

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization THE NEW YORK ACADEMY OF MEDICINE D Employer identification number 13-1656674 E Telephone number (212) 822-7222 G Gross receipts \$ 36,957,511. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.NYAM.ORG K Form of organization: L Year of formation: 1851 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

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.

Sign Here: Signature of officer FRED A. K. GIMPEL, SVP FINANCE & ADMIN Date: Paid: GARRETT M. HIGGINS Preparer: PKF O'CONNOR DAVIES, LLP

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: DRIVE PROGRESS TOWARDS IMPROVED HEALTH THROUGH ATTAINING HEALTH EQUITY.

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

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

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

4a (Code:) (Expenses \$ 1,307,322. including grants of \$ 38,877.) (Revenue \$ 0.) COMMUNITY PARTNERSHIPS AND POLICY SOLUTIONS - SEE SCHEDULE O.

4b (Code:) (Expenses \$ 1,275,379. including grants of \$ 0.) (Revenue \$ 0.) CENTER FOR EVALUATION AND APPLIED RESEARCH - SEE SCHEDULE O.

4c (Code:) (Expenses \$ 1,157,152. including grants of \$ 2,000.) (Revenue \$ 43,092.) THE ACADEMY LIBRARY - SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,506,341. including grants of \$ 586,164.) (Revenue \$ 592,649.)

4e Total program service expenses 8,246,194.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 Enter the number of voting members... 19; 1b Enter the number of voting members included... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 FRED A GIMPEL - (212) 822-7222 1216 FIFTH AVENUE, NEW YORK, NY 10029-5205

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDITH A. SALERNO, MD PRESIDENT	35.00	X		X				522,781.	0.	36,463.
(2) KATHLEEN D. O'DONNELL SVP FINANCE & ADMIN	35.00			X				356,468.	0.	51,260.
(3) KIMBERLY L. BOGARD SVP STRATEGY & PROGRAMS	35.00			X				279,939.	0.	66,705.
(4) MIGUEL A. PEREZ SVP PUBLIC ENGAGEMENT	35.00			X				267,419.	0.	46,830.
(5) DAVID S. SISCOVICK SENIOR RESEARCH SCIENTIST	35.00					X		218,155.	0.	45,956.
(6) STEPHEN W. PAUL DIRECTOR OF FINANCE	35.00				X			173,003.	0.	47,560.
(7) NANCY CLAYMAN DIRECTOR OF DEVELOPMENT	35.00				X			183,337.	0.	27,632.
(8) PAUL H. THEERMAN DIRECTOR, LIBRARY	35.00					X		174,741.	0.	11,225.
(9) SEJAL GANDHI, DIRECTOR, EDUCATION & CONFERENCE CENTER	35.00					X		157,332.	0.	23,901.
(10) LINDA J. WEISS, DIR., CENTER FOR EVAL. & APPLIED RESEARCH	35.00					X		155,935.	0.	23,948.
(11) GINA RAVOSA DIRECTOR, MARKETING & COMM.	35.00					X		152,736.	0.	23,930.
(12) WAYNE J. RILEY, MD CHAIR	1.00	X		X				0.	0.	0.
(13) JAMES FLYNN, MS CHAIR EMERITUS/TREASURER	1.00	X		X				0.	0.	0.
(14) CLAIRE POMEROY, MD VICE CHAIR	1.00	X		X				0.	0.	0.
(15) STEVEN FELSHER, JD TREASURER THRU SEP 2020	1.00	X		X				0.	0.	0.
(16) CHARLES N. BERTOLAMI, DDS TRUSTEE	1.00	X						0.	0.	0.
(17) JOHN DAMONTI, MSW TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELSA-GRACE V. GIARDINA, MD TRUSTEE	1.00	X					0.	0.	0.	
(19) MARC D. GRODMAN, MD TRUSTEE	1.00	X					0.	0.	0.	
(20) JULIAN HARRIS, MD TRUSTEE	1.00	X					0.	0.	0.	
(21) WILLIAM A. HASELTINE, PHD TRUSTEE	1.00	X					0.	0.	0.	
(22) MIA JUNG, MBA TRUSTEE	1.00	X					0.	0.	0.	
(23) MARK N. KAPLAN, ESQ. TRUSTEE	1.00	X					0.	0.	0.	
(24) STANLEY A. LEFKOWITZ, PHD TRUSTEE	1.00	X					0.	0.	0.	
(25) RAMANATHAN RAJU, MD TRUSTEE THRU OCT 2020	1.00	X					0.	0.	0.	
(26) ELENA RIOS, MD TRUSTEE	1.00	X					0.	0.	0.	
1b Subtotal							2,641,846.	0.	405,410.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,641,846.	0.	405,410.	

