,495,089.	5,713,371.	5,501,440.	6,102,782.	6,666,547.	31,479,229.
2 Tax revenues levied for the 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	7,495,089.	5,713,371.	5,501,440.	6,102,782.	6,666,547.	31,479,229.
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)						4,931,503.
6 Public support. Subtract line 5 from line 4.						26,547,726.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	7,495,089.	5,713,371.	5,501,440.	6,102,782.	6,666,547.	31,479,229.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,297,538.	1,096,215.	1,190,295.	1,371,914.	1,467,647.	6,423,609.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	385,664.	464,492.	353,178.	298,004.	441,661.	1,942,999.
11 Total support. Add lines 7 through 10						39,845,837.
12 Gross receipts from related activities, etc. (see instructions)					12	8,035,655.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	66.63 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	65.85 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
3 Gross receipts from activities that 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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts 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 from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2012 AMOUNT: \$ 240,345.

2013 AMOUNT: \$ 275,242.

2014 AMOUNT: \$ 214,275.

2015 AMOUNT: \$ 166,953.

2016 AMOUNT: \$ 43,402.

COMMISSION INCOME

2012 AMOUNT: \$ 129,558.

2013 AMOUNT: \$ 173,091.

2014 AMOUNT: \$ 122,334.

2015 AMOUNT: \$ 116,560.

2016 AMOUNT: \$ 232,537.

PUBLICATION FEES

2012 AMOUNT: \$ 15,761.

2013 AMOUNT: \$ 16,159.

2014 AMOUNT: \$ 16,569.

2015 AMOUNT: \$ 14,491.

2016 AMOUNT: \$ 14,926.

ADMINISTRATION FEES

2016 AMOUNT: \$ 150,796.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

THE NEW YORK ACADEMY OF MEDICINE

Employer identification number

13-1656674

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>942,557.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>801,999.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>370,415.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>215,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 151,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 148,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 145,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 761,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part 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 ▶ \$ _____
- 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.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		63,658.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			63,658.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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			
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 carry over lobbying and political campaign activity 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a 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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ACADEMY PAID A LOBBYIST \$60,000, INCURRED REGISTRATION FEES AND EXPENSES OF \$600 AND \$3,058.00 FOR CERTAIN EMPLOYEES' SALARIES ATTRIBUTED TO LOBBYING RELATED ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization THE NEW YORK ACADEMY OF MEDICINE **Employer identification number** 13-1656674

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 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 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,256,391.	22,857,905.	22,847,735.	22,224,957.	21,428,170.
b Contributions	11,400.	334,026.	211,085.	112,748.	111,058.
c Net investment earnings, gains, and losses	820,615.	-397,816.	295,328.	1,045,399.	1,088,820.
d Grants or scholarships	172,700.	86,000.	92,581.	86,000.	33,500.
e Other expenditures for facilities and programs	272,157.	337,434.	289,424.	342,230.	262,881.
f Administrative expenses	111,282.	114,290.	114,238.	107,139.	106,710.
g End of year balance	22,532,267.	22,256,391.	22,857,905.	22,847,735.	22,224,957.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 53.05 %
- c Temporarily restricted endowment 46.95 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		284,261.		284,261.
b Buildings		13,619,544.	5,453,039.	8,166,505.
c Leasehold improvements				
d Equipment		855,556.	459,921.	395,635.
e Other		3,572,896.	2,521,931.	1,050,965.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,897,366.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY SECURITIES	1,616,059.	COST
(B) REAL ASSET FUNDS	738,574.	COST
(C) FIXED INCOME SECURITIES	2,127,152.	COST
(D) FLEXIBLE CAPITAL	10,925,901.	COST
(E) HEDGE FUNDS	350,874.	COST
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	15,758,560.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	14,210,725.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-222,552.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-222,552.
3	Subtract line 2e from line 1	3	14,433,277.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	197,784.
b	Other (Describe in Part XIII.)	4b	58,839.
c	Add lines 4a and 4b	4c	256,623.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,689,900.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	16,548,861.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	16,548,861.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	197,784.
b	Other (Describe in Part XIII.)	4b	50,000.
c	Add lines 4a and 4b	4c	247,784.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,796,645.

Part XIII Supplemental Information.

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

THE ACADEMY HAS A COLLECTION OF PURCHASED AND DONATED MATERIALS, INCLUDING BOOKS AND ARTIFACTS. THIS COLLECTION IS MAINTAINED BY THE ACADEMY UNDER CURATORIAL CARE AND IS HELD FOR RESEARCH, EDUCATION AND PUBLIC EXHIBITION IN FURTHERANCE OF PUBLIC SERVICE. IN ACCORDANCE WITH NOT-FOR-PROFIT INDUSTRY PRACTICE, THE COSTS AND VALUES OF THE ITEMS IN THE COLLECTION HAVE NOT BEEN CAPITALIZED AND ARE NOT REPORTED IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION.

