

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

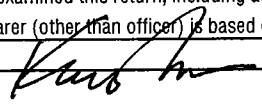
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE 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	G Gross receipts \$ 60,991,441.
	1216 FIFTH AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10029-5205		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: KATHLEEN O' DONNELL SAME AS C ABOVE			H(c) Group exemption number
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			
J Website: WWW.NYAM.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1851
			M State of legal domicile: NY

Part I Summary

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.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 25	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 24	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 115	
	6 Total number of volunteers (estimate if necessary) 26	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 516,155.	
	7b Net unrelated business taxable income from Form 990-T, line 34 0.	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,666,547. Current Year 5,864,294.
9 Program service revenue (Part VIII, line 2g)	2,088,891. 2,308,266.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,180,802. 7,555,582.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	753,660. 910,304.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,689,900. 16,638,446.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	701,544. 1,349,837.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,677,299. 9,981,790.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	50,000. 50,000.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,085,245.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,367,802. 4,827,770.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,796,645. 16,209,397.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,106,745. 429,049.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 80,559,594. End of Year 82,010,220.
	21 Total liabilities (Part X, line 26)	1,408,300. 1,253,445.
	22 Net assets or fund balances. Subtract line 21 from line 20	79,151,294. 80,756,775.

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 11-5-18			
	KATHLEEN O'DONNELL, SVP FINANCE & ADMIN Type or print name and title				
Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 11/05/18	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 \$ 1,888,670. including grants of \$ 56,748.) (Revenue \$ 1,000.) CENTER FOR HEALTH POLICY AND PROGRAMS - SEE SCHEDULE O.

4b (Code:) (Expenses \$ 1,653,079. including grants of \$ 25,798.) (Revenue \$ 147,817.) LIBRARY AND HISTORICAL COLLECTIONS - SEE SCHEDULE O.

4c (Code:) (Expenses \$ 1,090,606. including grants of \$ 33,432.) (Revenue \$) CENTER FOR HEALTH INNOVATION - SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,921,002. including grants of \$ 1,233,859.) (Revenue \$ 1,779,440.)

4e Total program service expenses 11,553,357.

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

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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 UNTIL AUG 2017	35.00	X		X				552,661.	0.	44,384.
(2) JUDITH A, SALERNO, MD PRESIDENT AS OF SEP 2017	35.00	X		X				167,019.	0.	10,942.
(3) JAMES FLYNN CHAIRMAN	1.00	X		X				0.	0.	0.
(4) CLAIRE POMEROY, MD VICE-CHAIRMAN	1.00	X		X				0.	0.	0.
(5) STEVEN FELSHER TREASURER	1.00	X		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) JOHN L. CASSIS, MBA TRUSTEE UNTIL OCT 2017	1.00	X						0.	0.	0.
(9) LORRAINE CORTES-VAZQUEZ TRUSTEE UNTIL JAN 2017	1.00	X						0.	0.	0.
(10) STEVEN J. CORWIN TRUSTEE	1.00	X						0.	0.	0.
(11) JOHN DAMONTI TRUSTEE	1.00	X						0.	0.	0.
(12) PHILIP FASANO, MBA TRUSTEE	1.00	X						0.	0.	0.
(13) SHERINE E. GABRIEL, MD TRUSTEE	1.00	X						0.	0.	0.
(14) ELSA-GRACE V. GIARDINA, MD TRUSTEE	1.00	X						0.	0.	0.
(15) MARC D. GRODMAN, MD TRUSTEE	1.00	X						0.	0.	0.
(16) WILLIAM A. HASELTINE, PHD TRUSTEE	1.00	X						0.	0.	0.
(17) MARK N. KAPLAN, ESQ. 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) STANLEY A. LEFKOWITZ, PHD TRUSTEE	1.00	X					0.	0.	0.	
(19) EDWARD LEWIS TRUSTEE	1.00	X					0.	0.	0.	
(20) RAMANATHAN RAJU TRUSTEE	1.00	X					0.	0.	0.	
(21) WAYNE J. RILEY, MD TRUSTEE	1.00	X					0.	0.	0.	
(22) STEVEN M. SAFYER, MD TRUSTEE	1.00	X					0.	0.	0.	
(23) ALLEN M. SPIEGEL, MD TRUSTEE	1.00	X					0.	0.	0.	
(24) PAUL P. TANICO TRUSTEE	1.00	X					0.	0.	0.	
(25) GEORGE E. THIBAUT TRUSTEE	1.00	X					0.	0.	0.	
(26) MARK L. WAGAR TRUSTEE	1.00	X					0.	0.	0.	
1b Sub-total							719,680.	0.	55,326.	
c Total from continuation sheets to Part VII, Section A							1,841,698.	0.	256,845.	
d Total (add lines 1b and 1c)							2,561,378.	0.	312,171.	

