

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: NEW YORK GENOME CENTER INC
 % NANCY KONG
 Doing business as

D Employer identification number: 80-0631734

E Telephone number: (646) 977-7000

G Gross receipts \$ 130,390,413

F Name and address of principal officer: CHERYL A MOORE, 101 AVENUE OF THE AMERICAS, NEW YORK, NY 10013

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.nygenome.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2010 **M** State of legal domicile: DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 NYGC IS AN INDEPENDENT, NONPROFIT ACADEMIC RESEARCH INSTITUTION DEDICATED TO GENOMIC DISCOVERY TO ADVANCE HUMAN HEALTH

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	23
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	222
6 Total number of volunteers (estimate if necessary)	24
7a Total unrelated business revenue from Part VIII, column (C), line 12	4,762,195
7b Net unrelated business taxable income from Form 990-T, line 34	-1,928,104

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	70,723,214	115,038,771
9 Program service revenue (Part VIII, line 2g)	23,716,598	13,156,320
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,421	-14,680
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	95,299	268,539
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,623,532	128,448,950
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	991,540	1,300,475
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,157,920	28,154,290
16a Professional fundraising fees (Part IX, column (A), line 11e)	140,000	58,590
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,140,239		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	60,996,415	55,044,830
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	92,285,875	84,558,185
19 Revenue less expenses Subtract line 18 from line 12	2,337,657	43,890,765

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	114,196,275	148,772,470
21 Total liabilities (Part X, line 26)	72,657,460	63,342,890
22 Net assets or fund balances Subtract line 21 from line 20	41,538,815	85,429,580

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2019-11-11

ANA BASTIANI-POSNER SR, VP, FIN & ADMIN
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____
 Preparer's signature: _____
 Date: 2019-11-08
 Check if self-employed
 PTIN: P01249521

Firm's name: ▶ KPMG LLP
 Firm's EIN: ▶ _____

Firm's address: ▶ 345 Park Avenue
 New York, NY 101540102
 Phone no: (212) 758-9700

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OPERATE A STATE-OF-THE-ART, WORLD CLASS GENOMIC RESEARCH CENTER THAT CREATES AND USES ADVANCED GENOMICS TO UNDERSTAND THE GENETIC BASIS OF DISEASE FOR MORE INFORMATION, SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 38,738,505 including grants of \$) (Revenue \$ 8,892,661)
See Additional Data

4b (Code) (Expenses \$ 24,617,085 including grants of \$ 1,300,475) (Revenue \$ 610,667)
See Additional Data

4c (Code) (Expenses \$ 4,012,060 including grants of \$) (Revenue \$ 2,652,992)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 67,367,650

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	82
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	222			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>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)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	Yes	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: NANCY KONG 101 AVENUE OF THE AMERICAS 7TH FLO NEW YORK, NY 10013 (646) 977-7154

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
List all of the organization's current officers, directors, trustees...
List all of the organization's current key employees...
List the organization's five current highest compensated employees...
List all of the organization's former officers, key employees...
List all of the organization's former directors or trustees...
List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (with sub-columns: Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	5,205,319	0	553,705

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **86**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Turner construction company, 375 Hudson Street NEW YORK, NY 10014	general contractors	13,969,366
PJ Mechanical Service Maintenan, 55 BROAD STREET NEW YORK, NY 10004	Engineering Services	756,347
Guardian Service Industries Inc, 88005 EXPEDITE WAY CHICAGO, IL 60695	CLEANING SERVICES	444,979
Gensler, PO BOX 848279 DALLAS, TX 75284	Architect Services	397,942
TEC Systems Inc, 47-25 34th street 4th Floor LONG ISLAND CITY, NY 11101	Preventative mainten	300,881