PART III, LINE 4:

THE ACADEMY HAS A COLLECTION OF PURCHASED AND DONATED MATERIALS, INCLUDING BOOKS AND ARTIFACTS. THIS COLLECTION IS MAINTAINED BY THE ACADEMY UNDER

Part XIII Supplemental Information (continued)

CURATORIAL CARE AND IS HELD FOR RESEARCH, EDUCATION AND PUBLIC EXHIBITION IN FURTHERANCE OF PUBLIC SERVICE. IN ACCORDANCE WITH NOT-FOR-PROFIT INDUSTRY PRACTICE, THE COSTS AND VALUES OF THE ITEMS IN THE COLLECTION HAVE NOT BEEN CAPITALIZED AND ARE NOT REPORTED IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION.

PART V, LINE 4:

THE ACADEMY'S ENDOWMENT CONSISTS OF 43 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THESE FUNDS ARE USED FOR THE SUPPORT OF THE LIBRARY AND HISTORY OF MEDICINE PROGRAMS AND LECTURES, AWARD PROGRAMS IN VARIOUS MEDICAL DISCIPLINES, LECTURES AND SEMINARS IN THE FURTHERANCE OF KNOWLEDGE, STUDY AND RESEARCH BY MEDICAL PROFESSIONALS AS WELL AS THE PUBLIC AT LARGE. IN ADDITION, SOME ENDOWMENT FUND INCOME HAS BEEN DESIGNATED BY DONORS FOR USE IN SUPPORT OF GENERAL OPERATIONS.

PART X, LINE 2:

THE ACADEMY IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE ACADEMY, ASC TOPIC 740 IS POTENTIALLY APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME ("UBI"), ATTRIBUTABLE TO CERTAIN ALTERNATIVE INVESTMENTS, CONFERENCE CENTER EVENTS AND COMMISSIONS, AND SPONSORSHIP FEES NOT RELATED TO THE ACADEMY'S MISSION. NONETHELESS, BECAUSE OF THE ACADEMY'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES THAT ASC TOPIC 740 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE ACADEMY'S FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

PROFESSIONAL FUNDRAISER INCLUDED ON PART IX: 50,000.

CHANGE IN VALUE OF PERPETUAL TRUST 8,839.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 58,839.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISER INCLUDED ON PART IX: 50,000.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTS		5,425.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		12,493,225.
3 a Sub-total	0	0			12,498,650.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			12,498,650.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ICUH CONFERENCE	5,425.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **1**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

DURING 2016, THE ACADEMY MADE A PAYMENT TO THE AFRICAN POPULATION AND HEALTH RESEARCH CENTER FOR TRAVEL EXPENSES TO SAN FRANCISCO FOR A SPEAKER AT THE ACADEMY'S ICUH CONFERENCE. IN ACCORDANCE WITH THE CONFERENCE FUNDER'S GUIDELINES THE ORGANIZATION MUST PROVIDE SUPPORTING DOCUMENTATION IN ORDER TO RECEIVE REIMBURSEMENT.

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR ITS FOREIGN EXPENDITURE.

FORM 990, SCHEDULE F, PART IV, LINE 3:

THE ORGANIZATION IS NOT REQUIRED TO FILE FORMS 5471 OR 8865 BECAUSE IT DOES NOT MEET THE APPLICABLE THRESHOLD OWNERSHIP OR OTHER FILING REQUIREMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **THE NEW YORK ACADEMY OF MEDICINE** Employer identification number **13-1656674**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ASTIC PRODUCTIONS LLC - 850 SEVENTH AVENUE, NEW YORK, NY	ANNUAL GALA	X		600,954.	50,000.	550,954.
Total				600,954.	50,000.	550,954.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, CA, CO, CT, DC, FL, GA, IL, KY, ME, MD, MA, MI, NH, NJ, NM, NY, NC, OH, PA, RI, TN, VA, WA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	749,176.			749,176.
	2 Less: Contributions	673,351.			673,351.
	3 Gross income (line 1 minus line 2)	75,825.			75,825.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	103,062.			103,062.
	8 Entertainment	27,436.			27,436.
	9 Other direct expenses	17,723.			17,723.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				148,221.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-72,396.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 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? Yes No
- 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 of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ASTIC PRODUCTIONS LLC
 (I) ADDRESS OF FUNDRAISER: 850 SEVENTH AVENUE, NEW YORK, NY 10019

PART I, LINE 2B, COLUMN (V):

NYAM AGREES TO PAY ASTIC THE SUM OF \$50,000 PAYABLE IN NINE (9)

INSTALLMENTS, AS FOLLOWS:

\$10,000 PAYABLE UPON SIGNING AND \$5,000 PAYABLE THE FIRST OF THE MONTH

Part IV Supplemental Information (continued)

THEREAFTER.

NYAM WILL REIMBURSE ASTIC FOR REASONABLE AND DOCUMENTED OUT-OF-POCKET EXPENSES INCLUDING MESSENGER SERVICE, FEDEX, TRANSPORTATION, SUPPLIES FOR MATERIALS AND COPIES. ANY OUT-OF-POCKET EXPENSES WILL REQUIRE PRIOR APPROVAL.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **THE NEW YORK ACADEMY OF MEDICINE** Employer identification number **13-1656674**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HARM REDUCTION COALITION 22 W. 27TH ST. 5TH FL. NEW YORK, NY 10001	94-3204958	501(C) (3)	12,000.	0.			AWARD
HEALTH RESEARCH, INC. 150 BROADWAY, STE 560 MENANDS, NY 12204-2719	14-1402155	501(C) (3)	9,660.	0.			AWARD
DUKE NETWORK ANAYSIS CTR BOX 90989 DURHAM, NC 27708-0989	56-0532129	501(C) (3)	6,000.	0.			AWARD
UNIVERSITY OF CALIFORNIA CGA BOX 0812 SAN FRANCISCO, CA 94143-0812	94-6036493	501(C) (3)	73,686.	0.			AWARD
ICAHN SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PL, NEW YORK, NY 10029	13-6171197	501(C) (3)	32,468.	0.			AWARD
MAYO CLINIC, ROCHESTER 200 FIRST STREET, SW ROCHESTER, MN 55095	41-6011702	501(C) (3)	17,783.	0.			AWARD

