

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the **2015** calendar year, or tax year beginning , **2015**, and ending , **20**

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			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1216 FIFTH AVENUE		E Telephone number (212) 822-7222	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10029-5202		G Gross receipts \$ 40,229,525.	
F Name and address of principal officer: KATHLEEN O'DONNELL 1216 FIFTH AVENUE NEW YORK, NY 10029-5202			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
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: <u>SEE SCHEDULE O</u>																																																															
Activities & Governance		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																															
		3	Number of voting members of the governing body (Part VI, line 1a) 3 26.																																																														
		4	Number of independent voting members of the governing body (Part VI, line 1b) 4 24.																																																														
		5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 153.																																																														
		6	Total number of volunteers (estimate if necessary) 6 3.																																																														
		7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 704,466.																																																														
		7b	Net unrelated business taxable income from Form 990-T, line 34 7b -54,405.																																																														
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:5%;"></th> <th style="width:45%;">Prior Year</th> <th style="width:45%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>Contributions and grants (Part VIII, line 1h)</td> <td>5,501,440.</td> <td>6,394,835.</td> </tr> <tr> <td>9</td> <td>Program service revenue (Part VIII, line 2g)</td> <td>2,922,285.</td> <td>1,841,641.</td> </tr> <tr> <td>10</td> <td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>1,625,618.</td> <td>2,257,149.</td> </tr> <tr> <td>11</td> <td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td>409,784.</td> <td>575,443.</td> </tr> <tr> <td>12</td> <td>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>10,459,127.</td> <td>11,069,068.</td> </tr> <tr> <td colspan="2" rowspan="6" style="writing-mode: vertical-rl; transform: rotate(180deg);">Expenses</td> <td>13</td> <td>Grants and similar amounts paid (Part IX, column (A), lines 1-3) 855,679. 1,043,492.</td> </tr> <tr> <td>14</td> <td>Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.</td> </tr> <tr> <td>15</td> <td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 11,048,165. 11,428,946.</td> </tr> <tr> <td>16a</td> <td>Professional fundraising fees (Part IX, column (A), line 11e) 50,000. 50,000.</td> </tr> <tr> <td>16b</td> <td>Total fundraising expenses (Part IX, column (D), line 25) ▶ 719,560.</td> </tr> <tr> <td>17</td> <td>Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,297,328. 5,505,106.</td> </tr> <tr> <td colspan="2" rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">Net Assets or Fund Balances</td> <td>18</td> <td>Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,251,172. 18,027,544.</td> </tr> <tr> <td>19</td> <td>Revenue less expenses. Subtract line 18 from line 12 -6,792,045. -6,958,476.</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:5%;"></th> <th style="width:45%;">Beginning of Current Year</th> <th style="width:45%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>Total assets (Part X, line 16)</td> <td>94,770,299.</td> <td>82,641,791.</td> </tr> <tr> <td>21</td> <td>Total liabilities (Part X, line 26)</td> <td>1,590,020.</td> <td>1,152,361.</td> </tr> <tr> <td>22</td> <td>Net assets or fund balances. Subtract line 21 from line 20.</td> <td>93,180,279.</td> <td>81,489,430.</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>				Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	5,501,440.	6,394,835.	9	Program service revenue (Part VIII, line 2g)	2,922,285.	1,841,641.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,625,618.	2,257,149.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	409,784.	575,443.	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,459,127.	11,069,068.	Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 855,679. 1,043,492.	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) 11,048,165. 11,428,946.	16a	Professional fundraising fees (Part IX, column (A), line 11e) 50,000. 50,000.	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 719,560.	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,297,328. 5,505,106.	Net Assets or Fund Balances		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,251,172. 18,027,544.	19	Revenue less expenses. Subtract line 18 from line 12 -6,792,045. -6,958,476.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:5%;"></th> <th style="width:45%;">Beginning of Current Year</th> <th style="width:45%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>Total assets (Part X, line 16)</td> <td>94,770,299.</td> <td>82,641,791.</td> </tr> <tr> <td>21</td> <td>Total liabilities (Part X, line 26)</td> <td>1,590,020.</td> <td>1,152,361.</td> </tr> <tr> <td>22</td> <td>Net assets or fund balances. Subtract line 21 from line 20.</td> <td>93,180,279.</td> <td>81,489,430.</td> </tr> </tbody> </table>				Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	94,770,299.	82,641,791.	21	Total liabilities (Part X, line 26)	1,590,020.	1,152,361.	22	Net assets or fund balances. Subtract line 21 from line 20.	93,180,279.	81,489,430.
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Part II Signature Block

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

Sign Here	Signature of officer		Date 10/28/2016
	KATHLEEN O'DONNELL SR VICE PRESIDENT Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name CANDICE METH	Preparer's signature 	Date 10/29/2016
	Firm's name ▶ EISNERAMPER LLP		Check <input type="checkbox"/> if self-employed PTIN P01306891
	Firm's address ▶ 750 THIRD AVENUE NEW YORK, NY 10017-2703		Firm's EIN ▶ 13-1639826 Phone no. 212-949-8700

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE NEW YORK ACADEMY OF MEDICINE	Employer identification number (EIN) or 13-1656674
	Number, street, and room or suite no. If a P.O. box, see instructions. 1216 FIFTH AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10029-5202	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► KATHLEEN O'DONNELL, 1216 FIFTH AVENUE NEW YORK, NY 10029-5202

Telephone No. ► 212 822-7222 FAX No. ► 212 996-7826

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2015 or

► tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE NEW YORK ACADEMY OF MEDICINE	13-1656674
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1216 FIFTH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10029-5202	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **KATHLEEN O'DONNELL, 1216 FIFTH AVENUE NEW YORK, NY 10029-5202**
 Telephone No. **212 822-7222** Fax No. **212 996-7826**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2016.