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **16**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	2,910,000			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	30,292,161			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	81,836,610			
	g Noncash contributions included in lines 1a - 1f \$ _____					
	h Total. Add lines 1a-1f		115,038,771			
Program Service Revenue	2a RESEARCH	Business Code				
		541700	9,892,661	5,130,466	4,762,195	
	b RESEARCH SEQUENCING	541700	610,667	610,667		
	c CLINICAL SEQUENCING	541700	2,652,992	2,652,992		
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		13,156,320				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		46,088		46,088	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		632,326		632,326	
	6a Gross rents	(i) Real				
			1,412,255			
		b Less rental expenses	1,880,695			
		c Rental income or (loss)	-468,440	0		
	d Net rental income or (loss)		-468,440	0	-468,440	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
			60,768			
		b Less cost or other basis and sales expenses	-60,768			
		c Gain or (loss)		-60,768		
	d Net gain or (loss)		-60,768		-60,768	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0		
		b Less direct expenses		0		
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities See Part IV, line 19	a		0			
	b Less direct expenses		0			
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a		0			
	b Less cost of goods sold		0			
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a EVENT SPACE REVENUE	900099	104,653		104,653		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		104,653				
12 Total revenue. See Instructions		128,448,950	8,394,125	4,762,195	253,859	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,300,475	1,300,475		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,194,164	771,087	2,981,950	441,127
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	18,429,661	14,633,397	3,527,331	268,933
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,170,963	675,413	459,977	35,573
9 Other employee benefits	2,422,901	1,862,888	514,883	45,130
10 Payroll taxes	1,936,601	1,491,472	410,530	34,599
11 Fees for services (non-employees)				
a Management	0			
b Legal	357,511		357,511	
c Accounting	150,325		150,325	
d Lobbying	90,000		90,000	
e Professional fundraising services See Part IV, line 17	58,590			58,590
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,863,715	2,286,706	577,009	
12 Advertising and promotion	0			
13 Office expenses	347,994	125,642	222,352	
14 Information technology	2,285,012	1,935,162	347,568	2,282
15 Royalties	181,510	181,510		
16 Occupancy	14,300,046	12,488,356	1,628,809	182,881
17 Travel	275,449	251,083	22,380	1,986
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	151,765	60,750	80,865	10,150
20 Interest	1,347,709	1,066,633	266,561	14,515
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	11,150,729	10,420,756	685,500	44,473
23 Insurance	455,990		455,990	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DIRECT COST OF SEQUENCING	14,131,349	14,131,349		
b RESEARCH & CLIA	2,745,486	2,745,486		
c RECRUITMENT	393,981	175,991	217,990	
d ALL OTHER EXPENSE	3,816,259	763,494	3,052,765	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	84,558,185	67,367,650	16,050,296	1,140,239
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,415,091	1	7,834,528
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	18,053,451	3	51,450,236
	4 Accounts receivable, net	8,882,349	4	7,070,357
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	4,494,873	8	3,402,687
	9 Prepaid expenses and deferred charges	4,164,286	9	3,120,795
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 127,685,354		
	b Less accumulated depreciation	10b 62,557,448	60,539,957	10c 65,127,906
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	11,646,268	15	10,765,961
16 Total assets. Add lines 1 through 15 (must equal line 34)	114,196,275	16	148,772,470	
Liabilities	17 Accounts payable and accrued expenses	9,332,329	17	11,850,899
	18 Grants payable	0	18	0
	19 Deferred revenue	4,647,997	19	5,322,019
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	7,013,580	23	4,757,610
	24 Unsecured notes and loans payable to unrelated third parties	24,633,098	24	14,569,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	27,030,456	25	26,843,362
	26 Total liabilities. Add lines 17 through 25	72,657,460	26	63,342,890
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,459,118	27	33,045,706
	28 Temporarily restricted net assets	19,079,697	28	52,383,874
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	41,538,815	33	85,429,580	
34 Total liabilities and net assets/fund balances	114,196,275	34	148,772,470	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	128,448,950
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,558,185
3	Revenue less expenses Subtract line 2 from line 1	3	43,890,765
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,538,815
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,429,580

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 80-0631734

Name: NEW YORK GENOME CENTER INC

Form 990 (2018)

Form 990, Part III, Line 4a:

RESEARCH NEW YORK GENOME CENTERS (NYGC) RESEARCH SCIENTISTS AND FACULTY ARE EXPLORING GENOMIC CONTRIBUTORS TO HUMAN DISEASE, BOTH IN THEIR OWN PROJECTS AND THROUGH COLLABORATIONS NYGC RESEARCHERS HAVE PROJECTS UNDERWAY IN CANCER, INCLUDING LUNG, LIVER, BREAST AND MELANOMA AND A LARGE COLLABORATIVE PROJECT IN CANCER IN UNDERSERVED POPULATIONS IN NYC, NEURODEGENERATIVE DISEASES, INCLUDING ALS AND DEMENTIA, AND NEUROPSYCHIATRIC DISEASES, LIKE AUTISM, AMONG OTHERS OUR BIOINFORMATICS SCIENTISTS PLAY A LEADERSHIP ROLE IN THE COMPLEX ANALYSIS OF DATASETS, INCLUDING INTEGRATING AND HARMONIZING CLINICAL AND GENOMIC DATA NECESSARY FOR ADVANCING RESEARCH FOR MORE INFORMATION, SEE SCHEDULE O