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9.
- 3 Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS 809 S. MASHFIELD AVE CHICAGO, IL 60612	39-6000511	STATE OF IL	22,466.	0.			AWARD
MAKE THE ROAD NEW YORK 3012 GROVE ST BROOKLYN, NY 11237	11-3344389	501(C) (3)	7,049.	0.			AWARD
UNITED HOSPITAL FUND OF NEW YORK 1411 BROADWAY, 12TH FLOOR NEW YORK, NY 10018	13-1562656	501(C) (3)	6,200.	0.			AWARD

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDS	12	115,175.	0.		
FELLOWSHIPS	12	204,000.	0.		
HONORARIA	53	59,485.	0.		
STIPENDS	25	108,072.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AWARDS MADE TO OTHER ORGANIZATIONS ARE MANAGED AS FOLLOWS: A CALL FOR PROPOSAL IS MADE. ONCE PROPOSALS ARE RECEIVED FROM POTENTIAL RECIPIENTS, A COMMITTEE REVIEWS THE PROPOSALS AND MAKES DECISIONS ON WHO WILL BE FUNDED. THE ACADEMY ISSUES AWARD LETTERS WHICH OUTLINE THE TERMS AND CONDITIONS OF THE AWARD (INCLUDING REPORTING REQUIREMENTS - FINANCIAL AND TECHNICAL) AND ASKS THAT THE LETTER BE SIGNED AND RETURNED. SUBCONTRACTS ON FEDERAL GRANTS ARE MONITORED UNDER THE GUIDELINES SET FORTH IN THE UNIFORM GUIDANCE BY THE ORGANIZATION'S DIRECTOR OF GRANTS MANAGEMENT. IN ADDITION, THE

Part IV Supplemental Information

DIRECTOR REQUESTS A COPY OF THE SUBCONTRACTORS' REPORTS UNDER THE UNIFORM GUIDANCE, TO MONITOR AUDIT FINDINGS AS WELL AS THE SCHEDULE OF EXPENDITURES FOR REPORTING OF PASS-THROUGH FEDERAL FINDING IT RECEIVED FROM THE ACADEMY.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2016

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE NEW YORK ACADEMY OF MEDICINE** Employer identification number **13-1656674**

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MELVILLE E. BOUFFORD, MD PRESIDENT	(i)	458,895.	0.	27,888.	47,950.	29,997.	564,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHLEEN D. O'DONNELL SVP-FINANCE & ADMINISTRATION	(i)	314,323.	0.	22,572.	7,950.	16,702.	361,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANTHONY SHIH EXECUTIVE VICE PRESIDENT	(i)	388,570.	0.	90.	25,950.	38,720.	453,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL WOLFE DIRECTOR OF FINANCE	(i)	175,629.	0.	22,572.	6,144.	35,426.	239,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSE A. PAGAN DIRECTOR OF CENTER FOR HEALTH INNOVA	(i)	307,883.	0.	540.	7,950.	39,179.	355,552.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID SISCOVICK SVP OF RESEARCH	(i)	383,266.	0.	762.	25,950.	15,755.	425,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANGELA V. MENDOZA, JR. DIRECTOR, HEALTH POLICY	(i)	155,499.	0.	18,138.	5,407.	18,005.	197,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LISA O'SULLIVAN DIRECTOR, LIBRARY	(i)	165,850.	0.	452.	5,059.	14,013.	185,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LINDA J. WEISS DIR. CENTER OF EVALUATION & RESEARCH	(i)	158,287.	0.	1,269.	5,099.	35,585.	200,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

THE ACADEMY ESTABLISHED A SUPPLEMENTAL RETIREMENT PLAN UNDER WHICH THE ACADEMY CONTRIBUTES \$40,000 EACH YEAR ON THE PRESIDENT'S BEHALF. UNDER THE TERMS OF THE EMPLOYMENT AGREEMENT, A 457(F) DEFERRED COMPENSATION PLAN WAS ESTABLISHED IN WHICH THE ACADEMY WILL CONTRIBUTE \$40,000 EACH YEAR DURING THE REMAINING TERM OF EMPLOYMENT.