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
FAIR HEALTH, INC., 530 FIFTH AVE - 18TH FLOOR, NEW YORK, NY 10036	RESEARCH	300,000.
PACHYDERM CONSULTING 66 W. 38TH STREET, NEW YORK, NY 10018	INFORMATION TECHNOLOGY	257,950.
STERLING AFFAIR INC. 100 COMMERCE ROAD, CARLSTADT, NJ 07072	CATERING SERVICES	208,531.
KORN FERRY INTERNATIONAL PO BOX 1450, MINNEAPOLIS, MN 55485	EXECUTIVE SEARCH	193,842.
MINERVA PROTECTION AND RISK SOLUTIONS LLC, 244 FIFTH AVENUE - SUITE C264, NEW YORK,	SECURITY	177,922.

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 **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

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	810,411.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	745,100.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,308,783.				
	g Noncash contributions included in lines 1a-1f: \$		1,153.				
	h Total. Add lines 1a-1f		5,864,294.				
	Program Service Revenue	2 a EDUCATION CONFERENCE CENTER FEES	Business Code 611430	1,907,365.	1,527,356.	380,009.	
b MEMBERSHIP DUES & ASSESSMENTS		900099	164,000.	164,000.			
c LIBRARY FEES		541900	140,090.	140,090.			
d REGISTRATION FEES		611430	93,862.	93,862.			
e OTHER SERVICES		900099	2,949.	2,949.			
f All other program service revenue							
g Total. Add lines 2a-2f			2,308,266.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,398,260.		20,358.	1,377,902.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		96,617.			96,617.	
	6 a Gross rents	(i) Real	348,455.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)		348,455.			
	d Net rental income or (loss)		348,455.			348,455.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	50,342,486.				
		(ii) Other	50.				
		b Less: cost or other basis and sales expenses		44,185,214.	0.		
		c Gain or (loss)		6,157,272.	50.		
	d Net gain or (loss)		6,157,322.			6,157,322.	
	8 a Gross income from fundraising events (not including \$ 810,411. of contributions reported on line 1c). See Part IV, line 18	a	112,852.				
		b Less: direct expenses		167,781.			
c Net income or (loss) from fundraising events			-54,929.			-54,929.	
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	174,033.			174,033.	
	b ADMINISTRATION FEES	900099	159,387.			159,387.	
	c SPONSORSHIP	900099	115,788.		115,788.		
	d All other revenue	900099	70,953.			70,953.	
	e Total. Add lines 11a-11d		520,161.				
12 Total revenue. See instructions.		16,638,446.	1,928,257.	516,155.	8,329,740.		

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	608,644.	608,644.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	658,454.	658,454.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	82,739.	82,739.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,608,001.	495,035.	713,961.	399,005.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,563,032.	5,105,344.	1,097,208.	360,480.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	220,623.	167,430.	42,150.	11,043.
9 Other employee benefits	930,879.	715,565.	146,988.	68,326.
10 Payroll taxes	659,255.	455,564.	143,916.	59,775.
11 Fees for services (non-employees):				
a Management				
b Legal	36,161.	22,577.	7,345.	6,239.
c Accounting	69,000.		69,000.	
d Lobbying	60,500.	60,350.	150.	
e Professional fundraising services. See Part IV, line 17	50,000.			50,000.
f Investment management fees	64,913.		64,913.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,214,278.	593,379.	587,829.	33,070.
12 Advertising and promotion	66,514.	35,359.	31,155.	
13 Office expenses	304,219.	202,049.	87,251.	14,919.
14 Information technology	173,097.	76,474.	94,023.	2,600.
15 Royalties				
16 Occupancy	381,804.	331,054.	44,759.	5,991.
17 Travel	168,462.	156,404.	8,135.	3,923.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	535,232.	510,845.	19,034.	5,353.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	903,051.	780,769.	107,846.	14,436.
23 Insurance	160,858.	3,181.	155,768.	1,909.
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	286,900.	191,429.	67,252.	28,219.
b ADMINISTRATION FEES	159,387.	159,237.	60.	90.
c RECRUITMENT	64,857.	22,461.	40,417.	1,979.
d MISCELLANEOUS	64,320.	29,647.	25,844.	8,829.
e All other expenses	114,217.	89,367.	15,791.	9,059.
25 Total functional expenses. Add lines 1 through 24e	16,209,397.	11,553,357.	3,570,795.	1,085,245.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,350.	1	4,500.
	2 Savings and temporary cash investments	2,613,383.	2	203,770.
	3 Pledges and grants receivable, net	1,670,276.	3	866,535.
	4 Accounts receivable, net	181,229.	4	206,718.
	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	150,170.	7	0.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	444,888.	9	203,266.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,131,401.		
	b Less: accumulated depreciation	10b 8,932,855.		
	11 Investments - publicly traded securities	9,897,366.	10c	9,198,546.
	12 Investments - other securities. See Part IV, line 11	49,648,997.	11	69,280,466.
	13 Investments - program-related. See Part IV, line 11	15,758,560.	12	1,864,942.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	190,375.	14	181,477.
16 Total assets. Add lines 1 through 15 (must equal line 34)	80,559,594.	15	82,010,220.	
17 Accounts payable and accrued expenses	1,100,163.	16	808,841.	
18 Grants payable	110,000.	17	299,260.	
19 Deferred revenue	198,137.	18	145,344.	
20 Tax-exempt bond liabilities		19		
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	1,408,300.	25	1,253,445.	
27 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		
27 Unrestricted net assets	45,104,682.	27	46,888,442.	
28 Temporarily restricted net assets	22,094,071.	28	21,903,629.	
29 Permanently restricted net assets	11,952,541.	29	11,964,704.	
30 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	79,151,294.	33	80,756,775.	
34 Total liabilities and net assets/fund balances	80,559,594.	34	82,010,220.	

