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Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission
New York Medical College, educates physicians, scientists and healthcare professionals and conducts research

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3

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

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 64,159,828 including grants of \$) (Revenue \$ 65,317,533)

Under contract with New York City Health & Hospitals Corp , physicians are supplied to Metropolitan, Lincoln and Morrisania Hospitals as well as other health care institutions in metropolitan New York for the purposes of health care delivery

4b

(Code) (Expenses \$ 50,391,268 including grants of \$) (Revenue \$ 56,058,615)

Professional Education Educating individuals for careers in the medical, science and health professions

4c

(Code) (Expenses \$ 32,438,635 including grants of \$) (Revenue \$ 33,225,640)

Health Care Delivery & Management Under contract with Westchester Medical Center, physicians are supplied for supervision, teaching and administration in support of various residency programs

(Code) (Expenses \$ 21,650,570 including grants of \$) (Revenue \$ 30,235,670)

Medical Research Numerous sponsored research programs in the health care category

(Code) (Expenses \$ 26,677,110 including grants of \$) (Revenue \$ 22,973,648)

Health Care Programs Numerous health care and medical training programs

(Code) (Expenses \$ 3,241,178 including grants of \$) (Revenue \$ 0)

Scholarship Programs Scholarships are awarded to students based on merit (0 Not applicable)

4d

Other program services (Describe in Schedule O)
(Expenses \$ 51,568,858 including grants of \$ 0) (Revenue \$ 53,209,318)

4e

Total program service expenses \$ 198,558,589 Must equal Part IX, Line 25, column (B).

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)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	Yes	
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV

Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a361		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a1,939		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body . . .

1a

23

1b

Enter the number of voting members that are independent . . .

1b

23

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2

No

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .

4

Yes

5

Did the organization become aware during the year of a material diversion of the organization's assets? . . .

5

No

6

Does the organization have members or stockholders?

6

Yes

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .

7b

Yes

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13 . . .

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

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?

16a

No

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed _____

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ own website ☒ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
George F Nestler
Administrative Building
Valhalla, NY 10595
(914) 594-4470

Form 990 (2008)

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

☒ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

[illegible]

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
PhyCare Solutions 234 East 149th Street Room 8D200 Bronx, NY 10451	Billing Agency	2,922,774
North American Partners in Anesthesia LLP 66 Powerhouse Road - 3rd Floor Roslyn Heights, NY 11577	Health Care Professional	1,200,000
New York College of Podiatric Medicine Pending Pending, NY 10595	Health Care Professional	540,282
Community Housing Management Corp 5 West Main Street Elmsford, NY 10523	Building Management Services	492,445
Hi Link Computers Corp 76 Progress Road Stamford, CT 06902	Computer Support	462,506
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		50

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514				
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a0	3,704,453							
	b	Membership dues	0								
	c	Fundraising events	440,165								
	d	Related organizations . . .	1d0								
	e	Government grants (contributions)	1e293,926								
	f	All other contributions, gifts, grants, and similar amounts not included above	2,970,362								
	g	Noncash contributions included in lines 1a-1f \$	0								
	h	Total (Add lines 1a-1f)									
	Program Service Revenue	2a	Reimbursement of Direct Exp					Business Code 611,310	141,877,205	141,877,205	0
b		Tuition and Fees	611,310	44,904,199	44,904,199	0	0				
c		Recovery of Indirect Costs	611,310	10,788,098	10,788,098	0	0				
d		Student Housing	611,710	4,203,365	4,203,365	0	0				
e		Affiliation Fees	611,710	1,963,662	1,963,662	0	0				
f		All other program service revenue		0	0	0	0				
g		Total. Add lines 2a-2f									
		\$	203,736,529								
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		1,505,219	1,505,219	0	0				
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0				
	5	Royalties		0	0	0	0				
	6a	Gross Rents	(i) Real	(ii) Personal	640,157	640,157	0	0			
			682,379	0							
			b	Less rental expenses					42,222	0	
			c	Rental income or (loss)					640,157	0	
	d	Net rental income or (loss)		640,157	640,157	0	0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-3,390,122	-3,390,122	0	0			
			33,243,190	0							
			b	Less cost or other basis and sales expenses					36,633,312	0	
			c	Gain or (loss)					-3,390,122	0	
	d	Net gain or (loss)		-3,390,122	-3,390,122	0	0				
	8a	Gross income from fundraising events (not including \$ 65,400 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a	440,165	-58,650	-58,650	0	0			
									b	Less direct expenses	b124,050
									c	Net income or (loss) from fundraising events	
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a	0	0	0	0	0			
									b	Less direct expenses	b0
									c	Net income or (loss) from gaming activities	
	10a	Gross sales of inventory, less returns and allowances	a	0	0	0	0	0			
									b	Less cost of goods sold	b0
									c	Net income or (loss) from sales of inventory	0
		Miscellaneous Revenue	Business Code								
	11a	Trust Income	525,920	622,740	622,740	0	0				
	b	Plant Fund Additions	541,700	355,195	355,195	0	0				
	c	Other Interest Income	621,110	434,540	434,540	0	0				
	d	All other revenue		1,473,317	944,267	529,050	0				
	e	Total. Add lines 11a-11d									
	\$	2,885,792									
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		209,023,378	204,789,875	529,050	0					