5 For calendar year 2015, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension **INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date **03/09/2016**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 2,123,604. including grants of \$ 1,250.) (Revenue \$ 0.)
CENTER FOR HEALTH POLICY AND PROGRAMS - SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 1,729,208. including grants of \$ 12,652.) (Revenue \$ 143,616.)
LIBRARY AND HISTORICAL COLLECTIONS - SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 907,648. including grants of \$ 174,560.) (Revenue \$ 0.)
EVALUATION & RESEARCH PROGRAMS - SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)
(Expenses \$ 7,237,672. including grants of \$ 855,030.) (Revenue \$ 1,698,025.)

4e Total program service expenses **▶** 11,998,132.

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> (see instructions)?	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> (see instructions).	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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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 (26), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8, 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, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 1216 FIFTH AVENUE NEW YORK, NY 10029-5202

212-822-7222

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. X

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 dotted 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) GEORGE E. THIBAUT, MD CHAIRMAN	1.00 0.	X	X					0.	0.	0.
(2) JAMES FLYNN VICE CHAIRMAN	1.00 0.	X	X					0.	0.	0.
(3) THERESA HAVELL TREASURER	1.00 0.	X	X					0.	0.	0.
(4) PAULA ALLEN-MEARES, MSW PHD TRUSTEE	1.00 0.	X						0.	0.	0.
(5) MARY TRAVIS BASSETT, MD, MPH TRUSTEE (AS OF 1/1/2015)	1.00 0.	X						0.	0.	0.
(6) CHARLES N. BERTOLAMI, DDS TRUSTEE (AS OF 7/14/2015)	1.00 0.	X						0.	0.	0.
(7) JOHN L. CASSIS, MBA TRUSTEE (AS OF 7/14/2015)	1.00 0.	X						0.	0.	0.
(8) STANLEY CHANG, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(9) STEVEN J. CORWIN, MD TRUSTEE (AS OF 7/14/2015)	1.00 0.	X						0.	0.	0.
(10) JOHN DAMONTI TRUSTEE	1.00 0.	X						0.	0.	0.
(11) PHILIP FASANO, MBA TRUSTEE (AS OF 10/13/2015)	1.00 0.	X						0.	0.	0.
(12) STEVEN FELSHER TRUSTEE	1.00 0.	X						0.	0.	0.
(13) ELSA GRACE V. GIARDINA, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(14) BARBARA GREEN, PHD EX-OFFICIO	1.00 0.	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 dotted 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			
(15) ALEYA EL BINDARI HAMDAD, PHD TRUSTEE	1.00 0.	X						0.	0.	0.
(16) MARK N. KAPLAN, ESQ. TRUSTEE	1.00 0.	X						0.	0.	0.
(17) EDWARD LEWIS TRUSTEE	1.00 0.	X						0.	0.	0.
(18) MARY LAKE POLAN, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(19) MELODY ROLLINS, CFA, CA TRUSTEE	1.00 0.	X						0.	0.	0.
(20) STEVEN M. SAFYER, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(21) FRANK SAVAGE TRUSTEE	1.00 0.	X						0.	0.	0.
(22) MARTIN J. SEPULVEDA, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(23) EDWARD SHORTLIFFE, MD, PHD TRUSTEE	1.00 0.	X						0.	0.	0.
(24) ALLEN M. SPIEGEL, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(25) MARK L. WAGAR TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,842,710.	0.	447,285.
d Total (add lines 1b and 1c)								2,842,710.	0.	447,285.

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 **▶** 20

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 10

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 dotted 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			
(26) MELVILLE E. BOUFFORD, MD PRESIDENT	35.00 0.	X		X				490,138.	0.	77,640.
(27) KATHLEEN O'DONNELL SVP-FINANCE & ADMINISTRATION	35.00 0.			X				337,817.	0.	27,828.
(28) ANTHONY SHIH EXECUTIVE VICE PRESIDENT	35.00 0.			X				390,714.	0.	72,474.
(29) MICHAEL WOLFE DIRECTOR OF FINANCE	35.00 0.				X			202,255.	0.	49,469.
(30) ABIGAIL FRANKLIN VP DEVELOPMENT & COMMUNICATION	35.00 0.				X			206,284.	0.	6,585.
(31) VIMLA L. PATEL DIR CENTER COGNATIVE STUDIES	35.00 0.					X		194,652.	0.	46,023.
(32) LINDA J. WEISS DIR CENTER EVALUATION/RESEARCH	35.00 0.					X		162,075.	0.	46,532.
(33) LISA O' SULLIVAN DIR CENTER HISTORY OF MEDICINE	35.00 0.					X		161,682.	0.	21,327.
(34) JOSE A. PAGAN DIR OF CTR FOR HEALTH INNOVATI	35.00 0.					X		311,631.	0.	55,202.
(35) DAVID SISCOVICK SVP OF RESEARCH	35.00 0.					X		385,462.	0.	44,205.