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	16,638,446.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,209,397.
3	Revenue less expenses. Subtract line 2 from line 1	3	429,049.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,151,294.
5	Net unrealized gains (losses) on investments	5	1,176,812.
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	-380.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	80,756,775.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
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:
 Separate basis Consolidated basis 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?
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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2017)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5713371.	5501440.	6102782.	6661547.	5864294.	29843434.
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	5713371.	5501440.	6102782.	6661547.	5864294.	29843434.
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)						4688549.
6 Public support. Subtract line 5 from line 4.						25154885.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	5713371.	5501440.	6102782.	6661547.	5864294.	29843434.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1096215.	1190295.	1371914.	1467647.	1822974.	6949045.
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.)	464,492.	353,178.	298,004.	441,661.	404,373.	1961708.
11 Total support. Add lines 7 through 10						38754187.
12 Gross receipts from related activities, etc. (see instructions)					12	8,557,390.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	64.91 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	66.63 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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).		

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

2013 AMOUNT: \$ 275,242.

2014 AMOUNT: \$ 214,275.

2015 AMOUNT: \$ 166,953.

2016 AMOUNT: \$ 43,402.

2017 AMOUNT: \$ 45,953.

COMMISSION INCOME

2013 AMOUNT: \$ 173,091.

2014 AMOUNT: \$ 122,334.

2015 AMOUNT: \$ 116,560.

2016 AMOUNT: \$ 232,537.

2017 AMOUNT: \$ 174,033.

PUBLICATION FEES

2013 AMOUNT: \$ 16,159.

2014 AMOUNT: \$ 16,569.

2015 AMOUNT: \$ 14,491.

2016 AMOUNT: \$ 14,926.

2017 AMOUNT: \$ 25,000.

ADMINISTRATION FEES

2016 AMOUNT: \$ 150,796.

2017 AMOUNT: \$ 159,387.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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) (2017)

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

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	_____ _____ _____	\$ <u>1,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>549,540.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>355,776.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>280,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>229,527.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>200,000.</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
---	---

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/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 125,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 121,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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
---	---

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
---	---

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

2017

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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-.

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%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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?														

Yes No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

Schedule C (Form 990 or 990-EZ) 2017

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		67,020.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			67,020.
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 \$500 AND \$6,520 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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017
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 7/25/06, 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

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	22,532,267.	22,256,391.	22,857,905.	22,847,735.	22,224,957.
b Contributions	11,083.	11,400.	334,026.	211,085.	112,748.
c Net investment earnings, gains, and losses	1,474,768.	820,615.	-397,816.	295,328.	1,045,399.
d Grants or scholarships	148,208.	172,700.	86,000.	92,581.	86,000.
e Other expenditures for facilities and programs	275,420.	272,157.	337,434.	289,424.	342,230.
f Administrative expenses	112,661.	111,282.	114,290.	114,238.	107,139.
g End of year balance	23,481,829.	22,532,267.	22,256,391.	22,857,905.	22,847,735.

- 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 50.95 %
 - c Temporarily restricted endowment 49.05 %
- 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"/> | <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		13,559,620.	6,048,035.	7,511,585.
c Leasehold improvements				
d Equipment		880,398.	557,227.	323,171.
e Other		3,407,122.	2,327,593.	1,079,529.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,198,546.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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	17,704,965.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,176,812.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	13,518.
e	Add lines 2a through 2d	2e	1,190,330.
3	Subtract line 2e from line 1	3	16,514,635.
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	64,913.
b	Other (Describe in Part XIII.)	4b	58,898.
c	Add lines 4a and 4b	4c	123,811.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,638,446.