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 **17**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MINERVA PROTECTION AND RISK SOLUTIONS LLC 244 5TH AVE, STE C 264, NEW YORK, NY 10001	SECURITY	194,177.
R.C.D. RESTORATIONS, INC. 703 YONKERS AVE, YONKERS, NY 10704	CONSTRUCTION	132,513.
PACHYDERM CONSULTING, 66 WEST 38TH ST, STE 33C, NEW YORK, NY 10018	INFORMATION TECHNOLOGY	123,162.
FAIR HEALTH, INC. 530 5TH AVE, 18TH FL, NEW YORK, NY 10036	RESEARCH	120,000.
FUND FOR PUBLIC HEALTH IN NEW YORK 22 CORTLAND ST, 802, NEW YORK, NY 10007	RESEARCH	115,793.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,804,581.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,231,191.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			6,035,772.			
Program Service Revenue	2 a EDUCATION CONFERENCE CENTER FEES	Business Code	611430	427,767.	400,662.	27,105.	
	b MEMBERSHIP DUES & ASSESSMENTS		900099	190,986.	190,986.		
	c LIBRARY FEES		541900	43,093.	43,093.		
	d OTHER PROGRAM SERVICE FEES		900099	1,000.	1,000.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			662,846.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,288,156.		-2,461.	1,290,617.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			162,533.			162,533.
	6 a Gross rents	6a	(i) Real	402,937.			
			(ii) Personal				
	b Less: rental expenses ...	6b		0.			
	c Rental income or (loss)	6c		402,937.			
	d Net rental income or (loss)			402,937.			402,937.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	28,164,639.	2,418.		
			(ii) Other				
				27,445,330.	0.		
				719,309.	2,418.		
	d Net gain or (loss)			721,727.		126.	721,601.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ADMINISTRATION FEES	Business Code	900099	107,081.		107,081.	
	b COMMISSION INCOME		541990	56,115.		56,115.	
	c SPONSORSHIP		900099	10,000.		10,000.	
	d All other revenue		900099	65,014.		65,014.	
	e Total. Add lines 11a-11d			238,210.			
12 Total revenue. See instructions			9,512,181.	635,741.	34,770.	2,805,898.	

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 ...	61,100.	61,100.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	565,941.	565,941.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,059,395.	520,411.	994,332.	544,652.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,302,481.	3,848,846.	1,042,094.	411,541.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	265,553.	206,487.	39,556.	19,510.
9 Other employee benefits	681,648.	483,947.	136,353.	61,348.
10 Payroll taxes	565,701.	341,683.	152,093.	71,925.
11 Fees for services (nonemployees):				
a Management				
b Legal	28,320.	3,061.	17,280.	7,979.
c Accounting	76,750.		76,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	5,000.			5,000.
f Investment management fees	54,253.		54,253.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	653,521.	366,994.	250,679.	35,848.
12 Advertising and promotion				
13 Office expenses	158,457.	105,616.	28,131.	24,710.
14 Information technology	137,865.	73,925.	59,248.	4,692.
15 Royalties				
16 Occupancy	284,083.	261,211.	17,081.	5,791.
17 Travel	16,568.	15,367.	580.	621.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	57,459.	55,471.	1,308.	680.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	747,444.	685,930.	45,863.	15,651.
23 Insurance	160,003.		160,003.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	521,550.	475,728.	40,558.	5,264.
b ADMINISTRATION FEES	107,081.	106,857.	96.	128.
c SUBSCRIPTIONS	40,642.	22,158.	3,999.	14,485.
d RECRUITMENT	3,057.	700.	2,303.	54.
e All other expenses	55,359.	44,761.	3,417.	7,181.
25 Total functional expenses. Add lines 1 through 24e	12,609,231.	8,246,194.	3,125,977.	1,237,060.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,369.	1	2,273.
	2 Savings and temporary cash investments	307,816.	2	633,164.
	3 Pledges and grants receivable, net	1,213,434.	3	1,292,813.
	4 Accounts receivable, net	120,335.	4	244,489.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	111,834.	9	36,389.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,028,979.		
	b Less: accumulated depreciation	10b 10,540,839.	7,841,882.	10c 7,488,140.
	11 Investments - publicly traded securities	68,198,151.	11	67,404,502.
	12 Investments - other securities. See Part IV, line 11	883,540.	12	806,872.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	172,457.	15	171,972.
16 Total assets. Add lines 1 through 15 (must equal line 33)	78,851,818.	16	78,080,614.	
Liabilities	17 Accounts payable and accrued expenses	1,731,685.	17	771,160.
	18 Grants payable	284,000.	18	312,500.
	19 Deferred revenue	309,675.	19	275,634.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	2,325,360.	26	1,359,294.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	43,977,197.	27	44,470,006.
	28 Net assets with donor restrictions	32,549,261.	28	32,251,314.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	76,526,458.	32	76,721,320.
33 Total liabilities and net assets/fund balances	78,851,818.	33	78,080,614.	