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) but are not required to complete columns (B), (C), and (D).					
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 governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	3,252,478	3,252,478		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,778,451		2,552,475	225,976
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	131,223,475	123,884,475		552,382
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,715,847	8,182,427	499,694	33,726
9	Other employee benefits	13,309,878	12,315,132	910,582	84,164
10	Payroll taxes	7,714,630	7,096,705	567,362	50,563
11	Fees for services (non-employees)				
a	Management				
b	Legal	86,455	21,632	64,823	
c	Accounting	450,307		450,307	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	210,812		210,812	
g	Other				
12	Advertising and promotion				
13	Office expenses	4,051,717	3,329,571	617,934	104,212
14	Information technology				
15	Royalties				
16	Occupancy	8,000,098	7,293,190	674,751	32,157
17	Travel	919,971	852,072	58,359	9,540
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	267,979	225,958	32,237	9,784
20	Interest	3,210,550	2,943,534	267,016	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,453,098	6,138,467	1,184,348	130,283
23	Insurance	2,714,298	1,629,668	1,084,630	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Purchased Services	12,424,675	11,967,628	436,512	20,535
b	Consulting	4,425,565	3,534,241	672,657	218,667
c	Tuition Discounts and Allowances	422,392	422,392	0	0
f	All other expenses	7,402,031	5,469,019	1,916,927	16,085
25	Total functional expenses. Add lines 1 through 24f	219,034,707	198,558,589	18,988,044	1,488,074
26	Joint Costs. Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	15,156	1 13,171
	2	Savings and temporary cash investments	13,539,397	2 13,934,446
	3	Pledges and grants receivable, net	2,490,206	3 3,535,922
	4	Accounts receivable, net	25,564,102	4 26,610,482
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	0	5 0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	0	6 0
	7	Notes and loans receivable, net	21,491,402	7 20,307,136
	8	Inventories for sale or use	43,887	8 25,038
	9	Prepaid expenses and deferred charges	3,057,353	9 2,656,618
	10a	Land, buildings, and equipment cost basis		
		10a 179,422,260		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		
		10b 103,560,666	80,792,209	10c 75,861,594
	11	Investments—publicly traded securities	68,032,370	11 53,545,890
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	1,353,445	12 1,003,775
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13
14	Intangible assets		14 0	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	99,440	15 189,241	
16	Total assets. Add lines 1 through 15 (must equal line 34)	216,478,967	16 197,683,313	
Liabilities	17	Accounts payable and accrued expenses	48,931,798	17 55,496,684
	18	Grants payable	0	18 0
	19	Deferred revenue	25,647,699	19 24,705,150
	20	Tax-exempt bond liabilities	59,803,464	20 57,505,947
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>	1,048,611	21 450,141
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	0	22 0
	23	Secured mortgages and notes payable to unrelated third parties	0	23 0
	24	Unsecured notes and loans payable	0	24 0
	25	Other liabilities <i>Complete Part X of Schedule D</i>	0	25
	26	Total liabilities. Add lines 17 through 25	135,431,572	26 138,157,922
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	54,600,479	27 35,034,828
	28	Temporarily restricted net assets	565,485	28 554,558
	29	Permanently restricted net assets	25,881,431	29 23,936,005
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	81,047,395	33 59,525,391
	34	Total liabilities and net assets/fund balances	216,478,967	34 197,683,313