THE ACADEMY ALSO HAS A SECTION 457(B) DEFERRED COMPENSATION PLAN, WHICH IS AVAILABLE TO KEY EMPLOYEES. DURING 2016 THERE WERE SEVEN EMPLOYEES PARTICIPATING IN THIS PLAN OF WHICH TWO EMPLOYEE'S CONTRIBUTIONS WERE FUNDED BY THE ACADEMY, FOR A TOTAL OF \$36,000.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
VIMLA PATEL	SPOUSE OF TRUSTEE	190,463.	SEE PART V		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(D) DESCRIPTION OF TRANSACTION: IN 2011, THE SPOUSE OF DR. SHORTLIFFE, A MEMBER OF THE ACADEMY'S BOARD OF TRUSTEES WAS HIRED AS A PROGRAM DEPARTMENT DIRECTOR. DR. SHORTLIFFE'S TERM AS A TRUSTEE ENDED ON DECEMBER 21, 2011. IN ACCORDANCE WITH THE ACADEMY'S COMPENSATION POLICY, THE PRESIDENT APPROVES THE HIRING OF THE SENIOR STAFF; RECOMMENDS INCREASES FOR EXECUTIVE AND SENIOR VICE PRESIDENTS AND VICE PRESIDENTS TO THE EXECUTIVE COMMITTEE FOR APPROVALS AND RECOMMENDATION TO THE BOARD. DR. SHORTLIFFE WAS NOT A MEMBER OF THE EXECUTIVE COMPENSATION COMMITTEE IN 2011. DR. SHORTLIFFE RETURNED TO THE BOARD IN JANUARY 2013. HE WAS A MEMBER OF THE EXECUTIVE COMMITTEE DURING 2014, 2015, AND 2016. THE SPOUSE'S 2016, 2015, AND 2014 SALARY WAS FUNDED BY EXTERNAL GRANTS RECEIVED BY THE ACADEMY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE NEW YORK ACADEMY OF MEDICINE** Employer identification number **13-1656674**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures	X	7	0.	
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified 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 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, PART I, LINE 1:

DURING 2016, THE ACADEMY RECEIVED 7 CONTRIBUTIONS OF WORKS OF ART FROM 5 DONORS. THESE CONTRIBUTIONS CONSISTED OF PAMPHLETS, BOOKS, PRINTS, ARTIFACTS AND HISTORICAL MANUSCRIPT MATERIALS.

SCHEDULE M, LINE 33:

THE ACADEMY HAS A COLLECTION OF VARIOUS PURCHASED AND DONATED MATERIAL, INCLUDING BOOKS AND ARTIFACTS. THE COLLECTION IS MAINTAINED BY THE ACADEMY UNDER CURATORIAL CARE AND IS HELD FOR RESEARCH, EDUCATION AND PUBLIC EXHIBITION IN FURTHERANCE OF ITS PUBLIC SERVICE. IN ACCORDANCE WITH NOT-FOR-PROFIT ACCOUNTING GUIDELINES (SFAS 116) (ASC 958-360-25) THE COST AND VALUE OF THE ITEMS IN THE COLLECTION HAVE NOT BEEN CAPITALIZED AND ARE NOT REPORTED IN THE STATEMENT OF FINANCIAL POSITION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

THE NEW YORK ACADEMY OF MEDICINE

Employer identification number

13-1656674

FORM 990, PART I, LINE 1:

THE NEW YORK ACADEMY OF MEDICINE IS DEDICATED TO ADVANCING THE HEALTH AND WELL-BEING OF PEOPLE LIVING IN CITIES. THIS IS ACCOMPLISHED THROUGH THE ACADEMY'S INSTITUTE FOR URBAN HEALTH, HOME OF INTERDISCIPLINARY RESEARCH, EVALUATION, POLICY, AND PROGRAM INITIATIVES; OUR WORLD CLASS HISTORICAL LIBRARY OF MEDICINE AND PUBLIC HEALTH AND ITS ACTIVE PROGRAMMING IN HISTORY, THE HUMANITIES, AND THE ARTS; AND ITS FELLOWS, A NETWORK OF MORE THAN 2,000 EXPERTS ELECTED BY THEIR PEERS FROM ACROSS THE PROFESSIONS AFFECTING HEALTH.

THE ACADEMY APPROACHES ITS CURRENT PRIORITIES OF HEALTH AGING, DISEASE PREVENTION, AND ELIMINATING HEALTH DISPARITIES, ALL CRITICAL ISSUES, WITH A DEEP AND LONG-STANDING COMMITMENT TO UNDERSTANDING THE COMPLEX FACTORS THAT DETERMINE HEALTH IN CITIES.

SINCE ITS FOUNDING IN 1847, THE ACADEMY HAS A LEGACY OF OVER 160 YEARS OF PIONEERING PROGRESS IN URBAN HEALTH-MAKING A LASTING IMPACT ON HEALTH IN NEW YORK CITY AND BEYOND.

FORM 990, PART III, LINE 1:

THE NEW YORK ACADEMY OF MEDICINE IS DEDICATED TO ADVANCING THE HEALTH AND WELL-BEING OF PEOPLE LIVING IN CITIES. THIS IS ACCOMPLISHED THROUGH THE ACADEMY'S INSTITUTE FOR URBAN HEALTH, HOME OF INTERDISCIPLINARY RESEARCH, EVALUATION, POLICY, AND PROGRAM INITIATIVES; OUR WORLD CLASS HISTORICAL LIBRARY OF MEDICINE AND PUBLIC HEALTH AND ITS ACTIVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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PROGRAMMING IN HISTORY, THE HUMANITIES, AND THE ARTS; AND ITS FELLOWS, A NETWORK OF MORE THAN 2,000 EXPERTS ELECTED BY THEIR PEERS FROM ACROSS THE PROFESSIONS AFFECTING HEALTH.