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	16,099,484.
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	5,000.
e	Add lines 2a through 2d	2e	5,000.
3	Subtract line 2e from line 1	3	16,094,484.
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	64,913.
b	Other (Describe in Part XIII.)	4b	50,000.
c	Add lines 4a and 4b	4c	114,913.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,209,397.

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 VARIOUS 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 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

CHANGE IN VALUE OF 457F PLAN 13,518.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISER INCLUDED ON PART IX: 50,000.

CHANGE IN VALUE OF PERPETUAL TRUST 8,898.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 58,898.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE-OFF OF PLEDGE RECEIVABLE 5,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISER INCLUDED ON PART IX: 50,000.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		801,269.
SOUTH ASIA	0	0	GRANTS		31,592.
SOUTH AMERICA	0	0	GRANTS		23,796.
SUB-SAHARAN AFRICA	0	0	GRANTS		14,602.
EAST ASIA AND THE PACIFIC	0	0	GRANTS		6,877.
NORTH AMERICA	0	0	GRANTS		3,483.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS		2,389.
3 a Sub-total	0	0			884,008.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			884,008.

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

Schedule F (Form 990) 2017

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)

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 ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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)
TRAVEL AWARDS	SOUTH ASIA	37	31,592.	WIRE TRANSFER	0.		
TRAVEL AWARDS	SOUTH AMERICA	15	23,796.	WIRE TRANSFER	0.		
TRAVEL AWARDS	SUB-SAHARAN AFRICA	17	14,602.	WIRE TRANSFER	0.		
TRAVEL AWARDS	EAST ASIA AND THE PACIFIC	5	6,877.	WIRE TRANSFER	0.		
TRAVEL AWARDS	NORTH AMERICA	4	3,483.	WIRE TRANSFER	0.		
TRAVEL AWARDS	EUROPE (INCLUDING ICELAND & GREENLAND)	5	2,389.	WIRE TRANSFER	0.		

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; don't 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; don't file with Form 990)* Yes No

Schedule F (Form 990) 2017

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:

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 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.

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.**
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

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			
MM EVENT GROUP, LLC - SEE PART IV FOR ADDRESS 252	ANNUAL GALA	X		916,800.	50,000.	866,800.
Total				916,800.	50,000.	866,800.

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	923,263.		923,263.
	2	Less: Contributions	810,411.		810,411.
	3	Gross income (line 1 minus line 2)	112,852.		112,852.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	105,692.		105,692.
	8	Entertainment	31,995.		31,995.
	9	Other direct expenses	30,094.		30,094.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-54,929.

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.

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

NYAM AGREES TO PAY MME THE SUM OF \$50,000 PAYABLE IN SEVEN (7) INSTALLMENTS, AS FOLLOWS: \$2,000 PAYABLE FOR THE FIRST INSTALLMENT, AND \$8,000 PAYABLE THE FIFTEENTH OF THE MONTH FOR THE SIX MONTHS THEREAFTER.

NYAM WILL REIMBURSE MME 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.

Part IV Supplemental Information (continued)

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

(I) NAME OF FUNDRAISER: MM EVENT GROUP, LLC

(I) ADDRESS OF FUNDRAISER:

252 WEST 38TH STREET, SUITE 504, NEW YORK, NY 10018

**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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**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
FAIR HEALTH, INC. 530 FIFTH AVENUE - 18TH FLOOR NEW YORK, NY 10036	90-0524293	501(C)(3)	360,000.	0.			AWARD
GNVHA FOUNDATION, INC 555 WEST 57TH STREET - 15TH FLOOR NEW YORK, NY 10019	13-2954140	501(C)(3)	59,800.	0.			AWARD
BRONXCARE HEALTH SYSTEM (BRONX-LEBANON HOSPITAL CENTER) - 1276 FULTON STREET - BRONX, NY 10456	13-1974191	501(C)(3)	30,820.	0.			AWARD
MAKE THE ROAD NEW YORK, INC. 3012 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	23,784.	0.			AWARD
UNIVERSITY OF ILLINOIS 809 S. MASHFIELD AVENUE CHICAGO, IL 60612	39-6000511	STATE OF IL	22,029.	0.			AWARD
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 1 GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	16,265.	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 ▶ **0.**

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

Schedule I (Form 990) (2017)