1b Sub-total
c Total from continuation sheets to Part VII, Section A
d Total (add lines 1b and 1c)

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 **▶** 20

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

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

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	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	445,965.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,848,178.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,100,692.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			6,394,835.				
	Program Service Revenue	2a MEMBER DUES-ASSESSMENTS	Business Code	900099	161,530.	161,530.		
b LIBRARY FEES			541900	126,419.	126,419.			
c REGISTRATION FEES			611430	121,597.	121,597.			
d EDUCATION CONFERENCE CENTER FEES			611430	1,424,595.	862,092.	562,503.		
e OTHER SERVICES			900099	7,500.	7,500.			
f All other program service revenue								
g Total. Add lines 2a-2f ▶				1,841,641.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			1,134,387.		22,125.	1,112,262.	
	4 Income from investment of tax-exempt bond proceeds ▶			0.				
	5 Royalties ▶			73,673.			73,673.	
	6a Gross rents	(i) Real	163,854.					
		(ii) Personal						
	b Less: rental expenses							
	c Rental income or (loss)		163,854.					
	d Net rental income or (loss) ▶			163,854.			163,854.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	28,318,763.	1,823,199.				
		(ii) Other						
	b Less: cost or other basis and sales expenses		27,692,968.	1,326,232.				
	c Gain or (loss)		625,795.	496,967.				
	d Net gain or (loss) ▶			1,122,762.		-4,406.	1,127,168.	
	8a Gross income from fundraising events (not including \$ 445,965. of contributions reported on line 1c). See Part IV, line 18	a		56,925.				
		b Less: direct expenses	b		141,257.			
c Net income or (loss) from fundraising events. ▶				-84,332.			-84,332.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue			Business Code					
11a COMMISSION INCOME			541990	116,560.			116,560.	
	b MISCELLANEOUS INCOME		900099	166,953.			166,953.	
			611710	14,491.			14,491.	
	c PUBLICATION FEES		541800	124,244.		124,244.		
		e Total. Add lines 11a-11d ▶			422,248.			
12 Total revenue. See instructions. ▶				11,069,068.	1,279,138.	704,466.	2,690,629.	

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	394,757.	394,757.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	478,135.	478,135.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	170,600.	170,600.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,861,204.	115,169.	1,533,166.	212,869.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	7,388,932.	5,027,726.	2,118,191.	243,015.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	175,864.	151,470.	16,213.	8,181.
9 Other employee benefits	1,419,721.	887,705.	456,934.	75,082.
10 Payroll taxes	583,225.	336,283.	218,300.	28,642.
11 Fees for services (non-employees):				
a Management	1,077,430.	556,994.	510,147.	10,289.
b Legal	156,975.	2,075.	150,505.	4,395.
c Accounting	77,000.		77,000.	
d Lobbying	60,700.		60,700.	
e Professional fundraising services. See Part IV, line 17.	50,000.			50,000.
f Investment management fees	227,036.		227,036.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	146,418.	146,418.		
12 Advertising and promotion	147,731.	61,301.	86,430.	
13 Office expenses	501,263.	226,420.	225,539.	49,304.
14 Information technology	219,075.	73,078.	144,564.	1,433.
15 Royalties	39,258.	39,258.		
16 Occupancy	520,450.	12,987.	507,463.	
17 Travel	327,429.	305,586.	20,957.	886.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	590,216.	566,526.	21,144.	2,546.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,028,043.	878,551.	140,345.	9,147.
23 Insurance	173,269.		173,269.	
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 CONTRIBUTIONS TO EXEMPT ORG	33,325.	375.	32,950.	
b BUILDING OPERATIONS ALLOCATI		1,431,615.	-1,446,521.	14,906.
c MISCELLANEOUS	179,488.	135,103.	35,520.	8,865.
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	18,027,544.	11,998,132.	5,309,852.	719,560.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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	4,500.	1	4,500.
	2 Savings and temporary cash investments	1,947,478.	2	1,712,412.
	3 Pledges and grants receivable, net	1,675,579.	3	2,033,876.
	4 Accounts receivable, net	104,358.	4	125,189.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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 instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	246,285.	9	349,132.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,332,776.		
	b Less: accumulated depreciation	10b 9,677,996.	11,550,592.	10c 10,654,780.
	11 Investments - publicly traded securities	43,217,779.	11	42,433,231.
	12 Investments - other securities. See Part IV, line 11	35,814,078.	12	25,129,456.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	209,650.	15	199,215.
16 Total assets. Add lines 1 through 15 (must equal line 34)	94,770,299.	16	82,641,791.	
Liabilities	17 Accounts payable and accrued expenses	1,267,873.	17	872,870.
	18 Grants payable	69,500.	18	102,251.
	19 Deferred revenue	252,647.	19	177,240.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,590,020.	26	1,152,361.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	59,430,425.	27	48,640,856.
	28 Temporarily restricted net assets	22,023,004.	28	20,885,579.
	29 Permanently restricted net assets	11,726,850.	29	11,962,995.
	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	93,180,279.	33	81,489,430.	
34 Total liabilities and net assets/fund balances	94,770,299.	34	82,641,791.	

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	11,069,068.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,027,544.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,958,476.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,180,279.
5	Net unrealized gains (losses) on investments	5	-4,721,938.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,435.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	81,489,430.

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	X	

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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Part I 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 11, 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (65.85%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (73.37%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. 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

19b 33 1/3% support tests - 2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11 c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

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.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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. **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) 2015

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS INCOME	275,760.	240,345.	275,242.	214,275.	166,953.	1,172,575.
COMMISSION INCOME	115,010.	129,558.	173,091.	122,334.	116,560.	656,553.
PUBLICATION FEES	12,876.	15,761.	16,159.	16,569.	14,491.	75,856.
TOTALS	<u>403,646.</u>	<u>385,664.</u>	<u>464,492.</u>	<u>353,178.</u>	<u>298,004.</u>	<u>1,904,984.</u>

Schedule of Contributors

2015

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

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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		\$ 1,962,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 320,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 250,713.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 540,467.	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	_____	\$ 166,096.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 435,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	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
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

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

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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 expenditures ▶ \$ _____
- 3 Volunteer hours _____

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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

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)														
1b Total lobbying expenditures to influence a legislative body (direct lobbying)														
1c Total lobbying expenditures (add lines 1a and 1b)														
1d Other exempt purpose expenditures														
1e Total exempt purpose expenditures (add lines 1c and 1d)														
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like influencing legislation, using volunteers, paid staff, media, mailings, publications, grants, direct contact, rallies, and other activities. Total amount reported is 66,533.