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	9,512,181.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,609,231.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,097,050.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	76,526,458.
5	Net unrealized gains (losses) on investments	5	3,370,797.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-78,885.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	76,721,320.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6661547.	5864294.	7427886.	6022363.	6035772.	32011862.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6661547.	5864294.	7427886.	6022363.	6035772.	32011862.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3080808.
6 Public support. Subtract line 5 from line 4.						28931054.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6661547.	5864294.	7427886.	6022363.	6035772.	32011862.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1467647.	1822974.	1922382.	2533063.	1853626.	9599692.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	441,661.	404,373.	374,591.	321,031.	228,210.	1769866.
11 Total support. Add lines 7 through 10						43381420.
12 Gross receipts from related activities, etc. (see instructions)					12	8,189,188.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	66.69 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	62.85 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

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

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 43,402.

2017 AMOUNT: \$ 45,953.

2018 AMOUNT: \$ 25,860.

2019 AMOUNT: \$ 16,303.

2020 AMOUNT: \$ 65,014.

COMMISSION INCOME

2016 AMOUNT: \$ 232,537.

2017 AMOUNT: \$ 174,033.

2018 AMOUNT: \$ 177,506.

2019 AMOUNT: \$ 189,242.

2020 AMOUNT: \$ 56,115.

PUBLICATION FEES

2016 AMOUNT: \$ 14,926.

2017 AMOUNT: \$ 25,000.

ADMINISTRATION FEES

2016 AMOUNT: \$ 150,796.

2017 AMOUNT: \$ 159,387.

2018 AMOUNT: \$ 171,225.

2019 AMOUNT: \$ 115,486.

2020 AMOUNT: \$ 107,081.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,568,262.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>240,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>213,608.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>170,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>154,965.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>154,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>135,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>129,166.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,041,490.	21,821,750.	23,481,829.	22,532,267.	22,256,391.
b Contributions	5,000.	7,044.	8,246.	11,083.	11,400.
c Net investment earnings, gains, and losses	1,356,788.	2,015,699.	-597,699.	1,474,768.	820,615.
d Grants or scholarships		170,463.	192,932.	148,208.	172,700.
e Other expenditures for facilities and programs	969,482.	531,532.	762,483.	275,420.	272,157.
f Administrative expenses	50,000.	101,008.	115,211.	112,661.	111,282.
g End of year balance	23,383,796.	23,041,490.	21,821,750.	23,481,829.	22,532,267.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 50.4870 %
 - c Term endowment 49.5130 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		284,261.		284,261.
b Buildings		13,805,470.	7,761,587.	6,043,883.
c Leasehold improvements				
d Equipment		1,038,029.	779,172.	258,857.
e Other		2,901,219.	2,000,080.	901,139.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,488,140.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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	12,826,740.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,370,797.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	3,370,797.	
3	Subtract line 2e from line 1	3	9,455,943.	
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	54,253.	
b	Other (Describe in Part XIII.)	4b	1,985.	
c	Add lines 4a and 4b	4c	56,238.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,512,181.	

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	12,631,878.
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	76,900.	
e	Add lines 2a through 2d	2e	76,900.	
3	Subtract line 2e from line 1	3	12,554,978.	
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	54,253.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	54,253.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,609,231.	

Part XIII Supplemental Information.

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

PART III, LINE 1A:

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

PART III, LINE 4:

THE ACADEMY HAS A COLLECTION OF PURCHASED AND DONATED MATERIALS, INCLUDING BOOKS, MANUSCRIPTS, ARCHIVES, EPHEMERA, VISUAL MATERIALS, AND ARTIFACTS.

Part XIII Supplemental Information (continued)

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 THE LIBRARY AND HISTORY OF MEDICINE PROGRAMS AND LECTURES, AWARD PROGRAMS IN VARIOUS MEDICAL DISCIPLINES, LECTURES AND SEMINARS IN THE FURTHERANCE OF KNOWLEDGE, STUDY AND RESEARCH BY MEDICAL PROFESSIONALS AS WELL AS THE PUBLIC AT LARGE. IN ADDITION, SOME ENDOWMENT FUND INCOME HAS BEEN DESIGNATED BY DONORS FOR USE IN SUPPORT OF GENERAL OPERATIONS.

PART X, LINE 2:

NYAM 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 NYAM, 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 NYAM'S MISSION. NONETHELESS, BECAUSE OF NYAM'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES THAT ASC TOPIC 740 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON NYAM'S FINANCIAL STATEMENTS. NYAM IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2017.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUST	485.
ENDOWMENT VALUATION ADJUSTMENT	1,500.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,985.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON UNCOLLECTIBLE PLEDGE	35,410.
RETURN OF GRANT AWARD	41,490.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	76,900.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		139,219.
3 a Subtotal	0	0			139,219.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			139,219.

Part IV Foreign Forms

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

Part V Supplemental Information

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

FORM 990, SCHEDULE F, PART IV, LINE 3, 4, AND 5:

THE ORGANIZATION IS NOT REQUIRED TO FILE FORMS 5471, 8621 OR 8865

BECAUSE IT DOES NOT MEET THE APPLICABLE OWNERSHIP THRESHOLD OR OTHER

FILING REQUIREMENTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FAIR HEALTH, INC. 530 FIFTH AVENUE - 18TH FLOOR NEW YORK, NY 10036	90-0524293	501(C)(3)	60,000.	0.			TO NYAM'S EFFORTS ON SIM GRANT - MANAGED AND ANALYZED CLAIMS DATA, ENSURED PATIENT

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

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDS	11	26,178.	0.		
FELLOWSHIPS	6	400,000.	0.		
HONORARIA	20	20,500.	0.		
STIPENDS	9	114,572.	0.		
SCHOLARSHIPS	1	4,691.	0.		