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
CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET - SUITE A BROOKLYN, NY 11237	45-3813436	501(C)(3)	16,000.	0.			AWARD
ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD EAST PRINCETON, NJ 08540	22-6029397	501(C)(3)	10,659.	0.			AWARD
MAYO CLINIC 200 FIRST STREET, SW ROCHESTER, MN 55095	41-6011702	501(C)(3)	8,867.	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	25	116,083.	0.		
FELLOWSHIPS	18	400,770.	0.		
HONORARIA	38	33,450.	0.		
STIPENDS	21	108,151.	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

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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) 2017

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 UNTIL AUG 2017	(i)	320,001.	0.	232,660.	34,767.	9,617.	597,045.	212,336.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUDITH A, SALERNO, MD PRESIDENT AS OF SEP 2017	(i)	166,765.	0.	254.	10,483.	459.	177,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHLEEN D. O'DONNELL SVP-FINANCE & ADMINISTRATION	(i)	313,812.	0.	22,572.	8,100.	16,427.	360,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANTHONY SHIH EXECUTIVE VP UNTIL AUG 2017	(i)	242,930.	0.	56.	18,807.	21,999.	283,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL WOLFE DIRECTOR OF FINANCE	(i)	175,486.	0.	22,572.	6,144.	34,553.	238,755.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NANCY CLAYMAN DIRECTOR OF DEVELOPMENT	(i)	148,155.	0.	18,396.	5,253.	16,736.	188,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOSE A. PAGAN DIR. OF CENTER FOR HEALTH INNOVATION	(i)	209,718.	0.	371.	6,512.	22,796.	239,397.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID SISCOVICK SVP OF RESEARCH	(i)	192,368.	0.	762.	5,795.	1,331.	200,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LISA O'SULLIVAN DIR. OF CCSMPH AND SR. RESEARCH	(i)	173,619.	0.	452.	5,295.	26,319.	205,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LINDA J. WEISS VP DIR., HISTORY OF MED./ PUBLIC HEA	(i)	164,126.	0.	1,269.	5,281.	18,902.	189,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) VIMLA L. PATEL DIRECTOR OF EVALUATION	(i)	147,617.	0.	7,417.	4,684.	31,911.	191,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 ANNUALLY TO THE PRESIDENT'S 457(F) DEFERRED COMPENSATION PLAN. THE ACADEMY CONTRIBUTED \$26,667 TO THE PRESIDENT'S 457(F) DEFERRED COMPENSATION PLAN IN 2017.

THE PRESIDENT ALSO RECEIVED A DISTRIBUTION OF \$212,336 FROM HER 457(F) DEFERRED COMPENSATION PLAN IN 2017. THIS AMOUNT IS TAXABLE AND INCLUDED IN THE PRESIDENT'S 2017 FORM W-2.

THE ACADEMY ALSO HAS A SECTION 457(B) DEFERRED COMPENSATION PLAN, WHICH IS AVAILABLE TO KEY EMPLOYEES. DURING 2017 THERE WERE SIX EMPLOYEES PARTICIPATING IN THIS PLAN OF WHICH TWO EMPLOYEE'S CONTRIBUTIONS WERE FUNDED BY THE ACADEMY, FOR A TOTAL OF \$17,250.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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, DESCRIPTION OF ORGANIZATION MISSION:

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, DESCRIPTION OF ORGANIZATION MISSION:

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,

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

THE NEW YORK ACADEMY OF MEDICINE

Employer identification number

13-1656674

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, PROGRAM SERVICE ACCOMPLISHMENTS:
CENTER FOR HEALTH POLICY AND PROGRAMS

THE ACADEMY'S HEALTHY AGING PROGRAM DISSEMINATED INFORMATION ON THE NYC AGE-FRIENDLY STRUCTURE AND PROCESS TO FEDERAL POLICYMAKERS BY TESTIFYING BEFORE THE US SENATE SPECIAL COMMITTEE ON AGING. OUR TESTIMONY HIGHLIGHTED THE WHO MODEL OF AGE-FRIENDLY COMMUNITIES, AS WELL AS SUCCESSFUL STRATEGIES TO PROMOTE SOCIAL CONNECTION AND PREVENT ISOLATION AMONG OLDER PEOPLE.

NEW YORK STATE BEGAN USING AGE-FRIENDLY NYC'S MODEL FOR CONVENING AGENCIES IN A NEW AGE-FRIENDLY NEW YORK STATE INITIATIVE, AS ANNOUNCED IN THE NEW YORK GOVERNOR'S STATE OF THE STATE ADDRESS. THE ACADEMY LAUNCHED "AGE-FRIENDLY NYC: 2017 NEW COMMITMENTS FOR A CITY FOR ALL AGES", NEW YORK CITY'S NEW AGE-FRIENDLY ACTION PLAN, WHICH INCLUDES NEARLY 90 INITIATIVES.