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

Table with 3 columns: Question, Yes, No. Questions include: 1. Were substantially all (90% or more) dues received nondeductible by members? 2. Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3. Did the organization agree to carry over lobbying and political expenditures from the prior year?

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."

Table with 3 columns: Question, Line Number, Amount. Questions include: 1. Dues, assessments and similar amounts from members. 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). 3. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? 5. Taxable amount of lobbying and political expenditures (see instructions).

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.

SCHEDULE C PART II-B LINE 1-B AND 1-G

THE ACADEMY PAID A LOBBYIST \$60,000, INCURRED REGISTRATION FEES AND EXPENSES OF \$700 AND \$5,833 FOR CERTAIN EMPLOYEES' SALARIES ATTRIBUTED TO LOBBYING RELATED ACTIVITIES.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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 in 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 in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

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 [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [X] 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 [X] 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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment [] %
b Permanent endowment [] 53.7500 %
c Temporarily restricted endowment [] 46.2500 %

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:

- (i) unrelated organizations []
(ii) related organizations []

Table with 2 columns: Yes, No. Rows: 3a(i) X, 3a(ii) X, 3b []

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? []

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY SECURITIES	2,347,937.	FMV
(B) REAL ASSET FUNDS	916,456.	FMV
(C) DOMESTIC & INTERNATIONAL EQUIT	7,003,115.	FMV
(D) FIXED INCOME SECURITIES	2,051,137.	FMV
(E) FLEXIBLE CAPITAL	12,336,464.	FMV
(F) HEDGE FUNDS	474,347.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	25,129,456.	

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. (Column (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	6,059,659.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-4,721,938.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-10,435.	
e	Add lines 2a through 2d		2e	-4,732,373.
3	Subtract line 2e from line 1		3	10,792,032.
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	227,036.	
b	Other (Describe in Part XIII.)	4b	50,000.	
c	Add lines 4a and 4b		4c	277,036.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	11,069,068.

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	17,750,508.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	17,750,508.
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	227,036.	
b	Other (Describe in Part XIII.)	4b	50,000.	
c	Add lines 4a and 4b		4c	277,036.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	18,027,544.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART III - LINES 3A & 4

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 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 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

Part XIII Supplemental Information (continued)

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST (\$10,435)

PARTS XI AND XII LINE 4B

PROFESSIONAL FUNDRAISING FEES \$50,000 ARE RELATED TO THE ACADEMY'S ANNUAL GALA. FOR FINANCIAL STATEMENT PRESENTATION THEY ARE TREATED AS A DIRECT EXPENSE OF THE EVENT. FOR THE FORM 990, THEY ARE REFLECTED AS AN OPERATING EXPENSE UNDER FUNDRAISING EXPENSES, PART IX, LINE 11E.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) SOUTH ASIA			PROGRAM SERVICES	CONFERENCE	170,600.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					170,600.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					170,600.

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

Schedule F (Form 990) 2015

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	CONFERENCE	170,600.	WIRE TRANSFE			FMV
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities.

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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to 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 II LINE 1

DURING 2015, THE ACADEMY RECEIVED A GRANT OF \$170,500 IN SUPPORT OF THE 12TH INTERNATIONAL CONFERENCE ON URBAN HEALTH TO TAKE PLACE IN DHAKA, BANGLADESH IN 2015. THE ACADEMY CONTRACTED WITH EMINENCE ASSOCIATES FOR SOCIAL DEVELOPMENT ("EMINENCE") LOCATED IN DHAKA, BANGLADESH TO ORGANIZE AND FACILITATE THE PROGRAM FOR WHICH THE FOUNDATION FUNDER WAS SUPPORTING. IN COMPLIANCE WITH THE FUNDER'S GUIDELINES, EMINENCE WAS REQUIRED TO PROVIDE THE ACADEMY WITH SUPPORTING DOCUMENTATION IN ORDER TO RECEIVE PAYMENTS.

**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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**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

- 2a** 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 ten 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			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					502,890.	50,000.	452,890.

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
		ANNUAL GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	502,890.			502,890.
	2 Less: Contributions	445,965.			445,965.
	3 Gross income (line 1 minus line 2)	56,925.			56,925.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	83,700.			83,700.
	8 Entertainment	28,705.			28,705.
	9 Other direct expenses	28,852.			28,852.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				141,257.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-84,332.

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 ▶ _____

- 15 a 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 explanation 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).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
ASTIC PRODUCTIONS LLC 850 SEVENTH AVENUE NEW YORK NY 10019	ANNUAL GALA	X		502,890.	50,000.	452,890.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

THE NEW YORK ACADEMY OF MEDICINE

Employer identification number

13-1656674

Part I General Information on Grants and Assistance

- 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
- 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 non-cash assistance	(h) Purpose of grant or assistance
(1) COLUMBIA UNIVERSITY 1255 AMSTERDAM AVENUE NEW YORK, NY 10027	13-5598093	501(C)3	99,252.		FMV		AWARD
(2) UNIVERSITY OF CALIFORNIA CGA, BOX 0812 SAN FRANCISCO, CA 94143	94-6036493	501(C)3	100,355.		FMV		AWARD
(3) ICAHN SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)3	14,551.		FMV		AWARD
(4) UNIVERSITY OF ILLINOIS 809 S. MARSHFIELD AVE CHICAGO, IL 60612	37-6000511	501(C)3	29,660.		FMV		AWARD
(5) MAKE THE ROAD NEW YORK 3012 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)3	49,739.		FMV		AWARD
(6) IBM CORPORATION PO BOX 643600 PITTSBURGH, PA 15222	13-0871985		101,200.		FMV		AWARD
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.