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☒ accrual ☐ other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b Yes	
c	If "Yes" to lines 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?	2c Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization NEW YORK MEDICAL COLLEGE	Employer identification number 13-1099420
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)
3	☐	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, 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 IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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		☐
b 33 1/3% Test - 2007. If the organization did not check the 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		☐
17a 10% Facts and Circumstances Test - 2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. 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

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

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization
NEW YORK MEDICAL COLLEGE

Employer identification number

13-1099420

Part I-A

To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B

To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C

To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

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

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		54,545
j	Total lines 1c through 1i			54,545
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	In 2008/09, New York Medical College retained the law firm of Hinman Straub, 121 State Street, Albany, New York and paid \$48,739 in consideration for lobbying services and advice regarding a)the appropriation by the New York State Legislature and the payment by the State of New York of grant monies to New York Medical College to support biomedical research, and b)the funding of hospitals in the State of New York in financial distress and in particular one such institution that is an important teaching affiliate of New York Medical College. The College's lobbying activities, with the assistance of Hinman Straub, included several meetings and telephone conversations with state legislators and executive department officials to make them aware of the importance of New York Medical College and biomedical research in the Hudson Valley area of New York and the difficulty the financial problems of hospitals in New York State was having on medical education and research as well as patient care. A percentage of the annual dues to the Association of American Medical Colleges (AAMC) is devoted to lobbying activities. This amounted to \$1,713. A pro rata share of the College's Healthcare Education Project (HEP) employer contributions are allocated for lobbying purposes in connection with New York State and Federal policy issues. This amounted to \$4,093.

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NEW YORK MEDICAL COLLEGE

Employer identification number

13-1099420

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate 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? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes☐ No	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	48,159,953			
b	Contributions	738,079			
c	Investment earnings or losses	-8,877,490			
d	Grants or scholarships	0			
e	Other expenditures for facilities and programs	2,017,597			
f	Administrative expenses	220,782			
g	End of year balance	37,782,163			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 60 %

b

Permanent endowment ▶ 39 %

c

Term endowment ▶ 1 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	3,996,911	4,287,236		8,284,147
b Buildings	0	106,496,865	55,284,434	51,212,431
c Leasehold improvements	0	27,167,136	22,110,609	5,056,527
d Equipment	0	37,474,112	26,165,623	11,308,489
e Other	0	0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				75,861,594

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other Lithotripter Associated LTD	96,528	F
Other Metropolitan Real Estate Partners	907,247	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1,003,775	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Wageworks Flexible Benefits Initial Funding	10,000
Construction Security Deposit	60,000
Surety Bond Premium	119,241
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	189,241

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1209,023,378
2	Total expenses (Form 990, Part IX, column (A), line 25)	2219,034,707
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-10,011,329
4	Net unrealized gains (losses) on investments	4-8,197,996
5	Donated services and use of facilities	50
6	Investment expenses	60
7	Prior period adjustments	7-1,351,435
8	Other (Describe in Part XIV)	8-1,961,537
9	Total adjustments (net) Add lines 4 - 8	9-11,510,968
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-21,522,297

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1193,762,078
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a0	
b	Donated services and use of facilities2b0	
c	Recoveries of prior year grants2c0	
d	Other (Describe in Part XIV)2d-15,174,538	
e	Add lines 2a through 2d2e-15,174,538	
3	Subtract line 2e from line 13	3208,936,616
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 7b4a210,812	
b	Other (Describe in Part XIV)4b-124,050	
c	Add lines 4a and 4b4c86,762	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	5209,023,378

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1215,284,375
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a0	
b	Prior year adjustments2b0	
c	Losses reported on Form 990, Part IX, line 252c0	
d	Other (Describe in Part XIV)2d124,050	
e	Add lines 2a through 2d2e124,050	
3	Subtract line 2e from line 13	3215,160,325
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 7b4a210,812	
b	Other (Describe in Part XIV)4b3,663,570	
c	Add lines 4a and 4b4c3,874,382	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	5219,034,707