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

THE ACADEMY DISSEMINATED INFORMATION ON THE NYC AGE-FRIENDLY STRUCTURE AND PROCESS TO POLICYMAKERS FROM OTHER CITIES AND COUNTRIES THROUGH TECHNICAL ASSISTANCE AND PEER SHARING TO REPRESENTATIVES FROM COLUMBUS, OHIO AND, INTERNATIONALLY, TO AUSTRALIA, TAIWAN, ISRAEL, SINGAPORE, AND SOUTH KOREA.

IN THE AREA OF POPULATION HEALTH IMPROVEMENT, THE ACADEMY CONTINUED TO PROMOTE THE ALIGNMENT OF HOSPITAL COMMUNITY BENEFIT INVESTMENTS WITH EVIDENCE-BASED INTERVENTIONS THAT SUPPORT COMMUNITY HEALTH IMPROVEMENT AND COMMUNITY BUILDING. THIS INCLUDED TRACKING AGGREGATE HOSPITAL COMMUNITY BENEFIT SPENDING BY ALL NON-PROFIT VOLUNTARY HOSPITALS IN NEW YORK STATE. A PUBLIC BRIEF WAS DRAFTED ON OPPORTUNITIES TO ALIGN POPULATION HEALTH AND HOSPITAL COMMUNITY BENEFIT INVESTMENTS IN THE STATE WHICH INCLUDED AND TRACKING ALIGNMENT OF HOSPITAL-SPECIFIC ACTIVITIES -- AS REPORTED IN THEIR HOSPITAL COMMUNITY SERVICE PLANS-- WITH SELECTED NYS PREVENTION AGENDA PRIORITY AREAS AND DSRIP RELATED ACTIVITIES WITH THE EVIDENCE-BASED-INTERVENTIONS RECOMMENDED IN THE STATE PREVENTION AGENDA. THIS INFORMATION WAS REPORTED TO HOSPITAL CEOS AND LOCAL HEALTH DEPARTMENTS AT THE COUNTY LEVEL.

THE ACADEMY HEIGHTENED AWARENESS OF SUCCESSFUL CLINICAL-COMMUNITY LINKAGES THAT IMPROVE HEALTH OUTCOMES AND IDENTIFIED THE BARRIERS AND FACILITATORS TO CBO-HEALTH CARE PARTNERSHIPS. THIS WAS ACCOMPLISHED BY CONDUCTING AN APPLIED RESEARCH PROJECT OF EXISTING CBO-HEALTH CARE PARTNERSHIPS IN NEW YORK CITY AND PRODUCING A PUBLIC REPORT TO HIGHLIGHT SUCCESSES, FACILITATORS OF SUCCESS, AND CHALLENGES TO PROVIDE INFORMATION FOR ORGANIZATIONS SEEKING TO START OR SCALE A PARTNERSHIP.

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

THE ACADEMY PARTICIPATED IN THE HUMAN SERVICES COUNCIL VALUE BASED PAYMENT COMMISSION WHICH DEVELOPED A REPORT TO INFORM AND MAKE RECOMMENDATIONS TO THE STATE (AND OTHERS) ABOUT CBO NEEDS REGARDING PARTICIPATION IN PARTNERSHIPS WITH HEALTH CARE ORGANIZATIONS IN THE CONTEXT OF VALUE BASED PAYMENT.

THE ACADEMY INCREASED KNOWLEDGE IN THE AREA OF FOOD POLICY BY HIGHLIGHTING FOOD AS A DETERMINANT OF HEALTH. THIS WAS ACCOMPLISHED THROUGH NETWORKING AND FORMATION OF NEW PARTNERSHIPS AMONG CBOS, HEALTH SYSTEMS, AND HOSPITAL LEADERS. THIS INCLUDED HOSTING THE "PARTNERS IN HEALTH: COMMUNITY FOOD PROGRAMS AND HOSPITAL PARTNERSHIPS IN NEW YORK" EVENT, WHICH BROUGHT TOGETHER HEALTH SYSTEMS, HOSPITAL LEADERS, AND CBOS WORKING TO IMPROVE LOCAL FOOD SYSTEMS, AND BY DISCUSSING THE OPPORTUNITIES AND CHALLENGES OF ADDRESSING FOOD AS A DETERMINANT OF HEALTH THROUGH COMMUNITY BENEFIT AND POPULATION HEALTH PROGRAMS. MORE THAN 150 PEOPLE ATTENDED.