3 Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1 VARIOUS RECEIPTS OF AWARDS	5.	2,300.			
2 VARIOUS RECEIPTS OF FELLOWSHIPS	16.	356,033.			
3 VARIOUS RECEIPTS OF HONORARIA	48.	43,152.			
4 VARIOUS RECEIPTS OF STIPENDS	3.	76,650.			
5					
6					
7					

Part IV Supplemental Information. Complete this part to 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 DIRECTOR REQUESTS A COPY OF THE

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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 (e.g., 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 in 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 checked="" 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" to 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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 are not 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, M PRESIDENT	(i)	487,178.	0.	2,960.	40,000.	37,640.	567,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 KATHLEEN O'DONNELL SVP-FINANCE & ADMINISTRATION	(i)	337,817.	0.	0.	0.	27,828.	365,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ANTHONY SHIH EXECUTIVE VICE PRESIDENT	(i)	390,714.	0.	0.	18,000.	54,474.	463,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MICHAEL WOLFE DIRECTOR OF FINANCE	(i)	202,255.	0.	0.	0.	49,469.	251,724.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ABIGAIL FRANKLIN VP DEVELOPMENT & COMMUNICATION	(i)	206,284.	0.	0.	0.	6,585.	212,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 VIMLA L. PATEL DIR CENTER COGNATIVE STUDIES	(i)	194,652.	0.	0.	0.	46,023.	240,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 LINDA J. WEISS DIR CENTER EVALUATION/RESEARCH	(i)	162,075.	0.	0.	0.	46,532.	208,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 LISA O' SULLIVAN DIR CENTER HISTORY OF MEDICINE	(i)	161,682.	0.	0.	0.	21,327.	183,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JOSE A. PAGAN DIR OF CTR FOR HEALTH INNOVATI	(i)	311,631.	0.	0.	0.	55,202.	366,833.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DAVID SISCOVICK SVP OF RESEARCH	(i)	385,462.	0.	0.	18,000.	26,205.	429,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

SCHEDULE J, PART II, NUMBER 4

DURING 2015, THE VP OF DEVELOPMENT AND COMMUNICATIONS RECEIVED A SEVERENCE PAYMENT.

SCHEDULE J, PART II, NUMBER 4B

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

THE ACADEMY ALSO HAS A SECTION 457(B) DEFERRED COMPENSATION PLAN, WHICH IS AVAILABLE TO KEY EMPLOYEES. DURING 2015, THERE WERE SIX EMPLOYEES PARTICIPATING IN THIS PLAN, OF WHICH TWO EMPLOYEE'S CONTRIBUTIONS WERE FUNDED BY THE ACADEMY, FOR A TOTAL OF \$36,000.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

THE NEW YORK ACADEMY OF MEDICINE

Employer identification number

13-1656674

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)	DR. EDWARD H. SHORTLIFFE	TRUSTEE	195,088.	SPOUSE IS PAID AS DEPT. HEAD		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCHEDULE L PART IV

IN 2011, THE SPOUSE OF DR. SHORTLIFFE, A MEMBER OF THE ACADEMY'S BOARD OF TRUSTEES WAS HIRED AS A PROGRAM DEPARTMENT DIRECTOR. DR. SHORTLIFFE'S TERM AS A TRUSTEE ENDED ON DECEMBER 31, 2011. IN ACCORDANCE WITH THE ACADEMY'S COMPENSATION POLICY, THE PRESIDENT APPROVES THE HIRING OF THE SENIOR STAFF; RECOMMENDS INCREASES FOR EXECUTIVE AND SENIOR VICE PRESIDENTS AND VICE PRESIDENTS TO THE EXECUTIVE COMMITTEE FOR APPROVAL AND RECOMMENDATION TO THE BOARD. DR. SHORTLIFFE WAS NOT A MEMBER OF THE EXECUTIVE COMPENSATION COMMITTEE IN 2011. DR. SHORTLIFFE RETURNED TO THE BOARD IN JANUARY 2013. HE WAS A MEMBER OF THE EXECUTIVE COMMITTEE DURING 2014 AND 2015. THE SPOUSE'S 2015 AND 2014 SALARY WAS FUNDED BY EXTERNAL GRANTS RECEIVED BY THE ACADEMY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE NEW YORK ACADEMY OF MEDICINE

Employer identification number

13-1656674

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	67 .	0 .	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

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

SCHEDULE M, PART I, LINE 33

THE ACADEMY HAS A COLLECTION OF VARIOUS PURCHASED AND DONATED MATERIALS, INCLUDING BOOKS AND ARTIFACTS. THE COLLECTION IS MAINTAINED BY THE ACADEMY UNDER CURATORIAL CARE AND IS HELD FOR RESEARCH, EDUCATION AND PUBLIC EXHIBITION IN FURTHERANCE OF 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 STATEMENT OF FINANCIAL POSITION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

THE NEW YORK ACADEMY OF MEDICINE

Employer identification number

13-1656674

FORM 990 PART I, LINE 1

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

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

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

FORM 990 PART III, LINE 4A

CENTER FOR HEALTH POLICY AND PROGRAMS

POPULATION HEALTH AND HEALTH REFORM

HEALTH SYSTEM REFORM EFFORTS IN NEW YORK STATE ARE INCREASINGLY ADDRESSING POPULATION HEALTH, AND THE ACADEMY'S EARLY LEADERSHIP IN THIS AREA IS BEING RECOGNIZED, CREATING OPPORTUNITIES FOR IMPACT AND FUNDING.