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

PART I, LINE 2:

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

Part IV Supplemental Information

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

FUNDS ARE AWARDED TO OTHER ENTITIES ACCORDING TO VARYING CIRCUMSTANCES WITH DIFFERING MONITORING/ACCOUNTABILITY PROCEDURES, AS LISTED BELOW:

- 1) INDIVIDUAL CONSULTANTS ARE PAID BASED ON TIMESHEETS SUBMITTED THAT INDICATE WORK COMPLETED DURING THE TIME PERIOD;
- 2) SERVICES (E.G., TRANSLATION AND TRANSCRIPTION) ARE INVOICED WHEN THE SERVICE HAS BEEN COMPLETED, AND
- 3) CONTRACTS WITH COMMUNITY BASED ORGANIZATIONS INCLUDE A SCOPE OF WORK. PAYMENT IS MADE WHEN THE SCOPE IS COMPLETE PRODUCT IS SUBMITTED TO US.

AWARDS MADE TO INDIVIDUALS: FELLOWSHIP AND GRANT RECIPIENTS ARE REQUIRED TO SUBMIT PROGRESS REPORTS, AND GRANT RECIPIENTS ALSO PRESENT THEIR RESEARCH IN PERSON AT THE CONCLUSION OF THEIR WORK.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAIR HEALTH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO NYAM'S EFFORTS ON SIM GRANT - MANAGED AND ANALYZED CLAIMS DATA, ENSURED PATIENT CONTRIBUTION AND INCLUSION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUDITH A. SALERNO, MD PRESIDENT	(i)	522,019.	0.	762.	33,750.	2,713.	559,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHLEEN D. O'DONNELL SVP FINANCE & ADMIN	(i)	349,052.	0.	7,416.	33,375.	17,885.	407,728.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KIMBERLY L. BOGARD SVP STRATEGY & PROGRAMS	(i)	279,801.	0.	138.	32,384.	34,321.	346,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MIGUEL A. PEREZ SVP PUBLIC ENGAGEMENT	(i)	267,161.	0.	258.	31,663.	15,167.	314,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID S. SISCOVICK SENIOR RESEARCH SCIENTIST	(i)	217,379.	0.	776.	11,347.	34,609.	264,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEPHEN W. PAUL DIRECTOR OF FINANCE	(i)	172,745.	0.	258.	9,173.	38,387.	220,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NANCY CLAYMAN DIRECTOR OF DEVELOPMENT	(i)	163,075.	0.	20,262.	8,610.	19,022.	210,969.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PAUL H. THERMAN DIRECTOR, LIBRARY	(i)	173,979.	0.	762.	8,752.	2,473.	185,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SEJAL GANDHI, DIRECTOR, EDUCATION & CONFERENCE CENTER	(i)	157,242.	0.	90.	8,075.	15,826.	181,233.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LINDA J. WEISS, DIR., CENTER FOR EVAL. & APPLIED RESEARCH	(i)	153,987.	0.	1,948.	7,951.	15,997.	179,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GINA RAVOSA DIRECTOR, MARKETING & COMM.	(i)	152,478.	0.	258.	7,873.	16,057.	176,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE NEW YORK ACADEMY OF MEDICINE

Employer identification number

13-1656674

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE NEW YORK ACADEMY OF MEDICINE (NYAM) TACKLES THE BARRIERS THAT PREVENT EVERY INDIVIDUAL FROM LIVING A HEALTHY LIFE. NYAM GENERATES THE KNOWLEDGE NEEDED TO CHANGE THE SYSTEMS THAT PREVENT PEOPLE FROM ACCESSING WHAT THEY NEED TO BE HEALTHY SUCH AS SAFE AND AFFORDABLE HOUSING, HEALTHY FOOD, HEALTHCARE AND MORE. THROUGH ITS HIGH-PROFILE PROGRAMMING FOR THE GENERAL PUBLIC, FOCUSED SYMPOSIA FOR HEALTH PROFESSIONALS, AND ITS BASE OF DEDICATED FELLOWS AND MEMBERS, NYAM ENGAGES THE MINDS AND HEARTS OF THOSE WHO ALSO VALUE ADVANCING HEALTH EQUITY TO MAXIMIZE HEALTH FOR ALL.