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
SchD_P04_S00_L02b	Schedule D, Part IV, Line 2b	This amount represents tuition payments received in advance and held in escrow by the College
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Decrease in Permanently and Temporarily Restricted Net Assets
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Unrealized losses on investments (\$8,197,996) Scholarships and Loan Forgiveness (\$3,241,178) Tuition Remission (\$422,392), Pension-related changes (\$1,351,435), Decrease in Permanently Restricted Net Assets (\$1,950,611), Decrease in Temporarily Restricted Net Assets (\$10,926)
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Special events expenses pertaining to the Founder's Dinner
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Scholarships and Loan Forgiveness \$3,241,178 Tuition Remission \$422,392
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Special events expenses pertaining to the Founder's Dinner
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Endowment funds are intended to further the educational and research programs of the College

SCHEDULE E

(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Name of the organization NEW YORK MEDICAL COLLEGE	Employer identification number 13-1099420
--	--

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		No
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain The solicitation materials requested from or sent by the institution contain a statement of its policy on non-discrimination The College policy on non-discrimination is also displayed on its public web site	3 Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

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2008

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Name of the organization
NEW YORK MEDICAL COLLEGE

Employer identification number
13-1099420

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total		►				

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			Founder's Dinner			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	505,565			505,565
	2	Less Charitable contributions	440,165			440,165
3	Gross revenue (line 1 minus line 2)		65,400			65,400
Direct Expenses	4	Cash Prizes	0			0
	5	Non-cash Prizes	0			0
	6	Rent/Facility costs	80,701			80,701
	7	Other direct expenses	43,349			43,349
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				124,050
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				-58,650

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

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue					
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility 13a		
b An outside facility 13b		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
☐ Director/officer ☐ Employee ☐ Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW YORK MEDICAL COLLEGE

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
13-1099420

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
Scholarships	265	3,241,178			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Scholarships are awarded based on merit The Bursar's office monitors the use of such funds to the extent that they are used exclusively for tuition and fees

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NEW YORK MEDICAL COLLEGE

Employer identification number
13-1099420

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☒ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a 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	4a Yes 4b 4c	No No
501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a 5b	No No
6 For persons listed in 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," to line 6a or 6b, describe in Part III		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Karl P Adler	(i)	524,861	0	0	20,858	13,751	559,470	
	(ii)	0	0	0	0	0	0	
Ralph O Connell	(i)	521,284	0	0	21,636	13,751	556,671	
	(ii)	0	0	0	0	0	0	
Robert W Amler	(i)	328,111	0	0	21,186	2,382	351,679	
	(ii)	0	0	0	0	0	0	
Stephen Piccolo Jr	(i)	284,017	0	0	27,000	12,321	323,338	
	(ii)	0	0	0	0	0	0	
Waldemar A Comas	(i)	273,673	0	0	27,000	1,658	302,331	
	(ii)	0	0	0	0	0	0	0
Julie Kubaska	(i)	198,178	0	0	24,573	1,747	224,498	
	(ii)	0	0	0	0	0	0	
Peter M Brown	(i)	176,565	0	0	16,289	14,082	206,936	
	(ii)	0	0	0	0	0	0	
Francis L Belloni	(i)	200,233	0	0	20,500	2,385	223,118	
	(ii)	0	0	0	0	0	0	
David Asprinio	(i)	653,925	0	0	21,636	14,689	690,250	
	(ii)	0	0	0	0	0	0	0
Patricia Sheiner	(i)	620,690	0	0	21,636	14,689	657,015	
	(ii)	0	0	0	0	0	0	0
Chitti Moorthy	(i)	610,452	0	0	27,000	12,841	650,293	
	(ii)	0	0	0	0	0	0	0
William Frishman MD	(i)	471,817	0	0	21,636	12,753	506,206	
	(ii)	0	0	0	0	0	0	0
John Savino MD	(i)	468,667	0	0	21,636	1,820	492,123	
	(ii)	0	0	0	0	0	0	0
Thomas J Martin	(i)	0	0	85,730	0	0	85,730	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							

Part III	Supplemental Information
-----------------	---------------------------------

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

[illegible]