THE ACADEMY CONTINUES AS AN IMPORTANT PARTNER WITH THE NEW YORK STATE

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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DEPARTMENT OF HEALTH (NYSDOH) ON ADVANCING POPULATION HEALTH, AND AS AN ACTIVE PARTNER IN THE POPULATION HEALTH IMPROVEMENT PROGRAM FOR NEW YORK CITY. THE ACADEMY ALSO PARTICIPATES IN THE KEY STATEWIDE HEALTH REFORM WORKING GROUPS.

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

PREVENTION AND COMMUNITY DEVELOPMENT:

THE ACADEMY PROVIDED TECHNICAL ASSISTANCE TO EVERY LOCAL HEALTH DEPARTMENT IN NEW YORK STATE AS WELL AS A MIX OF COMMUNITY BASED ORGANIZATIONS, HOSPITALS, COALITIONS, AND OTHER LOCAL GOVERNMENTS IN EVERY COUNTY ACROSS THE STATE.

DASH-NY (DESIGNING A STRONG AND HEALTH NEW YORK) REVISED AND UPDATED ALL OF ITS WEBSITES AND DEVELOPED ITS FIRST STATEWIDE ADVOCACY AGENDA.

THE ACADEMY CONTINUED ITS COMMUNITY DEVELOPMENT WORK INCLUDING BEING NAMED TO THE EAST HARLEM NEIGHBORHOOD PLAN STEERING COMMITTEE AND LEADING STAKEHOLDER ENGAGEMENT ON HEALTH AND SENIORS.

HEALTHY AGING:

44% COMMUNITY DISTRICTS IN NYC NOW HAVE AN AGE-FRIENDLY INITIATIVE. THE AGE-FRIENDLY NEIGHBORHOOD INITIATIVE CONNECTED WITH MORE THAN 2,500 OLDER ADULTS, WHO TOLD THE ACADEMY ABOUT THEIR DAILY LIVES THROUGH COMMUNITY CONSULTATIONS, FOCUS GROUPS, INTERVIEWS, AND SURVEYS. THE DATA

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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WERE COLLECTED IN FOUR LANGUAGES (ENGLISH, SPANISH, CHINESE, AND RUSSIAN), IN 13 COUNCIL DISTRICTS (14 NEIGHBORHOODS) THROUGHOUT THE FIVE BOROUGHES.

HEALTHY AGING CONTENT WAS PRESENTED TO NEARLY 1,500 PEOPLE.

THE ACADEMY HELPED TO INTEGRATE A HEALTHY AGING PERSPECTIVE INTO A REPORT TO PRESIDENT OBAMA ON INDEPENDENCE, TECHNOLOGY, AND CONNECTION IN OLDER AGE, TO RECOGNIZE THE POTENTIAL FOR TECHNOLOGY TO MAXIMIZE SOCIAL, PHYSICAL AND ECONOMIC PARTICIPATION AND THEREBY PREVENT THE ONSET OF DISABILITY AND DEPENDENCE RATHER THAN EXCLUSIVELY USING TECHNOLOGY TO ADDRESS PHYSICAL AND COGNITIVE DEFICITS.

THE ACADEMY'S AGE-FRIENDLY LOCAL BUSINESS INITIATIVE AND ITS AGE-FRIENDLY NEIGHBORHOODS INITIATIVE WERE CITED AS BEST PRACTICE PROGRAMS IN THE NATIONAL AREA AGENCIES ON AGING'S 2015 REPORT "MAKING YOUR COMMUNITY LIVABLE FOR ALL AGES: WHAT'S WORKING."

[HTTP://WWW.N4A.ORG/FILES/N4AMAKINGYOURCOMMUNITYLIVABLE1.PDF](http://www.n4a.org/files/n4amakingyourcommunitylivable1.pdf)

THROUGH A PARTNERSHIP WITH THE NEW YORK CITY BUSINESS IMPROVEMENT DISTRICT ASSOCIATION, AGE FRIENDLY LOCAL BUSINESS INITIATIVE CONTENT WAS DISSEMINATED WITH A REACH OF 85,507 TOTAL BUSINESSES AND 1,007,988 EMPLOYEES. AGE-FRIENDLY NYC WAS FEATURED IN THE "WHAT WORKS" SECTION OF POLITICO IN JANUARY 2015.

[HTTP://WWW.POLITICO.COM/MAGAZINE/STORY/2015/01/SENIOR-LIVING-INITIATIVES-ILL-TAKE-MANHATTAN-114227.](http://www.politico.com/magazine/story/2015/01/senior-living-initiatives-ill-take-manhattan-114227)

THE ACADEMY PARTNERED WITH THE MILBANK MEMORIAL FUND TO EDUCATE DELEGATIONS FROM 38 STATES ON INTEGRATING HEALTHY AGING AND PUBLIC HEALTH THROUGH STATE POLICY INTERVENTIONS.

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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THE ACADEMY COLLABORATED ON THE SAFE STREETS FOR SENIORS INITIATIVE OF THE DEPARTMENT OF TRANSPORTATION ACHIEVED AN 11% REDUCTION IN SENIOR PEDESTRIAN FATALITIES AND WAS HIGHLIGHTED IN THE WHO WORLD REPORT ON AGEING AND HEALTH.