THE ACADEMY APPROACHES ITS CURRENT PRIORITIES OF HEALTH AGING, DISEASE PREVENTION, AND ELIMINATING HEALTH DISPARITIES, ALL CRITICAL ISSUES, WITH A DEEP AND LONG-STANDING COMMITMENT TO UNDERSTANDING THE COMPLEX FACTORS THAT DETERMINE HEALTH IN CITIES.

SINCE ITS FOUNDING IN 1847, THE ACADEMY HAS A LEGACY OF OVER 160 YEARS OF PIONEERING PROGRESS IN URBAN HEALTH-MAKING A LASTING IMPACT ON HEALTH IN NEW YORK CITY AND BEYOND.

FORM 990, PART III, LINE 4A:

CENTER FOR HEALTH POLICY AND PROGRAMS:

POPULATION HEALTH AND HEALTH REFORM

HEALTH SYSTEM REFORM EFFORTS IN NEW YORK STATE ARE INCREASINGLY ADDRESSING POPULATION HEALTH, AND THE ACADEMY'S EARLY LEADERSHIP IN THIS AREA IS BEING RECOGNIZED, CREATING OPPORTUNITIES FOR IMPACT AND FUNDING. WE CONTINUE AS AN IMPORTANT PARTNER WITH THE NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) ON ADVANCING POPULATION HEALTH, AND AS AN ACTIVE PARTNER IN THE POPULATION HEALTH IMPROVEMENT PROGRAM FOR NEW YORK CITY. THE ACADEMY ALSO PARTICIPATES IN THE KEY STATEWIDE HEALTH REFORM WORKING GROUPS, AND IS CONDUCTING THE STATEWIDE EVALUATION FOR NEW YORK'S STATE INNOVATION MODEL. THE NEW YORK STATE HEALTH FOUNDATION (NYSHF) SPONSORED THE FOURTH ANNUAL POPULATION HEALTH SUMMIT AT THE

Name of the organization

THE NEW YORK ACADEMY OF MEDICINE

Employer identification number

13-1656674

ACADEMY IN DECEMBER OF 2016.

THE NEW YORK STATE HEALTH FOUNDATION (NYSHF) SPONSORED THE THIRD ANNUAL POPULATION HEALTH SUMMIT AT THE ACADEMY IN DECEMBER OF 2015 AS WELL AS A FEASIBILITY ASSESSMENT PROJECT FOR A STATEWIDE POPULATION HEALTH ROUNDTABLE.

PREVENTION AND COMMUNITY DEVELOPMENT

THE ACADEMY CONDUCTED AND RELEASED A HEALTH IMPACT ASSESSMENT OF THE ZONING AND HOUSING AFFORDABILITY RECOMMENDATIONS INCLUDED IN THE EAST HARLEM NEIGHBORHOOD PLAN.

WE ALSO CONDUCTED A CONTENT ANALYSIS OF ALL NEW YORK STATE HOSPITALS' 2013 SCHEDULE H DATA, COMMUNITY SERVICE PLANS; AND DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM POPULATION HEALTH PROJECT PLANS FOR ALL HOSPITALS OPERATING IN NEW YORK STATE, TO ASSESS THE ALIGNMENT WITH THE NEW YORK STATE PREVENTION AGENDA.

THE ACADEMY RECEIVED RENEWED FUNDING TO PROVIDE TECHNICAL ASSISTANCE TO LOCAL HEALTH DEPARTMENTS ACROSS NEW YORK STATE WORKING TO IMPLEMENT THE PREVENTION AGENDA.

HEALTHY AGING

51% COMMUNITY DISTRICTS IN NYC NOW HAVE AN AGE-FRIENDLY INITIATIVE.

THE AGE-FRIENDLY NEIGHBORHOOD INITIATIVE CONNECTED WITH MORE THAN 500 OLDER ADULTS, WHO TOLD US ABOUT THEIR DAILY LIVES THROUGH COMMUNITY CONSULTATIONS, FOCUS GROUPS, INTERVIEWS, AND SURVEYS IN THREE NEW

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NEIGHBORHOODS.

THE SAFE STREETS FOR SENIORS INITIATIVE OF THE DEPARTMENT OF TRANSPORTATION ACHIEVED A 16% REDUCTION IN SENIOR PEDESTRIAN FATALITIES.

HEALTHY AGING CONTENT WAS PRESENTED TO NEARLY 1,000 PEOPLE, AND A CHAPTER WAS PUBLISHED IN AGE-FRIENDLY CITIES IN INTERNATIONAL COMPARISON: POLITICAL LESSONS, SCIENTIFIC AVENUES, AND DEMOCRATIC ISSUES. [HTTP://WWW.SPRINGER.COM/US/BOOK/9783319240299](http://www.springer.com/us/book/9783319240299). AT THE REQUEST OF THE PRESIDENT'S COUNCIL OF ADVISORS ON SCIENCE AND TECHNOLOGY (PCAST), THE ACADEMY PARTICIPATED IN THE CORE WORKING GROUP FOR AND CONTRIBUTED A CHAPTER TO A REPORT COMMISSIONED BY PRESIDENT OBAMA ENTITLED INDEPENDENCE, TECHNOLOGY, AND CONNECTION IN OLDER AGE WHICH WAS PUBLISHED IN 2016. IN PARTNERSHIP WITH THE DEPARTMENT FOR THE AGING AND THE AMERICAN INSTITUTE OF ARCHITECTS, ACADEMY PUBLISHED AGING IN PLACE GUIDE FOR BUILDING OWNERS: RECOMMENDED AGE-FRIENDLY RESIDENTIAL BUILDING UPGRADES. THE ACADEMY PARTNERED WITH THE MILBANK MEMORIAL FUND TO PUBLISH HOW CAN STATES SUPPORT AN AGING POPULATION: ACTIONS STATE POLICY MAKERS CAN TAKE