Software ID: 08000095
Software Version: v1.00
EIN: 13-1099420
Name: NEW YORK MEDICAL COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Karl P Adler	(i)	524,861	0	0	20,858	13,751	559,470	
	(ii)	0	0	0	0	0	0	
Ralph O Connell	(i)	521,284	0	0	21,636	13,751	556,671	
	(ii)	0	0	0	0	0	0	
Robert W Amler	(i)	328,111	0	0	21,186	2,382	351,679	
	(ii)	0	0	0	0	0	0	
Stephen Piccolo Jr	(i)	284,017	0	0	27,000	12,321	323,338	
	(ii)	0	0	0	0	0	0	
Waldemar A Comas	(i)	273,673	0	0	27,000	1,658	302,331	
	(ii)	0	0	0	0	0	0	0
Julie Kubaska	(i)	198,178	0	0	24,573	1,747	224,498	
	(ii)	0	0	0	0	0	0	
Peter M Brown	(i)	176,565	0	0	16,289	14,082	206,936	
	(ii)	0	0	0	0	0	0	
Francis L Belloni	(i)	200,233	0	0	20,500	2,385	223,118	
	(ii)	0	0	0	0	0	0	
David Asprinio	(i)	653,925	0	0	21,636	14,689	690,250	
	(ii)	0	0	0	0	0	0	0
Patricia Sheiner	(i)	620,690	0	0	21,636	14,689	657,015	
	(ii)	0	0	0	0	0	0	0
Chitti Moorthy	(i)	610,452	0	0	27,000	12,841	650,293	
	(ii)	0	0	0	0	0	0	0
William Frishman MD	(i)	471,817	0	0	21,636	12,753	506,206	
	(ii)	0	0	0	0	0	0	0
John Savino MD	(i)	468,667	0	0	21,636	1,820	492,123	
	(ii)	0	0	0	0	0	0	0
Thomas J Martin	(i)	0	0	85,730	0	0	85,730	
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

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Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
NEW YORK MEDICAL COLLEGE

Employer identification number
13-1099420

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Michael Israel	CEO Westchester Medical Center	33,225,691	Contractual payments received for physician services at Westchester Medical Center		No
Gerald Robiloti	Consulting	141,025	Management Consulting Services		No
Henry Amoroso	President of St Vincents Hospital which is affiliated with New York Medical College	350,000	Affiliation Fees		No
Ralph O Connell	Member of St Vincent's Hospital which is affiliated with New York Medical College	350,000	Affiliation Fees		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NEW YORK MEDICAL COLLEGE

Employer identification number
13-1099420

Identifier	Return Reference	Explanation
F990_P05_S00_L03b	Form 990, Part V, Line 3b	New York Medical College has been granted an automatic five month extension until 05/15/2010 to file form 990-T