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

AT THE CENTER FOR COMMUNITY PARTNERSHIPS AND POLICY SOLUTIONS (CPPS), WE PARTNER WITH RESIDENTS, COMMUNITY LEADERS, AND DECISION-MAKERS TO IDENTIFY INNOVATIVE POLICY SOLUTIONS. WE ARE ACTIVELY WORKING TOGETHER WITH OUR PARTNERS TO ALIGN AND SHAPE THE ACTIONS OF GOVERNMENT AND INDUSTRY TO SERVE THE COMMUNITY BETTER, RECOGNIZE AND UPLIFT ITS ASSETS, AND TRANSFORM THE PLACES WHERE WE LIVE, WORK, PLAY, AND LEARN INTO ENVIRONMENTS THAT PROMOTE HEALTH FOR ALL. AS A TRUSTED CONVENER AND FACILITATOR, WE WORK TO HONOR AND UPLIFT THE VOICES OF PEOPLE WITH LIVED EXPERIENCES OF HEALTH INEQUITIES AND BRIDGE CONNECTIONS BETWEEN COMMUNITIES, GOVERNMENT, THE HEALTHCARE SYSTEM, AND OTHER STAKEHOLDERS. WE ALSO DEVELOP AND IMPLEMENT AWARD-WINNING, PLACE-BASED PROGRAMS AND CONDUCT RESEARCH TO INFORM SPECIFIC POLICY CHANGES. OUR UNIQUE APPROACH INCLUDES COMMUNITY-INFORMED PROGRAM DESIGN, MIXED METHODS HEALTH

SERVICES RESEARCH, ORGANIZATIONAL NETWORK ANALYSIS, POLICY ANALYSIS,

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

DURING THE HEIGHT OF THE COVID-19 PANDEMIC IN 2020, STAFF FROM CPPS PARTNERED WITH THE NYC ADMINISTRATION FOR CHILDREN'S SERVICES (ACS) TO DESIGN AN ONLINE, INTERACTIVE EDUCATION AND ENGAGEMENT VIRTUAL PROGRAM TO ADDRESS THE NEEDS OF YOUTH IN RESIDENTIAL FOSTER CARE AND YOUTH DETENTION FACILITIES IN NYC CALLED YOUTHWORKS. MORE SPECIFICALLY, WE DEVELOPED THE CURRICULUM FOR THE VIRTUAL MEETINGS INCLUDING INSTRUCTOR VIDEOS, LIVE SESSIONS WITH YOUTH MENTORS, SELF-REFLECTION, ONLINE JOURNALING, AND PHOTOVOICE. WE ALSO LAUNCHED THE COVID-19 VACCINE EQUITY ACTION COLLABORATIVE, WHICH AIMS TO BRIDGE COMMUNITY, HEALTH CARE, AND PUBLIC HEALTH LEADERSHIP AND FRONTLINE STAFF TO ADVANCE VACCINE HEALTH EQUITY IN THE NYC REGION, WHICH DEMONSTRATES OUR ABILITY TO TAP INTO THESE VAST NETWORKS. WE ASSEMBLED A 20+ MEMBER STEERING COMMITTEE WITH LEADERS FROM COMMUNITY-BASED COALITIONS IN THE 5 BOROUGHs, WESTCHESTER, AND LONG ISLAND, AS WELL AS HEALTH CARE AND SOCIAL SERVICE TRADE ORGANIZATIONS, NYC AND NYS PUBLIC HEALTH LEADERS, AND LEADERS FROM MAJOR HEALTHCARE INSTITUTIONS AND COMMUNITY HEALTH CENTERS. THESE LEADERS ARE SHAPING OUR TECHNICAL ASSISTANCE PROGRAMMING AND DEVELOPING POLICY RECOMMENDATIONS. STAFF FROM CPPS ALSO PROVIDED TECHNICAL ASSISTANCE TO METROPOLITAN HOSPITAL. THIS PROJECT PRODUCED ELECTRONIC HEALTH RECORD ANALYSES ON COVID-19 PATIENTS AND USER-FRIENDLY COMMUNITY RESOURCE GUIDES.

THROUGH OUR EAST HARLEM ACTION COLLABORATIVE, WE CONTINUE TO BRING TOGETHER THE TRUSTED VOICES OF RESIDENT CAREGIVERS, ALONG WITH DIRECT SERVICE PROVIDERS, TECHNICAL ADVISORS, AND ELECTED AND PUBLIC OFFICIALS TO IDENTIFY SOLUTIONS AND PUT FORTH RECOMMENDATIONS FOR A BETTER

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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TOMORROW FOR CHILDREN. CENTRAL TO THIS WORK IS LEARNING ABOUT THE ASSETS THAT FAMILIES LEVERAGE TO RAISE HEALTHY CHILDREN DESPITE SYSTEMIC BARRIERS. THE COLLABORATIVE MEMBERS DEFINE ISSUES TO ADDRESS IN THE COMMUNITY; IDENTIFY COMMUNITY ASSETS; REVIEW DATA; COLLECTIVELY SET GOALS; AND PROPOSE SOLUTIONS TO KEY DECISION MAKERS.