THE ACADEMY HOSTED AND LIVE-STREAMED CHANGEMAKERS: ACTING UP AT ANY AGE PANEL DISCUSSION AND PARTNERED WITH STORYCORPS TO RECORD STORIES OF AGING ACTIVISTS IN HONOR OF INTERNATIONAL OLDER PERSON'S DAY. STORIES ARE ARCHIVED AT THE LIBRARY OF CONGRESS.

FAMILY HEALTH AND DISPARITIES

THE ACADEMY RECEIVED FUNDING FROM THE NEW YORK COMMUNITY TRUST AND THE

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NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO CONDUCT A FEASIBILITY STUDY ON SUPERVISED INJECTION FACILITIES (SIFS) AS A STRATEGY TO ADDRESS THE OVERDOSE CRISIS IN NEW YORK CITY. THE REPORT IS EXPECTED TO BE RELEASED IN THE SUMMER OF 2017.

FOLLOWING UP ON OUR CASE STUDY OF BOOM!HEALTH'S CO-LOCATED HEALTH CARE SERVICES RELEASED IN 2015, THE ACADEMY SECURED FUNDING FROM THE ROBERT WOOD JOHNSON FOUNDATION TO CONTINUE EXAMINING THIS MODEL'S IMPACT ON THE HEALTH OF PEOPLE WHO USE DRUGS. WE HAVE CONDUCTED 380 INTERVIEWS WITH PARTICIPANTS OF BOOM!HEALTH, AND RECEIVED APPROVAL FROM THE STATE DEPARTMENT OF HEALTH TO MATCH THESE PARTICIPANTS TO SPARCS HOSPITAL DATA IN ORDER TO EXAMINE EMERGENCY DEPARTMENT AND INPATIENT HOSPITAL UTILIZATION AND HEALTH OUTCOMES. TO OUR KNOWLEDGE, THIS IS ONE OF THE FIRST STUDIES TO UTILIZE NYS SPARCS DATA TO EXAMINE THE IMPACT OF COMMUNITY-BASED INTERVENTIONS SUCH AS HARM REDUCTION PROGRAMS.

FORM 990, PART III, LINE 4B:

THE ACADEMY LIBRARY AND CENTER FOR THE HISTORY OF MEDICINE AND PUBLIC HEALTH:

THE ACADEMY LIBRARY HAS BEEN SERVING THE GENERAL PUBLIC SINCE 1878 WITH ACCESS TO ITS BROAD-RANGING HEALTH AND MEDICAL COLLECTIONS. CURRENT SERVICES INCLUDE TRADITIONAL LIBRARY ACTIVITIES, PUBLIC OUTREACH INCLUDING TOURS, CLASSES, AND WORKSHOPS, CULTURAL PROGRAMMING, AND RESEARCH SUPPORT TO ACADEMY FELLOWS. THE LIBRARY CONTAINS ABOUT 550,000 VOLUMES, INCLUDING 32,000 RARE BOOKS, AND AN EXTENSIVE COLLECTION OF BOOKS AND JOURNALS IN THE HISTORY OF MEDICINE. ARCHIVES, MANUSCRIPTS,

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PAMPHLETS, AND VARIOUS EPHEMERAL MATERIALS ALSO FORM PART OF THE HISTORICAL COLLECTIONS. THE CENTER FOR THE HISTORY OF MEDICINE AND PUBLIC HEALTH IS THE LIBRARY'S PROGRAMMING ARM.

THE CENTER'S 2016 THEME WAS "CHANGEMAKERS: ACTIVISM AND ADVOCACY FOR HEALTH," WITH PUBLIC PROGRAMS ON THE HISTORY OF ACTIVISM AND ADVOCACY WITHIN MEDICINE. IN THE COURSE OF THE YEAR, THE CENTER HOSTED FOUR LECTURES ON THIS TOPIC, AS WELL AS SPONSORING A PANEL ON "ACTIVIST ARCHIVISTS" DURING ARCHIVES WEEK IN OCTOBER. IN ALL, THE LIBRARY MOUNTED 30 EVENTS IN 2016, REACHING OVER 1,800 ATTENDEES, AS WELL AS PRESENTING 146 TOURS, WORKSHOPS, OR CLASSES TO OVER 950 PARTICIPANTS. THESE ACTIVITIES INCLUDED TWO HANDS-ON WORKSHOPS, ONE ON "DIGITAL HUMANITIES: VISUALIZING DATA" IN FEBRUARY, AND A SECOND ON "THE HISTORY OF ILLUSTRATION IN SCIENTIFIC AND MEDICAL BOOKS" IN APRIL.