Identifier	Return Reference	Explanation
F990_P06_S0A_L04	Form 990, Part VI, Section A, Line 4	AMENDMENTS TO THE BY-LAWS OF NEW YORK MEDICAL COLLEGE Article II, Section I (Members) is deleted in its entirety and the follow ing language shall be substituted therefor Section 1 Membership The sole member of the Corporation shall be NYMC, LLC, a Delaw are limited liability company, unless NYMC, LLC in its sole discretion determines otherw ise Article II, Section 2 (Resignation or Removal) is deleted in its entirety and the follow ing language shall be substituted therefor Section 2 Rights and Obligations of Members (a) ,Transferability NYMC, LLC may, in its discretion, transfer its membership interest to any other person or entity Transfer of the membership interest shall not require the approval of the Board of Trustees (b) Suspension and Termination The Board of Trustees shall not be authorized to terminate or suspend the membership of NYMC, LLC or any successor Member How ever, membership and all rights of membership shall automatically terminate on the occurrence of any of the follow ing events (i) the voluntary resignation of a Member, (ii) w here a membership is issued for a period of time, subject to the prior approval of NYMC, LLC, the expiration of such period of time, (iii) a determination by NYMC, LLC that a person shall cease to be a Member, and (iv) the dissolution of NYMC, LLC (c) Resignation A Member may resign by filing a w ritten resignation w ith the Secretary of the Corporation Such resignation shall take effect at the time specified therein, or, if later, upon receipt by the Secretary, and unless otherw ise specified therein no acceptance of such resignation shall be necessary to make it effective Article II, Section 3 (Annual Meeting) is amended by deleting the w ord "his" in the third sentence and substituting therefor the w ords "the Member's " Article II, Section 7(a) (Actions Requiring Majority Vote) is amended by deleting subsection (vi)*in its entirety and by renumbering the current subsections (vii) and (viii) as (vi) and (vii), respectively Article XV (Miscellaneous), Section 2 (Dissolution), is deleted in its entirety and the follow ing language shall be substituted therefor In the event of dissolution, all of the remaining assets and property of the Corporation shall, after necessary expenses thereof, be distributed to Touro College, a New York not-for-profit corporation, or, if Touro College is no longer in existence, shall be distributed to another organization exempt under IRC Â§ SOI(c)(3), or corresponding provisions of any subsequent Federal tax law s, as the Board of Trustees shall designate, subject to the approval of the Members and a Justice of the Supreme Court of the State of New York New York Medical College Proposed By-Law Amendments ARTICLE II MEMBERS Section 1 Members Section 1 is deleted in its entirety and replaced with the follow ing "Members of the Corporation shall include, other than Honorary Members, the Archbishop of New YorkÂ, ex officio, and such other individuals as are elected to such membership by the Members of the Corporation, provided that no individual may be elected as a Member w ithout the prior w ritten consent of the Archbishop of New York The Corporation may have Honorary Members, each of whom shall be elected to such honorary membership by the Members of the Corporation but no Honorary Member shall have or may exercise any of the rights, privileges or franchises of a Member, provided that no individual may be elected as an Honorary Member w ithout the prior w ritten consent of the Archbishop of New York " Section 2 Resignation or Removal Section 2 is deleted in its entirety and replaced w ith the follow ing "An elected Member may resign at any time by giving w ritten notice thereof to the Secretary of the Corporation Any Member may be removed from membership, w ith or w ithout cause, by a vote of a majority of all the Members of the Corporations, provided that no Member may be removed w ithout the w ritten consent of the Archbishop of New York " Section 7 Reserved Pow ers A new Section 7 shall be added as follow s "Section 7 Members Reserved Pow ers a Actions Requiring Majority Vote Taking into consideration the recommendations of the Board of the Corporation, and in accordance w ith the provisions of the New York Not For Profit Corporation Law , the vote of a majority of the Members at their annual or special meeting held upon notice of the proposed action shall be required for the follow ing actions i Election of the Trustees of the Corporation, ii Any amendment to the Certificate of Incorporation, By law s or mission statement of the Corporation, iii Approval of any major capital project involving the sale, assignment, lease, pledge, transfer or other encumbrance of substantial fixed assets of the Corporation, iv Approval of any debt incurrence secured by the property, revenues, or other assets of the Corporation, v Approval of any unsecured debt incurrence in an amount greater than 5% of the Corporation's operating budget, vi Approval of any transaction that requires the approval of the Holy See, w hich approval shall be subject to approval of the Holy See in accordance w ith Canon Law , vii Approval of the establishment of a new related entity of the Corporation, and viii Removal w ith or w ithout cause of any or all of the Trustees b Actions Requiring Supermajority Vote Taking into consideration the recommendations of the Board of the Corporation, and in accordance w ith the provisions of the New York Not for Profit Corporation Law , the vote of tw o thirds (2/3) of the Members at their annual or special meeting held upon notice of the proposed action shall be required for the follow ing actions i Approval of (i) the purchase, sale, mortgage or lease of real property w hich constitutes a material portion of the assets of the Corporation or (ii) the sale, assignment or other disposition of all or a material portion of the assets of the Corporation, ii Approval of any merger, consolidation, purchase or joint operating agreement involving the Corporation, and iii Approval of any plan of dissolution or liquidation of the Corporation " ARTICLE XV Section 2 Dissolution Section 2 is deleted in its entirety and replaced w ith the follow ing "In the event of dissolution, all of the remaining assets and property of the Corporation shall, after necessary expenses thereof, be distributed to another organization exempt under IRC Â§501(c)(3), or corresponding provisions of any subsequent Federal tax law s, operated under the auspice of the Archdiocese of New York as the Board of Trustees shall designate, subject to the approval of the Members and a Justice of the Supreme Court of the State of New York "

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	New York Medical College has members who elect the Board of Trustees and approve significant decisions of the Board of Trustees

Identifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	New York Medical College has members who elect the Board of Trustees and approve significant decisions of the Board of Trustees

Identifier	Return Reference	Explanation
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	The College's organizational documents describe the process involving member approval of decisions of the governing body

Identifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	This return was initially reviewed by senior management, specifically the Controller, CFO and General Counsel. The Audit Committee of the Board of Trustees received and reviewed the 990 on 4/28/2010.