Form 990, Part III, Line 4b:

RESEARCH SEQUENCING - IN 2018, NYGC SEQUENCED OVER TEN THOUSAND WHOLE GENOME SAMPLES, COMPLETED 639 PROJECTS, AND COLLABORATED WITH 193 INVESTIGATORS FROM 85 INSTITUTIONS WORLDWIDE AS OF DECEMBER 2018, NYGC HAD 5 ILLUMINA NOVASEQ INSTRUMENTS, 14 ILLUMINA HISEQ X INSTRUMENTS AND 12 ILLUMINA HISEQ 2500 INSTRUMENTS FOR MORE INFORMATION, SEE SCHEDULE O

Form 990, Part III, Line 4c:

CLINICAL SEQUENCING - NYGC IS AUTHORIZED BY THE NEW YORK STATE DEPARTMENT OF HEALTH TO OFFER THE FOLLOWING APPROVED CLINICAL TESTS THROUGH ITS CLEP/CLIA-CERTIFIED CLINICAL LABORATORY: CONSTITUTIONAL WHOLE GENOME SEQUENCING FOR UNDIAGNOSED DISEASE, CONSTITUTIONAL WHOLE GENOME SEQUENCING FOR PREDISPOSITIONAL GENETIC SCREENING, ONCOLOGY WHOLE EXOME AND TRANSCRIPTOME SEQUENCING, CONSTITUTIONAL WHOLE EXOME SEQUENCING, TARGETED SANGER SEQUENCING FOR VARIANT CONFIRMATION, AND SEQUENCING OF PREPARED LIBRARIES FOR MGTL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAFNA BAR-SAGI PHD DIRECTOR	1 0 0 0	X						0	0	0
RUSSELL L CARSON MBA DIRECTOR & CO-CHAIR	4 0 0 0	X		X				0	0	0
DENNIS S CHARNEY MD DIRECTOR	1 0 0 0	X						0	0	0
AUGUSTINE MK CHOI MD DIRECTOR	1 0 0 0	X						0	0	0
NICHOLAS DONOFRIO DIRECTOR	1 0 0 0	X						0	0	0
JOHN B EHRENKRANZ DIRECTOR	1 0 0 0	X						0	0	0
ANTHONY B EVNIN PHD DIRECTOR	1 0 0 0	X						0	0	0
LEE GOLDMAN MD MPH DIRECTOR	1 0 0 0	X						0	0	0
JOHN HAVENS DIRECTOR	1 0 0 0	X						0	0	0
WESLIE R JANEWAY DIRECTOR	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD P LIFTON MD PHD DIRECTOR	1 0 0 0	X						0	0	0
EDISON T LIU MD DIRECTOR	1 0 0 0	X						0	0	0
HERB PARDES MD DIRECTOR & VICE CHAIR	1 0 0 0	X						0	0	0
FRANK E RICHARDSON MA JD DIRECTOR	1 0 0 0	X						0	0	0
IVAN G SEIDENBERG MBA DIRECTOR & CO-CHAIR	4 0 0 0	X		X				0	0	0
FRANK V SICA DIRECTOR / COMMITTEE CHAIR	1 0 0 0	X						0	0	0
JIM SIMONS PHD DIRECTOR	1 0 0 0	X						0	0	0
STEVEN D SINGER ESQ DIRECTOR	1 0 0 0	X						0	0	0
ALLEN M SPIEGEL MD DIRECTOR - THRU 07/01/18	1 0 0 0	X						0	0	0
SAMUEL L STANLEY JR MD DIRECTOR	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE STILLMAN PHD DIRECTOR	1 0 0 0	X						0	0	0
CRAIG B THOMPSON MD DIRECTOR	1 0 0 0	X						0	0	0
GORDON F TOMASELLI MD DIRECTOR - START 07/01/18	1 0 0 0	X						0	0	0
KEVIN J TRACEY MD DIRECTOR	1 0 0 0	X						0	0	0
TOM MANIATIS PhD DIRECTOR & NYGC SCI DIR & CEO	4 0 0 0	X		X				0	0	0
CHERYL A MOORE PRESIDENT & COO	4 0 0 0	X		X				1,168,254	0	218,328
CHRIS DUIGNAN VP, FINANCE - THRU 6/30/18	4 0 0 0			X				338,470	0	20,819
ELIZABETH O'BRIEN VICE PRESIDENT & GEN COUNSEL	4 0 0 0			X				396,814	0	42,826
CAROL ASHE CHIEF BUSINESS OFFICER	4 0 0 0				X			434,177	0	13,867
KATHLEEN MCGOVERN KEARNS VICE PRESIDENT, DEV'T & COMM	4 0 0 0				X			411,923	0	29,205