IN DECEMBER 2016, THE LIBRARY SECURED A NEW SYSTEM FOR HOSTING, PRESENTING, AND PRESERVING ITS DIGITAL COLLECTIONS. THE ISLANDORA SYSTEM PROVIDES FOR FLEXIBLE HOSTING AND READY ACCESS TO DIGITAL CONTENT IN HUMANITIES SETTINGS. THE PUBLIC LAUNCH OF OUR NEW SYSTEM IS SET FOR THE FIRST HALF OF 2017. WORKING WITH FOUR OTHER MEDICAL LIBRARIES, THE ACADEMY LIBRARY ALSO CONTINUED WORK ON "MEDICINE AT GROUND LEVEL," A TWO-YEAR NEH-FUNDED PROJECT TO DIGITIZE JOURNALS OF STATE MEDICAL SOCIETIES.

THE NEW YORK STATE DEPARTMENT OF EDUCATION, DIVISION OF LIBRARY DEVELOPMENT, AWARDED THE LIBRARY'S GLADYS BROOKS BOOK AND PAPER CONSERVATION LABORATORY TWO GRANTS OF \$40,000 EACH. THE FIRST ALLOWED THE LIBRARY TO CONSERVE AND CATALOG 31 MEDICAL STUDENT NOTEBOOKS FROM

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THE 18TH TO THE EARLY 20TH CENTURIES, FINISHING UP THE WORK ON OUR COLLECTION OF THESE NOTEBOOKS. WITH THE SECOND GRANT, WE BEGAN A PROJECT TO CONSERVE 33 PRINTED VOLUMES ON COOKING AND CULINARY CRAFT, FOR COMPLETION IN 2017.

FORM 990, PART III, LINE 4C:

ROBERT WOOD JOHNSON FOUNDATION HEALTH AND SOCIETY PROGRAM:

THE ROBERT WOOD JOHNSON FOUNDATION HEALTH & SOCIETY SCHOLARS (HSS) PROGRAM WAS DESIGNED TO BUILD THE FIELD OF POPULATION HEALTH BY TRAINING SCHOLARS TO INVESTIGATE THE CONNECTIONS AMONG BIOLOGICAL, BEHAVIORAL, ENVIRONMENTAL, ECONOMIC, AND SOCIAL DETERMINANTS OF HEALTH; AND DEVELOP, EVALUATE, AND DISSEMINATE KNOWLEDGE AND INTERVENTIONS BASED UPON INTEGRATION OF THESE DETERMINANTS.

THIS GRANT SUPPORTS CONTINUED TECHNICAL ASSISTANCE AND DIRECTION TO THE HSS PROGRAM. PRINCIPAL ACTIVITIES CARRIED OUT ON THIS GRANT WERE: 1) MONITORING PROGRAM DEVELOPMENT AND CLOSING AT THE FOUR PROGRAM SITES VIA A FINAL SELF-EVALUATION REPORT; 2) PLANNING AND CONDUCTING HSS ANNUAL MEETING; 3) PLANNING AND CONDUCTING ALUMNI LEADERSHIP DEVELOPMENT WORKSHOP; 4) COMMUNICATIONS EFFORTS TO PROMOTE AWARENESS OF POPULATION HEALTH; 5) DEVELOPMENT OF POPULATION HEALTH FIELD; 6) PRODUCING DOCUMENTARY FILM ON HSS PROGRAM AND POPULATION HEALTH; 7) INITIAL EFFORTS ON A PROGRAM EVALUATION; 8) FURTHER EDITING AND WORK ON CASE STUDIES VOLUME; AND 9) FURTHER EDITING AND WORK ON LESSONS LEARNED DOCUMENT (FULL VERSION).

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THE HSS PROGRAM PRODUCED: 1) A 35' DOCUMENTARY FILM ENTITLED "CREATING SCHOLARS FOR POPULATION HEALTH: A CELEBRATION OF THE ROBERT WOOD JOHNSON FOUNDATION HEALTH & SOCIETY SCHOLARS PROGRAM" ALONG WITH FIVE INDIVIDUAL EDUCATIONAL PIECES ON RACE & INEQUALITY, ASTHMA & BIG DATA, USING MEDIA TO INFLUENCE POLICY, COMMUNITY DEVELOPMENT, AND WHAT IS POPULATION HEALTH?; AND 2) THE JUNE 2016 ALUMNI LEADERSHIP DEVELOPMENT WORKSHOP WORKBOOK.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS THREE CLASSES OF FELLOWS (MEMBERS); RESIDENT, NON-RESIDENT AND HONORARY.