FAMILY HEALTH AND DISPARITIES:

COMPLETED THE REPORT: INTEGRATION OF HARM REDUCTION INTO HEALTHCARE REFORM, A REVIEW OF HEALTH CARE REFORMS, PARTICULARLY IN REGARD TO MEDICAID IN NEW YORK STATE AND THE CHALLENGES AND OPPORTUNITIES ASSOCIATED WITH PROVIDING HEALTH CARE-INTEGRATED HARM REDUCTION SERVICES. THE REPORT INCLUDES A CASE STUDY ON A MODEL HARM REDUCTION PROGRAM IN THE SOUTH BRONX. IT APPLIES THE CONCEPT OF PERSON-CENTERED CARE THROUGH A MULTISERVICE HARM REDUCTION CENTER CO-LOCATED WITH A FEDERALLY QUALIFIED HEALTH CENTER, BEHAVIORAL HEALTH SERVICES, A PHARMACY, AND HEALTH HOME CARE COORDINATION.

A FOLLOW-ON MAC AIDS FUND GRANT TO IMPLEMENT RECOMMENDATIONS FROM THE INTEGRATION OF HARM REDUCTION INTO HEALTHCARE REFORM REPORT WAS RECEIVED IN 2015. THE PROJECT AIMS TO FOSTER PARTNERSHIPS BETWEEN HARM REDUCTION AND HEALTH CARE PROVIDERS IN THE CONTEXT OF DSRIP IMPLEMENTATION, THROUGH CUSTOMIZED DATA ANALYSIS, TECHNICAL ASSISTANCE, AND RELATIONSHIP FACILITATION.

SCHOOL HEALTH:

THE ACADEMY'S SCHOOL HEALTH PROGRAM INTEGRATED HEALTH EDUCATION INTO THE CURRICULUM FOR PRE-K CHILDREN AND THEIR PARENTS IN 3 EAST HARLEM SCHOOLS

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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AND DEVELOPED A COLLABORATION WITH THE JEWISH BOARD ON THE DSRIP MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM.

THE ACADEMY ALSO PROVIDED TESTIMONY TO THE NEW YORK CITY COUNCIL SUPPORTING THE REQUIREMENT THAT THE DEPARTMENT OF EDUCATION REPORT INFORMATION ON PHYSICAL EDUCATION IN NYC SCHOOLS.

FORM 990 PART III, LINE 4B

LIBRARY AND HISTORICAL COLLECTIONS

THE LIBRARY HAS BEEN SERVING THE GENERAL PUBLIC SINCE 1878 WITH ACCESS TO ITS BROAD RANGING HEALTH AND MEDICAL COLLECTIONS. CURRENT SERVICES INCLUDE TRADITIONAL LIBRARY ACTIVITIES, PUBLIC OUTREACH INCLUDING TOURS, CLASSES, AND WORKSHOPS, CULTURAL PROGRAMMING, RESEARCH SUPPORT TO ACADEMY FELLOWS, AND THE COLLECTION AND DISSEMINATION OF GREY LITERATURE IN URBAN HEALTH. 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. IN 2015, THE LIBRARY WAS ESTABLISHED AS ONE OF THE THREE PILLARS OF THE ACADEMY, WITH THE CENTER FOR THE HISTORY OF MEDICINE AND PUBLIC HEALTH AS ITS PROGRAMMING ARM.

THE CENTER DEVOTED MUCH OF ITS 2015 PROGRAMMING TO THE THEME, "EATING THROUGH TIME: FOOD, HEALTH, AND HISTORY," WITH PUBLIC PROGRAMS ON FOOD HISTORY AND THE INTERRELATIONSHIP OF FOOD, HEALTH, AND POLICY OVER TIME, PRESENTED BY CHEFS, HISTORIANS, AND POLICY MAKERS. THE THEME GREW OUT OF THE LIBRARY'S COLLECTION OF CLOSE TO 10,000 CULINARY- AND FOOD-RELATED ITEMS, AND LED TO THE CENTER'S FOURTH FESTIVAL OF MEDICAL HISTORY AND THE

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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ARTS, ON OCTOBER 17, 2015, WITH EIGHTEEN SEPARATE OFFERINGS ATTRACTING OVER 275 ATTENDEES. IN THE COURSE OF THE YEAR, THE CENTER SPONSORED FIVE ADDITIONAL LECTURES ON THIS TOPIC.

THE LIBRARY PARTICIPATED IN THE DIGITIZATION PROGRAM, "CULTURE IN TRANSIT," SPONSORED BY METRO, THE METROPOLITAN NEW YORK LIBRARY COUNCIL, AND SUPPORTED BY A GRANT FROM THE KNIGHT FOUNDATION. ALMOST 225 PHOTOGRAPHIC CARTES-DE-VISITE OF NOTABLE PHYSICIANS AND SCIENTISTS FROM THE LIBRARY'S COLLECTIONS WERE SCANNED AND MADE AVAILABLE ON THE METRO SITE, AND THROUGH THAT, THE DIGITAL PUBLIC LIBRARY OF AMERICA (DPLA). WORKING WITH 4 OTHER MEDICAL LIBRARIES, THE ACADEMY LIBRARY ALSO BEGAN WORK ON 'MEDICINE AT GROUND LEVEL," A TWO-YEAR NEH-FUNDED PROJECT TO DIGITIZE THE JOURNALS OF THE STATE MEDICAL SOCIETIES.