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW J PELO - THRU 93018 VP, FINANCIAL STRATEGY & OPS	40 0 0 0				X			276,294	0	17,615
SOREN GERMER PhD DIRECTOR SEQUENCING OPERATIONS	40 0 0 0				X			240,138	0	27,535
CHARLES GAGNON SENIOR DIR, IT INFRASTRUCTURE	40 0 0 0				X			309,828	0	38,566
MICHAEL CHARLES ZODY PHD Bio - Computational Biology	32 0 0 0				X			191,760	0	17,747
SHAILAJA GARGEYA SENIOR DIR, SOFTWARE ENGINEER	40 0 0 0					X		306,651	0	16,878
DAYNA M OSCHWALD SNR DIR, INFO PGM MGMT	40 0 0 0					X		242,184	0	23,196
CHRISTOPHER BLACK Director, Research Computing	40 0 0 0					X		198,083	0	31,237
PATRICIA KLECANDA DIR, FACILITIES & OFFICE MGMT	40 0 0 0					X		191,540	0	20,678
MELISSA PROBER ASSOCIATE COUNSEL	40 0 0 0					X		205,373	0	8,281
TOBY BLOOM PHD FORMER KEY EMPLOYEE	40 0 0 0						X	293,830	0	26,927

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW YORK GENOME CENTER INC

Employer identification number

80-0631734

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	52,034,400	61,060,764	94,901,046	70,723,214	115,038,771	393,758,195
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	52,034,400	61,060,764	94,901,046	70,723,214	115,038,771	393,758,195
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						169,097,459
6 Public support. Subtract line 5 from line 4						224,660,736

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	52,034,400	61,060,764	94,901,046	70,723,214	115,038,771	393,758,195
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	556,550	268,801	302,728	378,725	2,090,669	3,597,473
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		116,870	58,024	95,299	104,653	374,846
11 Total support. Add lines 7 through 10						397,730,514

12 Gross receipts from related activities, etc (see instructions) **12** 99,394,882

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	56.486 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	66.807 %

16a 33 1/3% support test—2018. 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% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 80-0631734

Name: NEW YORK GENOME CENTER INC

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

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NEW YORK GENOME CENTER INC	Employer identification number 80-0631734
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
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?	Yes		641
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		93,666
j Total Add lines 1c through 1i			94,307
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINES 1G & 1I THROUGH ITS LEGISLATIVE CONSULTANTS, NYGC ADVOCATES AT THE STATE AND LOCAL LEVEL FOR GOVERNMENT FUNDS TO SUPPORT CURRENT OPERATIONS AND/OR EXPAND RESEARCH OPPORTUNITIES AT NYGC NYGC ALSO MAINTAINS MEMBERSHIPS IN SEVERAL IRC SECTION 501(C)(6) ORGANIZATIONS THAT REPRESENT THE INTERESTS OF THE MEDICAL RESEARCH COMMUNITY, \$3,666 OF THE DUES THAT NYGC PAID TO THESE ASSOCIATIONS WERE ATTRIBUTABLE TO LOBBYING IN 2018 ADDITIONALLY, NYGC STAFF MAY, FROM TIME TO TIME, CONTACT FEDERAL LEGISLATORS OR THEIR STAFF TO ENCOURAGE THEIR SUPPORT FOR MATTERS OF CONCERN TO THE ACADEMIC MEDICAL RESEARCH COMMUNITY SUCH CONTACT MAY INCLUDE WRITING LETTERS OR OCCASIONAL MEETINGS WITH PUBLIC OFFICIALS THE APPROXIMATE COST ASSOCIATED WITH NYGC'S COMMUNICATIONS WITH THE FEDERAL GOVERNMENT IN 2018 IS \$641