FORM 990, PART VI, SECTION A, LINE 7A:

IN ACCORDANCE WITH THE ACADEMY'S BY-LAWS THERE IS AN ANNUAL MEETING OF THE FELLOWS (MEMBERS) HELD ON SUCH DAY AS THE CHAIRMAN SHALL DESIGNATE FOR THE ELECTION OF TRUSTEES AND THE TRANSACTION OF OTHER BUSINESS. A PROXY STATEMENT IS SENT TO ALL FELLOWS PRIOR TO THEIR VOTE ON A SLATE OF PROPOSED NOMINEES FOR THE BOARD OF TRUSTEES. THIS NOTICE MUST STATE THE PLACE, DATE, AND HOUR OF THE ANNUAL MEETING SHALL BE GIVEN TO EACH VOTING FELLOW NOT LESS THAN TWENTY-ONE NOR MORE THAN FIFTY DAYS BEFORE THE DATE OF THE MEETING. SUCH NOTICE SHALL BE GIVEN IN WRITING, IN PERSON OR BY FIRST CLASS MAIL, ADDRESSED TO EACH VOTING FELLOW AT HIS OR HER ADDRESS AS IT APPEARS ON THE RECORDS OF THE ACADEMY, OR IF A VOTING FELLOW SHALL HAVE FILED WITH THE SECRETARY A WRITTEN REQUEST THAT NOTICES BE MAILED TO SOME OTHER ADDRESS, THEN TO SUCH ADDRESS. NOTICE BY MAIL SHALL BE DEEMED TO BE GIVEN WHEN DEPOSITED IN THE UNITED STATES MAIL, WITH POSTAGE PREPAID.

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FORM 990, PART VI, SECTION A, LINE 7B:

IN ACCORDANCE WITH THE ACADEMY'S BY-LAWS THERE IS AN ANNUAL MEETING OF THE FELLOWS (MEMBERS) HELD ON SUCH DAY AS THE CHAIRMAN SHALL DESIGNATE FOR THE ELECTION OF TRUSTEES AND THE TRANSACTION OF OTHER BUSINESS. A PROXY STATEMENT IS SENT TO ALL FELLOWS PRIOR TO THEIR VOTE ON A SLATE OF PROPOSED NOMINEES FOR THE BOARD OF TRUSTEES. THIS NOTICE MUST STATE THE PLACE, DATE, AND HOUR OF THE ANNUAL MEETING SHALL BE GIVEN TO EACH VOTING FELLOW NOT LESS THAN TWENTY-ONE NOR MORE THAN FIFTY DAYS BEFORE THE DATE OF THE MEETING. SUCH NOTICE SHALL BE GIVEN IN WRITING, IN PERSON OR BY FIRST CLASS MAIL, ADDRESSED TO EACH VOTING FELLOW AT HIS OR HER ADDRESS AS IT APPEARS ON THE RECORDS OF THE ACADEMY, OR IF A VOTING FELLOW SHALL HAVE FILLED WITH THE SECRETARY A WRITTEN REQUEST THAT NOTICES BE MAILED TO SOME OTHER ADDRESS, THEN TO SUCH ADDRESS. NOTICE BY MAIL SHALL BE DEEMED TO BE GIVEN WHEN DEPOSITED IN THE UNITED STATES MAIL, WITH POSTAGE PREPAID.

FORM 990, PART VI, SECTION B, LINE 11B:

THE NEW YORK ACADEMY OF MEDICINE HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAVE ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION HAS RESPONSIBILITY FOR THE OVERSIGHT AND DISTRIBUTION OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. A QUESTIONNAIRE IS DISTRIBUTED TO AND COMPLETED ANNUALLY BY ALL TRUSTEES AND SENIOR STAFF IN ORDER TO ENSURE COMPLIANCE WITH THE POLICY. THE CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE IS INCORPORATED INTO CONSULTANT AND SUB-CONTRACT AGREEMENTS.

FORM 990, PART VI, SECTION B, LINE 15A:

FOR 2015, THE EXECUTIVE COMMITTEE/COMPENSATION COMMITTEE APPROVED THE INCREASES FOR THE PRESIDENT, THE EXECUTIVE VICE PRESIDENT, TWO SENIOR VICE PRESIDENTS AND ONE VICE PRESIDENT. AN INDEPENDENT COMPENSATION REVIEW FOR THE PRESIDENT WAS COMPLETED IN 2013. THIS WAS REVIEWED BY THE BOARD OF TRUSTEES AND AN EXTENSION OF THE PRESIDENT'S EMPLOYMENT AGREEMENT THROUGH JUNE 2017 WAS APPROVED. THIS PROCESS WAS DOCUMENTED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

NY, AR, CA, CO, CT, FL, GA, IL, KY, MD, MA, MI, NH, NJ, NM, NY, NC, PA, RI, TN, VA

FORM 990, PART VI, SECTION C, LINE 19:

THE BY-LAWS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO CONTRIBUTORS, SPONSORS, FINANCIAL INSTITUTIONS AND OTHER MEMBERS OF THE PUBLIC ARE ON THE ACADEMY'S WEBSITE ALONG WITH THE FORM 990 FEDERAL TAX RETURN AND THE ACADEMY'S ANNUAL REPORT. THE ANNUAL REPORT CONTAINS CONDENSED FINANCIAL INFORMATION AND IS AVAILABLE TO THE PUBLIC THROUGH THE ACADEMY'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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CHANGE IN VALUE OF PERPETUAL TRUST **-8,839.**

FORM 990, PART XII, LINE 2C:

NEW YORK ACADEMY OF MEDICINE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF ITS INDEPENDENT AUDITOR. THE POLICY FOR SELECTION AND OVERSIGHT OF THE INDEPENDENT AUDITORS HAS NOT CHANGED SINCE LAST YEAR.