A \$40,000 GRANT FROM THE NEW YORK STATE DEPARTMENT OF EDUCATION, DIVISION OF LIBRARY DEVELOPMENT, ALLOWED THE LIBRARY TO CONSERVE AND CATALOG 42 MEDICAL STUDENT NOTEBOOKS FROM THE 19TH AND EARLY 20TH CENTURIES.

FORM 990 PART III, LINE 4C

EVALUATION & RESEARCH PROGRAMS

THE CENTER FOR EVALUATION AND APPLIED RESEARCH (CEAR) CONDUCTS PROGRAM EVALUATIONS, AS WELL AS RESEARCH APPLICABLE TO THE DEVELOPMENT AND IMPLEMENTATION OF POLICIES AND PRACTICE. USING BOTH QUALITATIVE AND QUANTITATIVE METHODS, THE RESEARCH IS INTENDED TO ASSIST WITH THE IDENTIFICATION OF NEED, EFFECTIVE PRACTICE, AND FACTORS RELEVANT TO

REPLICATION OF PROMISING APPROACHES. MAJOR CEAR ACCOMPLISHMENTS IN 2015 INCLUDED SIX PEER-REVIEWED PUBLICATIONS ON TOPICS THAT INCLUDED DRUG USE

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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AND ITS TREATMENT, PHYSICAL ACTIVITY AMONG OLDER ADULTS, HIV TESTING AMONG AFRICAN-AMERICAN MEN, AND HOME REMEDIATION TO REDUCE ASTHMA EXACERBATIONS. CEAR WORK ON ASTHMA, DIABETES, IMMIGRANT HEALTH CARE ACCESS AND OTHER TOPICS WAS PRESENTED AT THE ANNUAL MEETINGS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, ACADEMY HEALTH AND THE AMERICAN EVALUATION ASSOCIATION, AND AT THE WORLD DIABETES CONGRESS. WORKING IN COLLABORATION WITH NEW YORK HEALTH + HOSPITALS, CEAR PRODUCED THREE ACADEMY BRIEFS DESCRIBING RESULTS FROM A COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT CONDUCTED DURING 2014. THE BRIEFS DESCRIBED AN OVERVIEW OF FINDINGS REGARDING PRIORITIES AND NEEDS RELEVANT TO LOW-INCOME NEW YORK CITY RESIDENTS, AS WELL AS FINDINGS RELATED TO TRANSGENDER HEALTH AND TO MENTAL HEALTH. FINALLY, CEAR SECURED SEVERAL NEW GRANTS IN 2015, INCLUDING FUNDING TO CONTINUE RESEARCH ON REDUCING HOUSEHOLD ASTHMA TRIGGERS AND TO EVALUATE WORKPLACE IMPLEMENTATION OF THE EVIDENCE-BASED NATIONAL DIABETES PREVENTION PROGRAM.

FORM 990 PART III, LINE 4D

OTHER PROGRAM SERVICES EXPENSES CONSIST OF: EDUCATION CONFERENCE CENTER, SCHOOL HEALTH PROGRAM, FELLOWS OFFICE, AWARDS AND FELLOWSHIP PROGRAMS, HEALTH AND SCHOLARS PROGRAM, CENTER FOR HEALTH INNOVATION AND CENTER FOR COGNITIVE STUDIES.

FORM 990 PART VI, SECTIONS A, B AND C

PART VI SECTION A LINE 2

EDWARD SHORTLIFFE AND VIMLA PATEL ARE HUSBAND AND WIFE.

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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PART VI SECTION A, LINES 7A AND 7B

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

PART VI SECTION B, LINE 11A

THE SENIOR VICE PRESIDENT OF FINANCE AND ADMINISTRATION DISTRIBUTES THE FINAL DRAFT OF FORM 990 TO THE AUDIT COMMITTEE AND BOARD OF TRUSTEES FOR REVIEW AND COMMENT.

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 AND

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

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. A COMPENSATION REVIEW FOR THE PRESIDENT WAS COMPLETED IN 2013 AND THE BOARD OF TRUSTEES APPROVED AN EXTENSION OF THE PRESIDENT'S EMPLOYMENT AGREEMENT THROUGH JUNE 2017.

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 AND ARE ON THE ACADEMY'S WEBSITE ALONG WITH THE FORM 990 FEDERAL TAX RETURN AND THE ACADEMY'S ANNUAL REPORT. THE ANNUAL REPORT CONTAINS CONDENSED FINANCIAL INFORMATION AND IS AVAILABLE TO THE PUBLIC THROUGH THE ACADEMY'S WEBSITE.

FORM 990 PART XI, LINE 9

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST (\$10,435).

FORM 8868

APPLICATION FOR EXTENSION OF TIME TO FILE FOR AN EXEMPT ORGANIZATION WAS

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

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

AR, CA, CO, CT,

FL, GA, IL, KY, MD, MA, MI,

NH, NJ, NM, NY, NC, PA,

RI, TN, VA,

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COLUMBIA UNIVERSITY P.O. BOX 29789, GPO NEW YORK, NY 10087-9789	SUBAWARD ON GRANTS	201,472.
STERLING AFFAIR, INC. 100 COMMERCE ROAD CARLSTADT, NJ 07072	CATERING SERVICES	201,091.
BURNES COMMUNICATIONS 7910 WOODMOUNT AVENUE BETHESDA, MD 20814	PUBLIC RELATIONS	165,761.
SHEPPARD MULLIN RICHTER & HAMPTON LLP 333 SO HOPE STREET LOS ANGELES, CA 90071	LEGAL SERVICES	150,100.
ARTHUR J. GALLAGHER RISK MANAGEMENT 250 PARK AVENUE NEW YORK, NY 10087	INSURANCE BROKER	148,179.