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
NEW YORK GENOME CENTER INC

Employer identification number
80-0631734

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

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		70,585,001	15,148,520	55,436,481
d Equipment		29,920,148	25,892,271	4,027,877
e Other		27,180,205	21,516,657	5,663,548
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				65,127,906

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

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	10,082,135
(2) DEFERRED COMPENSATION	683,826
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	10,765,961

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED INTEREST PAYABLE	27,419
DEFERRED RENT	26,815,943
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	26,843,362

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	130,329,645
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	130,329,645
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-1,880,695	
c	Add lines 4a and 4b		4c	-1,880,695
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	128,448,950

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

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

1	Total expenses and losses per audited financial statements		1	86,438,880
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	1,880,695	
e	Add lines 2a through 2d		2e	1,880,695
3	Subtract line 2e from line 1		3	84,558,185
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	84,558,185

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 80-0631734

Name: NEW YORK GENOME CENTER INC

Supplemental Information

Return Reference	Explanation
INCOME TAXES	SCHEDULE D, PART X, LINE 2 NYGC IS SUBJECT TO THE PROVISIONS OF THE FASB ASC SECTION 740-10-05, INCOME TAXES-OVERALL, RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES NYGC RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED AND HAS DETERMINED IT DID NOT HAVE ANY EXPOSURE TO UNCERTAIN TAX POSITIONS DURING 2018 AND 2017

Supplemental Information

Return Reference	Explanation
REVENUE AND EXPENSE RECONCILIATION	SCHEDULE D, PART XI, LINE 4B AND PART XII, LINE 2D (\$1,880,695) RENTAL EXPENSES ALLOCABLE TO 990, PART VIII

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
NEW YORK GENOME CENTER INC

Employer identification number
80-0631734

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		13			542,047
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		13			542,047

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
accounting method	SCHEDULE F, PART I, LINE 3 THE PROGRAM EXPENDITURES ARE REPORTED ON THE ACCRUAL METHOD

Additional Data

Software ID:

Software Version:

EIN: 80-0631734

Name: NEW YORK GENOME CENTER INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		9	Program Services	RESEARCH	475,888
Middle East and North Africa		1	Program Services	RESEARCH	48,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America		2	Program Services	RESEARCH	17,660
East Asia and the Pacific		1	Program Services	RESEARCH	499

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NEW YORK GENOME CENTER INC

Employer identification number
80-0631734

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 COMMUNITY COUNSELLING SERVICE	CAMPAIGN SERVICES		No		40,000	-40,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					40,000	-40,000

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
Schedule G, Part I, Line 2b	COMMUNITY COUNSELLING SERVICE'S ADDRESS 527 MADISON AVENUE 5TH FLOOR NEW YORK, NY 10022 SCHEDULE G, PART I, LINE 2B, COLUMN (IV) NYGC UTILIZES THE SERVICES OF A FUNDRAISING ADVISOR TO CONSULT ON THE DEVELOPMENT ACTIVITIES OF THE ORGANIZATION THE ADVISOR OFFERS ADVICE ON STRATEGY AND IS NOT INVOLVED IN DIRECT FUNDRAISING DUE TO THE NATURE OF THESE ARRANGEMENTS, NYGC IS UNABLE TO REASONABLY DETERMINE THE GROSS RECEIPTS FROM THE FUNDRAISING ACTIVITIES THAT ARE SOLELY ATTRIBUTABLE TO THIS ADVISOR

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NEW YORK GENOME CENTER INC

Employer identification number

80-0631734

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
MONITORING USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2 NYGC MONITORS SUBRECIPIENTS' USE OF GRANT FUNDS IN BOTH THE PREAWARD AND POST-AWARD STAGES IN COMPLIANCE WITH 2 CFR 200 (UNIFORM GUIDANCE) THIS REVIEW INCLUDES CONDUCTING APPROPRIATE CHECKS FOR SUSPENSION AND DEBARMENT A SUBRECIPIENT MONITORING FORM IS SENT TO ALL SUB-AWARDEES AND THIS FORM IS THE BASIS BY WHICH NYGC ASSESSES RISK IN THE POST-AWARD PHASE, NYGC MONITORS PROGRAMMATIC PROGRESS IN A MANNER CONSISTENT WITH THE TERMS AND CONDITIONS OF THE AWARD NYGC REVIEWS ANY SUBRECIPIENT EXPENSES INVOICED TO NYGC FOR ALLOWABILITY WITH REGARD TO RELEVANT COST PRINCIPLES AND BUDGETARY RESTRICTIONS BEFORE PAYMENT SUBAWARDS ELIGIBLE FOR FFATA REPORTING ARE RECORDED IN THE FSRs (THE FFATA SUBAWARD REPORTING SYSTEM) IN ACCORDANCE WITH THE FEDERAL REPORTING REQUIREMENTS FOR FIRST TIER SUBAWARDS UNDER NYGC'S PRIME FEDERAL AWARDS