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The policy is distributed annually to all employees together with a conflict of interest form. Such form is required to be submitted by faculty and administrative employees.

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	New York Medical College's process for determining compensation of the President and CEO and other officers and key employees includes a review of comparability data from compensation surveys and forms 990 from similar organizations, and review and approval by the Finance Committee and the Board of Trustees of New York Medical College, which include independent persons. The review and approval process is fully and contemporaneously documented.

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The College's annual report which contains financial information and the conflict of interest policy are available on the College's website.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
NEW YORK MEDICAL COLLEGE

Employer identification number
13-1099420

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
The Partnership for a Healthy Population c/o NYMC - Sunshine Cottage Valhalla, NY10595 13-4038939	Health related studies and education	NY	501(c)(3)	9	New York Medical College

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) The Partnership for a Healthy Population	q	20,000
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 13-1099420
Name: NEW YORK MEDICAL COLLEGE

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Henry Amoroso , Trustee	6	X						0	0	0
Michael A Antonelle MD '62 , Trustee	8	X						0	0	0
Joseph A Califano , Trustee	0	X						0	0	0
George K Cooney , Trustee	14	X						0	0	0
Gerald W Cunningham , Trustee	12	X						0	0	0
Louis E Fierro MD '60 , Trustee	7	X						0	0	0
Jane N Maher MD '67 , Trustee	2	X						0	0	0
Thomas E Hales , Trustee	17	X						0	0	0
James H Heym PhD , Trustee	4	X						0	0	0
Henry J Humphreys , Trustee	11	X						0	0	0
Michael D Israel MPH , Trustee	10	X						0	0	0
Edward V Lahey Jr Esq , Trustee	8	X						0	0	0
Philip A Marraccini MD '50 , Trustee	14	X						0	0	0
Miriam K Moran , Trustee	36	X						0	0	0
Jonathan O'Herron , Trustee	22	X						0	0	0
Raymond M Planell Esq , Trustee	32	X						0	0	0
Ronald F Poe , Trustee	85	X						0	0	0
Eugene C Rainis , Trustee	20	X						0	0	0
Bernard E Reidy , Trustee	4	X						0	0	0
Gerald D Robilotti , Trustee	32	X						0	0	0
Maureen L Roxe , Trustee	22	X						0	0	0
William E Whiston , Trustee	6	X						0	0	0
Albert Willner MD '43 , Trustee	0	X						0	0	0
Julie Kubaska , Vice President, Developement	35			X				198,178	0	26,320
Robert W Amler , Dean, School of Health Sciences and Practice	35			X				328,111	0	23,568
Ralph O Connell , Dean and Provost, Medical School	35			X				521,284	0	35,387
Karl P Adler , President	35			X				524,861	0	34,609
Francis L Belloni , Dean, Graduate School of Basic Medical Sciences	35			X				200,233	0	22,885
Peter M Brown , Associate Vice President, Human Resources	35			X				176,565	0	30,371
Waldemar A Comas , Vice President and General Counsel	35			X				273,673	0	28,658

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Stephen Piccolo Jr , Senior VP, CFO and Vice Provost	35			X				284,017	0	39,321
David Asprinio , Chairman	35					X		653,925	0	36,325
Patricia Sheiner , Professor	35					X		620,690	0	36,325
Chitti Moorthy , Chairman	35					X		610,452	0	39,841
William Frishman MD , Chairman	35					X		471,817	0	34,389
John Savino MD , Chairman	35					X		468,667	0	23,456
Thomas J Martin , Vice President and General Counsel	35 00						X	85,730	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Reimbursement of Direct Exp	611,310	141,877,205	141,877,205	0	0
b Tuition and Fees	611,310	44,904,199	44,904,199	0	0
c Recovery of Indirect Costs	611,310	10,788,098	10,788,098	0	0
d Student Housing	611,710	4,203,365	4,203,365	0	0
e Affiliation Fees	611,710	1,963,662	1,963,662	0	0