IN THE AREA OF DRUG POLICY, THE ACADEMY PARTICIPATED IN THE AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY CONFERENCE IN SYRACUSE FOR UPSTATE OBSTETRICIANS. THEMES INCLUDED CONNECTING EVIDENCE-BASED PREFERRED CLINICAL CARE FOR PREGNANT WOMEN WITH HARM REDUCTION CARE PHILOSOPHY. THE ACADEMY BEGAN DATA COLLECTION FOR THE NYC DOHMH SUPERVISED INJECTION FACILITY FEASIBILITY STUDY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ACADEMY LIBRARY HAS BEEN SERVING THE PUBLIC SINCE 1878 WITH ACCESS TO ITS BROAD-RANGING HEALTH AND MEDICAL COLLECTIONS. CURRENT SERVICES

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

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, 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 2017 PROGRAMMING THEME WAS "LEGACIES OF WAR: MEDICAL INNOVATIONS AND IMPACTS," COMMEMORATING THE 100TH ANNIVERSARY OF THE U.S. ENTRY INTO WORLD WAR I. DURING THE YEAR, THE CENTER HOSTED FIVE LECTURES ON THIS TOPIC. IN ADDITION, THE PUBLIC ENGAGED OUR COLLECTIONS THROUGH FIVE THEMED BOOK TALKS MOUNTED THROUGH THE ATLAS OBSCURA SOCIETY AND THE CENTER PUT ON TWO WALKING TOURS OF MEDICAL SITES IN MANHATTAN. IN ALL, THE CENTER MOUNTED 64 EVENTS IN 2017, REACHING 2,500 ATTENDEES, AS WELL AS PRESENTING 123 TOURS, WORKSHOPS, OR CLASSES TO OVER 840 PARTICIPANTS. THESE ACTIVITIES INCLUDED THREE WORKSHOPS, ON "VISUALIZING AND DRAWING ANATOMY" IN MAY; "EMBROIDERING MEDICINE" IN SEPTEMBER/OCTOBER; AND "ENGAGING AUDIENCES: HYBRID COLLECTIONS" IN OCTOBER.

THE ISLANDORA SYSTEM, SECURED IN LATE 2016, WAS FULLY IMPLEMENTED IN 2017 AND HOSTED ONE OF OUR MOST SIGNIFICANT NEW PROJECTS: "FACENDO IL LIBRO: THE MAKING OF FASCICULUS MEDICINAE, AN EARLY PRINTED ANATOMY." WITH FUNDING FROM THE GLADYS KRIEBLE DELMAS FOUNDATION AND SUBSTANTIALLY COMPLETED IN 2017 (AND RELEASE IN JANUARY 2018), THE LIBRARY DIGITIZED ITS FIVE EDITIONS OF FASCICULUS MEDICINAE, DATING

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

FROM 1495 TO 1522, AND PRESENTED THEM WITH COMMENTARY. THE LIBRARY RECEIVED FUNDING FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES FOR "BIOGRAPHY OF A BOOK," A PROJECT TO CONCEIVE HOW USERS COULD INVESTIGATE ONLINE THE HISTORIES OF A DOZEN OF OUR MOST IMPORTANT BOOKS AND MANUSCRIPTS.

THE NEW YORK STATE DEPARTMENT OF EDUCATION, DIVISION OF LIBRARY DEVELOPMENT, AWARDED THE LIBRARY'S GLADYS BROOKS BOOK AND PAPER CONSERVATION LABORATORY A GRANT OF \$40,000 IN LATE 2016, TO CONSERVE 33 PRINTED VOLUMES ON COOKING AND CULINARY CRAFT; THIS PROJECT SUCCESSFULLY CONCLUDED AT THE END OF JUNE 2017.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CENTER FOR HEALTH INNOVATION (CHI) BEGAN OPERATING IN SEPTEMBER 2013 AND ITS GOALS ARE TO PROVIDE TECHNICAL EXPERTISE AND RESOURCES TO DEVELOP, TEST AND EVALUATE INNOVATIONS IN HEALTH CARE DELIVERY SYSTEMS THAT RECOGNIZE THE MULTIPLE BEHAVIORAL, SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH. THE CHI SEEKS TO BECOME A LEADER IN HEALTH REFORM IMPLEMENTATION AND A STRATEGIC PARTNER TO ORGANIZATIONS INTERESTED IN DESIGNING AND DEVELOPING INNOVATIVE SOLUTIONS TO IMPROVE POPULATION HEALTH THAT WORK AT THE INTERSECTION BETWEEN HEALTH CARE AND OTHER KEY DETERMINANTS OF HEALTH.