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

THE CENTER FOR EVALUATION AND APPLIED RESEARCH (CEAR) CONDUCTS QUALITATIVE, QUANTITATIVE, AND COMMUNITY-ENGAGED RESEARCH, INCLUDING PROGRAM AND POLICY EVALUATIONS, AND PROVIDES TRAINING AND TECHNICAL ASSISTANCE TO SUPPORT HEALTH EQUITY AND COMMUNITY WELL-BEING. CEAR WORKS WITH PROGRAMS AND AGENCIES FOCUSED ON A WIDE RANGE OF TOPICS, INCLUDING ASSESSMENT OF COMMUNITY HEALTH NEEDS AND PRIORITIES; HEALTHCARE PRACTICE TRANSFORMATION; PREVENTION AND MANAGEMENT OF CHRONIC DISEASE; MATERNAL/CHILD HEALTH; BEHAVIORAL HEALTH; AND ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING HOUSING AND FOOD ACCESS.

CEAR RESEARCHERS HAVE EXPERTISE IN BOTH QUALITATIVE AND QUANTITATIVE METHODS, INCLUDING DEVELOPMENT, ADMINISTRATION, AND ANALYSIS OF SURVEYS, FOCUS GROUPS, AND INTERVIEWS, AS WELL AS MANAGEMENT AND ANALYSIS OF HEALTH RECORDS AND HEALTHCARE CLAIMS. CEAR RESEARCHERS ALSO HAVE EXPERTISE IN MORE PARTICIPATORY RESEARCH METHODS, INCLUDING PUBLIC DELIBERATION. EXAMPLES OF WORK CONDUCTED DURING 2020 INCLUDE BUT ARE NOT LIMITED TO:

- EVALUATION OF THE NYS STATE HEALTH INNOVATION PLAN/STATE INNOVATION MODEL (SHIP/SIM)

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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THE NYS SHIP/SIM, FUNDED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), FACILITATED AND SUPPORTED ADVANCED, PATIENT-CENTERED MODELS OF PRIMARY CARE. CEAR'S FIVE-YEAR EVALUATION WAS DESIGNED TO PROVIDE THE NYS DOH WITH TIMELY INFORMATION FOR QUALITY IMPROVEMENT, AS WELL AS A COMPREHENSIVE ASSESSMENT OF IMPLEMENTATION AND OUTCOMES. THE EVALUATION INCLUDED ANALYSES OF HEALTH INSURANCE CLAIMS AND HEALTHCARE PRACTICE TRANSFORMATION DATA, KEY STAKEHOLDER INTERVIEWS, AND PATIENT FOCUS GROUPS.

- PRIORITIES FOR COVID-19 VACCINE ACCESS: GATHERING COMMUNITY INPUT THROUGH PUBLIC DELIBERATION

WORKING IN COLLABORATION WITH NYC DOHMH, WE CONDUCTED A SET OF FIVE PUBLIC DELIBERATIONS (PDS) TO GAIN GUIDANCE FROM A DIVERSE CROSS-SECTION OF NYC RESIDENTS WITH RESPECT TO WHICH CATEGORIES OF ESSENTIAL WORKERS SHOULD GAIN PRIORITY FOR COVID-19 VACCINATION WHEN SUPPLIES IN NYC WERE LIMITED. THE PDS WERE ALSO DESIGNED TO ELUCIDATE UNDERLYING REASONS FOR STATED PRIORITIES AND VIEWS REGARDING THE SIGNIFICANCE OF RISK CHARACTERISTICS, INCLUDING AGE, HEALTH CONDITIONS, RACE, AND NEIGHBORHOOD.

- EVALUATION SERVICES FOR WORKWELL NYC

WORKWELL NYC IS THE WORKSITE WELLNESS PROGRAM FOR EMPLOYEES OF ALL NYC MUNICIPAL AGENCIES. IT INCLUDES ONSITE AND VIRTUAL PROGRAMMING TO SUPPORT PHYSICAL ACTIVITY, HEALTHY EATING, MENTAL WELLNESS, AND PREVENTION AND DISEASE. WORKING IN COLLABORATION WITH WORKWELL NYC STAFF, CEAR CONDUCTS ANNUAL SURVEYS OF NYC EMPLOYEES TO SUPPORT THE DEVELOPMENT AND IMPLEMENTATION OF WELLNESS PROGRAMMING THAT MEETS THE NEEDS OF EMPLOYEES. CEAR ALSO PROVIDES TECHNICAL ASSISTANCE TO BUILD

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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WORKWELL NYC STAFF CAPACITY REGARDING PROGRAM EVALUATION.