Additional Data

Software ID:
Software Version:
EIN: 80-0631734
Name: NEW YORK GENOME CENTER INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	391,342				RESEARCH SUBAWARD
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PL BOX 1075 NEW YORK, NY 10029	13-6171197	501(C)(3)	21,772				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REGENTS OF THE UNIVERSITY OF CALIFORNIA-SF 1550 4TH STREET SAN FRANCISCO, CA 94158	94-6036493	CA	13,839				RESEARCH SUBAWARD
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	WA	213,352				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10064	13-1624158	501(C)(3)	271,894				RESEARCH SUBAWARD
Trustees of Columbia University City of NY 630 W 168th Street New York, NY 19932	13-5598093	501(C)(3)	285,762				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Massachusetts General Hospital 55 Fruit Street Boston, MA 021142696	04-2697983	501(C)(3)	43,402				RESEARCH SUBAWARD

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NEW YORK GENOME CENTER INC

Employer identification number
80-0631734

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
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<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>											
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes									
<p>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</p>	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>											
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>											
<p>a The organization?</p>	5a		No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>											
<p>a The organization?</p>	6a		No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS NYGC PAID TAXES ON BEHALF OF ITS PRESIDENT AND COO VIA A PAYROLL TAX GROSS UP FOR LIFE INSURANCE, DISABILITY AND LONG-TERM CARE BENEFITS PURSUANT TO HER OFFER LETTER. AS DESCRIBED BELOW, AN EXECUTIVE COMPENSATION COMMITTEE OF INDEPENDENT BOARD MEMBERS WAS RESPONSIBLE FOR ESTABLISHING HER COMPENSATION PACKAGE, WHICH WAS THEN APPROVED BY THE BOARD OF DIRECTORS. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE NYGC PROVIDED A HOUSING ALLOWANCE TO THE PRESIDENT AND COO. THE VALUE OF THIS ASSISTANCE WAS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE. NYGC SELECTIVELY OFFERS HOUSING ALLOWANCES TO EMPLOYEES, PRINCIPALLY AS A RECRUITING TOOL FOR NEW FACULTY AND POSTDOCTORAL FELLOWS. SUBSIDIZED HOUSING OR HOUSING ALLOWANCES ARE COMMONLY OFFERED BY PEER ACADEMIC INSTITUTIONS IN NEW YORK CITY TO HELP FACULTY AND OTHER RESEARCHERS DEFRAY THE HIGH COST OF HOUSING.

Return Reference	Explanation
EXECUTIVE COMPENSATION	SCHEDULE J, PART I, LINE 3 AT THE TIME OF HIRE, AN AD-HOC EXECUTIVE COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT BOARD MEMBERS (THE "AD-HOC COMMITTEE") WAS RESPONSIBLE FOR ESTABLISHING THE PRESIDENT AND COOS COMPENSATION PACKAGE AND THE TERMS OF HER EMPLOYMENT CONTRACT HER COMPENSATION WAS DETERMINED THROUGH A REVIEW OF FORM 990 RETURNS AND COMPENSATION INFORMATION FOR TOP MANAGEMENT OFFICIALS AT SIMILARLY SITUATED ORGANIZATIONS OBTAINED THROUGH THE RECRUITING PROCESS CONSIDERATION ALSO WAS GIVEN TO HER THEN-CURRENT COMPENSATION ON RECOMMENDATION OF THE AD-HOC COMMITTEE, THE BOARD OF DIRECTORS APPROVED HER COMPENSATION THIS APPROVAL WAS MEMORIALIZED IN THE BOARD MINUTES THE "INITIAL CONTRACT" EXCEPTION APPLIED FOR 2016 AND HER COMPENSATION DID NOT CHANGE BETWEEN THE TIME THAT SHE JOINED NYGC AND THE END OF 2018 SEVERANCE PAYMENTS SCHEDULE J, PART I, LINE 4A CHRIS DUIGNAN, FORMER VP, FINANCE - MR DUIGNAN'S COMPENSATION INCLUDES A SEVERANCE PAYMENT OF \$163,020

Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B NYGC HAS A DEFERRED COMPENSATION PLAN FOR THE PRESIDENT AND COO \$200,000 WAS DEFERRED IN 2018 NON-FIXED PAYMENTS SCHEDULE J, PART I, LINE 7 THE FOLLOWING INDIVIDUALS RECEIVED DISCRETIONARY BONUSES IN 2018 ELIZABETH O'BRIEN AND MATTHEW J PELO WHO ARE PART OF NYGC'S SENIOR MANAGEMENT TEAM, AS WELL AS SOREN GERMER, CHARLES GAGNON AND DAYNA M OSCHWALD



SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

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

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Department of the Treasury

Name of the organization

NEW YORK GENOME CENTER INC

Employer identification number

80-0631734

990 Schedule O, Supplemental Information

Return Reference	Explanation
THE ORGANIZATIONS MISSION	<p>FORM 990, PART I, LINE 1 & PART III, LINE 1 THE NEW YORK GENOME CENTER (NYGC) IS ORGANIZED AND OPERATED AS AN INDEPENDENT, NON-PROFIT CORPORATION, DEDICATED TO STATE-OF-THE-ART, WORLD CLASS GENOMIC RESEARCH, SEQUENCING AND BIOINFORMATICS, WHOSE MEMBERS INCLUDE LEADING ACADEMIC, MEDICAL AND RESEARCH INSTITUTIONS IT CREATES AND USES ADVANCED GENOMICS TO UNDERSTAND THE GENETIC BASIS OF DISEASE NYGC HAS THE FOLLOWING KEY OBJECTIVES (I) FOSTERING INTELLECTUALLY VIBRANT RESEARCH COLLABORATIONS IN THE ACADEMIC AND SCIENTIFIC COMMUNITY IN NEW YORK CITY, ACROSS THE COUNTRY AND AROUND THE WORLD (II) RECRUITING AND RETAINING WORLD CLASS SCIENTIFIC TALENT TO LEAD THE SCIENTIFIC DEVELOPMENT OF THE ORGANIZATION, (III) SUPPORTING RESEARCH CONDUCTED BY THE INSTITUTIONAL FOUNDING MEMBERS, OTHER ACADEMIC, RESEARCH AND MEDICAL INSTITUTIONS AND THE BIOTECHNOLOGY/PHARMACEUTICAL INDUSTRY TO ADVANCE NYGCS SCIENTIFIC PROGRAM AND GENOMIC RESEARCH, (IV) DEVELOPING ADVANCED BIOINFORMATICS CAPABILITIES BASED UPON THE RESEARCH AND SEQUENCING ACTIVITIES CONDUCTED AT THE ORGANIZATIONS FACILITIES, (V) ADVANCING RESEARCH TO SUPPORT THE DEVELOPMENT OF NEW TREATMENTS, THERAPIES AND THERAPEUTICS TO TREAT HUMAN DISEASE, (VI) PROVIDING TRAINING TO THE ACADEMIC, RESEARCH AND TECHNOLOGY COMMUNITIES, AND (VII) CONDUCTING ACTIVITIES ANCILLARY TO THESE OBJECTIVES</p> <p>STRATEGIC PLAN FORM 990, PART III, LINE 3 IN THE SUMMER OF 2018, NYGC LEADERSHIP UNDERTOOK A STRATEGIC PLANNING PROCESS TO CONSIDER ITS GROWTH FROM A 'START-UP' GENOME CENTER TO A WORLD-CLASS GENOMIC SCIENCE INSTITUTE BUILDING ON ITS FOUNDATION, NYGC EMBRACED A NEW SCIENTIFIC DIRECTION, ONE DESIGNED TO POSITION THE ORGANIZATION AT THE FOREFRONT OF DISEASE-BASED GENOMIC RESEARCH, EXPRESSED IN A NEW, FOCUSED MISSION NYGC'S NEW STRATEGIC DIRECTION LEVERAGES THE STRENGTHS AND CAPABILITIES DEVELOPED SINCE NYGCS FOUNDING, AND