EXTERNAL FUNDING FOR THE CENTER DURING 2017 CAME MOSTLY FROM AN EVALUATION GRANT FOR NEW YORK'S STATE INNOVATION MODEL (SIM) TOGETHER WITH FUNDING FROM THE EUROPEAN COMMISSION. WE ARE ALSO FUNDED BY SMALLER GRANTS FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, THE GREATER ROCHESTER HEALTH FOUNDATION, MOUNT SINAI (ROBERT WOOD JOHNSON

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

FOUNDATION), THE TSINGHUA-BERKELEY SHENZEN INSTITUTE, LIFESPAN OF GREATER ROCHESTER, THE AMERICAN HEART ASSOCIATION AND THE NEW YORK CITY (NYC) DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DOHMH).

THIS YEAR HAS BEEN A VERY SUCCESSFUL ONE IN TERMS OF GRANT SUBMISSIONS, PARTICULARLY TO THE NATIONAL INSTITUTES OF HEALTH AND THE NYC DOHMH. MOST OF OUR EFFORT DURING THE YEAR FOCUSED ON MAKING SURE THAT THE SIM GRANT IS OFF TO A GOOD START GIVEN THE FINANCIAL AND STRATEGIC IMPORTANCE OF THIS PROJECT. TOGETHER WITH POLICY AND EVALUATION COLLEAGUES AT THE ACADEMY, WE OVERSEE EVALUATION OF A \$100 MILLION IMPLEMENTATION OF AN ADVANCED PRIMARY CARE MODEL IN NEW YORK STATE (NYS). OUR EVALUATION ACTIVITIES NOT ONLY INFORM HOW SIM ACTIVITIES ARE CONDUCTED BUT IT HAS THE POTENTIAL TO LEAD TO THE DEVELOPMENT OF A SELF-MONITORING FRAMEWORK THAT CAN INFORM PROGRESS ON THE SIM AROUND HEALTH CARE COSTS AND UTILIZATION OVER TIME BY PRIMARY CARE PRACTICES AS WELL AS THE ADOPTION OF PAYMENT MODELS TO SUPPORT THIS ADVANCED PRIMARY CARE MODEL.

OUR SECOND KEY PROJECT IS OUR PULSE INITIATIVE FUNDED BY THE EUROPEAN COMMISSION. THE PROJECT IS IMPORTANT AS IT ALLOWS US TO PARTNER WITH INVESTIGATORS IN MANY EUROPEAN COUNTRIES TO ADDRESS ASTHMA AND DIABETES PREVENTION IN NEW YORK, BARCELONA, MANCHESTER, PARIS AND SINGAPORE. THE WORK ENTAILS THE DEVELOPMENT OF ASTHMA AND DIABETES DISEASE PROGRESSION MODELS AS WELL AS THE DEVELOPMENT OF AN APP AND GAME THAT CAN HELP PEOPLE PREVENT THESE COSTLY CHRONIC HEALTH CONDITIONS.

OVER THE NEXT FEW YEARS OUR GOALS INCLUDE COMPLETING OUR GRANTS AND CONTRACTS WORK WITH OUR KEY PARTNERS (NYS DEPARTMENT OF HEALTH,

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

EUROPEAN COMMISSION), BUILD ON OUR ACCOMPLISHMENTS BY SUBMITTING RESEARCH PROPOSALS AND MANUSCRIPTS TO JOURNALS, FOCUS ON IMPACT AND VISION, PARTNER WITH UNIVERSITIES IN A MORE STRATEGIC MANNER, AND BECOME A LEADER IN THE POPULATION HEALTH, DATA ANALYTICS, AND HEALTH CARE INNOVATION SPACE. WE PLAN TO DO THIS BY FOCUSING ON EXCELLING IN CONDUCTING OUR CURRENTLY FUNDED PROJECTS, BUILDING ON ONGOING PARTNERSHIPS, AND SUPPORTING CHI STAFF TO TAKE ON LEADERSHIP ROLES IN NEW FUNDED PROJECTS.

FORM 990, PART VI, SECTION A, LINE 4:

THE ACADEMY'S BY-LAWS WERE AMENDED TO REMOVE THE REQUIREMENT THAT THE PRESIDENT HOLD A DOCTOR TITLE.

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

THE ACADEMY 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

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

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 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 IT 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 HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. AFTER THE FORM 990 HAS BEEN PREPARED, IT IS REVIEWED BY MANAGEMENT AND THEN THE AUDIT COMMITTEE OF THE BOARD WHO REVIEWS AND APPROVES IT SUBJECT TO DISTRIBUTION OF THE DRAFT TO THE FULL BOARD FOR REVIEW AND COMMENT. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND

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

APPROVED FOR FILING.

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

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

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

ACADEMY'S WEBSITE.

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

CHANGE IN VALUE OF PERPETUAL TRUST	-8,898.
WRITE-OFF OF PLEDGE RECEIVABLE	-5,000.
CHANGE IN VALUE OF 457F PLAN	13,518.
TOTAL TO FORM 990, PART XI, LINE 9	-380.

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.