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

THE ACADEMY LIBRARY BEGAN OPERATIONS IN JANUARY 1847, AS PART OF THE NEWLY ESTABLISHED NEW YORK ACADEMY OF MEDICINE. THE LIBRARY GREW THROUGH ACTIVE ACQUISITION OF THE CURRENT MEDICAL LITERATURE FOR ALMOST 175 YEARS. IN 1878 THE LIBRARY WAS OPENED TO THE PUBLIC, AS IT REMAINS TODAY. IN THE LATE 19TH CENTURY, THE LIBRARY BEGAN COLLECTING RARE AND HISTORICAL WORKS IN MEDICINE. TODAY THE COLLECTIONS COMPRISE OVER A MILLION ITEMS: OVER 550,000 VOLUMES OF BOOKS AND JOURNALS, INCLUDING A RARE BOOK COLLECTION OF APPROXIMATELY 32,000 VOLUMES; 275,000 PORTRAITS AND ILLUSTRATIONS; APPROXIMATELY 400,000 PAMPHLETS; AND OVER 1,800 LINEAR FEET OF MANUSCRIPTS AND ARCHIVES. IN 2012, THE LIBRARY RESTRUCTURED AS AN HISTORICAL MEDICAL LIBRARY. WE ACQUIRE RARE AND HISTORICAL WORKS AND SECONDARY LITERATURE IN THE HISTORY OF MEDICINE; SERVE RESEARCHERS WITH COLLECTION MATERIALS; SUPPORT TWO RESEARCH FELLOWSHIPS; PROVIDE VISITORS AND CLASSES WITH TOURS OF THE COLLECTIONS AND THE HISTORIC BUILDING; MOUNT HISTORICAL PROGRAMS; AND SHARING OUR INSIGHTS THROUGH THE LIBRARY BLOG AND SOCIAL MEDIA.

DUE TO THE COVID-19 PANDEMIC, THE LIBRARY SUSPENDED IN-PERSON OPERATIONS FROM MARCH 16 THROUGH SEPTEMBER 30, 2020, WITH ONLY LIMITED STAFF ONSITE WORK THEREAFTER. THE LIBRARY CLOSED ITS READING ROOM, SUSPENDED ITS FELLOWSHIP PROGRAM, AND RESTRUCTURED ITS DOCUMENT DELIVERY OPERATION, DUE TO LACK OF ACCESS TO THE COLLECTIONS.

LIBRARY STAFF RESPONDED TO THE COVID-19 PANDEMIC BY PROVIDING FOR THE INFORMATION NEEDS OF THE RESEARCH AND POLICY STAFF OF THE ACADEMY AND

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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PREPARING A BIBLIOGRAPHY OF HISTORICAL STUDIES OF EPIDEMICS AND PANDEMICS. WE REVITALIZED THE LIBRARY NEWSLETTER, GOING TO ALL PERSONS ON THE ACADEMY'S 20,000+ EMAIL LIST. AS IN-PERSON TOURS WERE NO LONGER POSSIBLE, WE PREPARED "VIRTUAL VISITS," THEMED VIDEO TOURS OF OUR COLLECTIONS. BEGINNING IN JULY 2020, WE RELEASED FIVE VIDEOS, EACH ABOUT TEN MINUTES LONG. WE ALSO PROVIDED FOUR REAL-TIME ONLINE CLASS TOURS AFTER SHUTDOWN.

IN DECEMBER 2020, THE LIBRARY TEAM RELEASED "RECIPES AND REMEDIES: MANUSCRIPT COOKBOOKS," AN ONLINE DIGITAL COLLECTION OF 11 MANUSCRIPT COOKBOOKS DATING FROM THE 17TH TO THE 19TH CENTURIES. THE WORK WAS SUPPORTED BY A GRANT FROM THE PINE TREE FOUNDATION.

DESPITE THE SUSPENSION OF IN-PERSON PROGRAMMING DUE TO COVID-19, THE LIBRARY'S PROGRAMMING CONTINUED STRONGLY IN 2020. WE SUPPORTED FIVE LECTURES AND PANEL DISCUSSIONS, RANGING FROM RACE AND HEALTH TO THE HISTORY OF EPIDEMIOLOGY, TO THE HISTORY OF THE BOOK.

THE LIBRARY'S BLOG, "BOOKS, HEALTH, AND HISTORY," POSTED 13 ARTICLES IN 2020. SIX OF THESE WERE ON EARLY WOMEN FELLOWS OF THE ACADEMY, AS PART OF CELEBRATING THE 100TH ANNIVERSARY YEAR OF WOMEN'S SUFFRAGE IN THE UNITED STATES. THREE WERE ON PANDEMICS OF THE PAST, TWO ON DIGITAL PROJECTS, ONE ON THE PUBLIC HEALTH ORIGINS OF THE CENSUS, AND ONE ON STEPHEN SMITH, A PIONEER OF PUBLIC HEALTH AND NYAM FELLOW.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

EXPENSES \$ 4,506,341. INCLUDING GRANTS OF \$ 586,164. REVENUE \$ 592,649.

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE OF THE BOARD HAS FULL AUTHORITY TO MAKE DECISIONS ON BEHALF OF THE ENTIRE BOARD BETWEEN BOARD MEETINGS.

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

THE ACADEMY HAS THREE CLASSES OF FELLOWS (MEMBERS); RESIDENT, NON-RESIDENT AND HONORARY. ALL CLASSES OF FELLOWS ARE VOTING MEMBERS. THE BOARD OF TRUSTEES MAY FROM TIME TO TIME ELECT HONORARY FELLOWS TO BE TRUSTEES OR OFFICERS OF THE ACADEMY.

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

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

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

IN ACCORDANCE WITH THE ACADEMY'S BY-LAWS, AMENDMENT OR REPEAL OF THE

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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BY-LAWS IS SUBJECT TO APPROVAL BY THREE-FOURTHS OF THE VOTES CAST AT ANY ANNUAL OR SPECIAL MEETING OF THE VOTING FELLOWS IN PERSON OR BY PROXY.

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

THE NEW YORK ACADEMY OF MEDICINE HAS ITS FORM 990 PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. AFTER THE FORM 990 HAS BEEN PREPARED, IT IS REVIEWED BY MANAGEMENT AND THEN THE AUDIT COMMITTEE OF THE BOARD WHO REVIEWS AND APPROVES IT SUBJECT TO DISTRIBUTION OF THE DRAFT TO THE FULL BOARD FOR REVIEW AND COMMENT. ANY COMMENTS ARE THEN GROUPEd, SUMMARIZED AND PROVIDED TO THE INDEPENDENT ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

THE ACADEMY CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL TRUSTEES AND KEY EMPLOYEES, WHICH IT ANNUALLY MONITORS AND ENFORCES.

THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION HAS RESPONSIBILITY FOR THE OVERSIGHT AND DISTRIBUTION OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

A QUESTIONNAIRE IS DISTRIBUTED TO AND COMPLETED ANNUALLY BY ALL TRUSTEES AND KEY EMPLOYEES IN ORDER TO ENSURE COMPLIANCE WITH THE POLICY. TRUSTEES MUST SUBMIT THE COMPLETED FORMS TO THE OFFICE OF BOARD AND FELLOWSHIP AFFAIRS. KEY EMPLOYEES MUST SUBMIT THE COMPLETED FORMS TO THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION. THE SENIOR VICE PRESIDENT FOR

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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FINANCE AND ADMINISTRATION REVIEWS THE COMPLETED FORMS AND PRESENTS THEM TO THE CHAIR OF THE AUDIT COMMITTEE. CONFLICTS OF INTEREST ARE DISCUSSED AT THE AUDIT COMMITTEE AND THE MINUTES DOCUMENT THE DISCUSSION AND PROPOSED RESOLUTION TO BE REPORTED TO THE EXECUTIVE COMMITTEE.

IF A CONFLICT OF INTEREST EXISTS:

- THE MAJORITY OF THE EXECUTIVE COMMITTEE MUST AGREE THAT THE RELATED PARTY TRANSACTION IS FAIR, REASONABLE AND IN NYAM'S BEST INTEREST AT THE TIME OF THE DETERMINATION, THAT USING AN ALTERNATIVE IS NOT TO NYAM'S BENEFIT AND THAT THE MATERIAL FACTS OF THE TRANSACTION ARE DISCLOSED IN ADVANCE;
- THE DELIBERATIONS, INCLUDING DISCUSSION OF ALTERNATIVES, ARE DOCUMENTED IN THE MINUTES AND REPORTED TO THE BOARD OF TRUSTEES;
- THE RELATED PARTY MAY NOT BE IN THE ROOM FOR THE DISCUSSION; AND
- ANY TRUSTEE WHO WILL BENEFIT, DIRECTLY OR INDIRECTLY FROM A TRANSACTION IS NOT BE ELIGIBLE TO VOTE ON ANY ISSUE REGARDING THAT TRANSACTION AND SHALL NOT BE COUNTED TOWARD A QUORUM FOR SUCH A VOTE.

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

THE BOARD'S EXECUTIVE COMMITTEE/ COMPENSATION COMMITTEE REVIEWS MARKET COMPENSATION, INCLUDING FORM 990S OF SIMILAR SIZES ORGANIZATIONS AND APPROVES THE PRESIDENT'S COMPENSATION. THE BOARD'S EXECUTIVE COMMITTEE CONSIDERATION OF THIS MATTER IS ALSO DOCUMENTED IN THE MINUTES OF THE EXECUTIVE SESSION. THIS PROCESS WAS LAST COMPLETED IN 2020.

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

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

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

Name of the organization THE NEW YORK ACADEMY OF MEDICINE	Employer identification number 13-1656674
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THE BY-LAWS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO CONTRIBUTORS, SPONSORS, FINANCIAL INSTITUTIONS AND OTHER MEMBERS OF THE PUBLIC ARE ON THE ACADEMY'S WEBSITE ALONG WITH THE FORM 990 FEDERAL TAX RETURN AND THE ACADEMY'S ANNUAL REPORT. THE ANNUAL REPORT CONTAINS CONDENSED FINANCIAL INFORMATION AND IS AVAILABLE TO THE PUBLIC THROUGH THE ACADEMY'S WEBSITE.

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

CHANGE IN VALUE OF PERPETUAL TRUST	-485.
ENDOWMENT VALUATION ADJUSTMENT	-1,500.
LOSS ON UNCOLLECTIBLE PLEDGE	-35,410.
RETURN OF GRANT AWARD	-41,490.
TOTAL TO FORM 990, PART XI, LINE 9	-78,885.

FORM 990, PART XII, LINE 2C:

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