ENRICHES ITS LOCAL, NATIONAL, AND INTERNATIONAL COLLABORATIONS NYGC IS NOW FOCUSING ON RESEARCH IN THREE KEY AREAS WHERE IT CAN MAKE A DIFFERENCE NEURODEGENERATIVE DISEASES (ALS, ALZHEIMERS, PARKINSONS, HUNTINGTONS), NEUROPSYCHIATRIC DISEASES (AUTISM, SCHIZOPHRENIA, BIPOLAR), AND CANCER THROUGH THE DEVELOPMENT OF NOVEL STATISTICAL METHODS, POPULATION LEVEL ANALYSES, AND APPLICATION OF NOVEL TECHNOLOGIES THIS STRATEGY NOT ONLY ENABLES DEEP EXPLORATION OF THE GENOMIC UNDERPINNINGS OF THESE DISEASES BUT ALSO DRIVES THE DEVELOPMENT OF INNOVATIVE SEQUENCING AND COMPUTATIONAL METHODS WITH POTENTIAL WIDE-RANGING APPLICATIONS, AND WILL BENEFIT NYGC, ITS MEMBER INSTITUTIONS, AND THE WIDER BIOMEDICAL RESEARCH COMMUNITY</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	<p>FORM 990, PART III, LINE 4A, LINE 4B, LINE 4C, LINE 4D NYGC IS AN INDEPENDENT, NONPROFIT ACADEMIC RESEARCH INSTITUTION WITH THE MISSION OF ADVANCING CLINICAL CARE THROUGH TRANSFORMATIVE GENOMIC RESEARCH NYGC'S WORK BUILDS ON THE STRENGTHS AND CAPABILITIES THAT NYGC HAS DEVELOPED SINCE ITS FOUNDING IN 2010 AND AUGMENTS RESEARCH BEING CONDUCTED BY NYGC MEMBER INSTITUTIONS COLLABORATING WITH PREMIER ACADEMIC, MEDICAL AND INDUSTRY LEADERS ACROSS THE GLOBE, NYGC IS CONDUCTING DISEASE-BASED GENOMIC RESEARCH IN AREAS WHERE IT HAS DEVELOPED A SIGNIFICANT AND SUCCESSFUL TRACK RECORD, INCLUDING NEURODEGENERATIVE DISEASES SUCH AS ALS, NEUROPSYCHIATRIC DISEASES, PARTICULARLY AUTISM, AND CANCER, FOCUSING ON UNDERSERVED POPULATIONS AND RARE CANCERS, AMONG OTHERS THROUGH INNOVATIVE RESEARCH AND GENOMIC DISCOVERY, NYGC'S GOAL IS TO ADVANCE HUMAN HEALTH AND THE DEVELOPMENT OF NEW TREATMENTS, THERAPIES AND THERAPEUTICS THAT TREAT DISEASE NYGC AND ITS MEMBER INSTITUTIONS AND PARTNERS ARE UNITED IN THIS UNPRECEDENTED COLLABORATION OF TECHNOLOGY, SCIENCE AND MEDICINE, DESIGNED TO HARNESS THE POWER OF INNOVATION AND DISCOVERIES TO ADVANCE GENOMIC DISCOVERIES THEIR SHARED OBJECTIVE IS THE ACCELERATION OF MEDICAL GENOMICS AND PRECISION MEDICINE TO BENEFIT PATIENTS AROUND THE WORLD NYGC'S INNOVATION, RESEARCH AND QUALITY MAKE IT A UNIQUE AND STRONG COLLABORATIVE PARTNER IN 2018, NYGC LAUNCHED A NEW STRATEGY THAT LEVERAGES ITS CORE STRENGTHS IN WHOLE GENOME SEQUENCING AND ANALYSIS, SINGLE-CELL TECHNOLOGY AND BIOINFORMATICS A CRITICAL ELEMENT OF THE NEW SCIENTIFIC MISSION BUILDS ON THE FOUNDATION OF THE COLLABORATIVE RESEARCH PROJECTS AMONG NYGC FACULTY AND STAFF SCIENTISTS WITH MEMBER INSTITUTIONS, AN AFFILIATE MEMBERSHIP PROGRAM, DISEASE- AND TECHNOLOGY-CENTERED WORKING GROUPS AND INDUSTRY PARTNERS IN 2018, NYGC EXPANDED ITS AFFILIATE MEMBERSHIP PROGRAM, WHICH NOW TOTALS 69 MEMBERS, HAILING FROM 14 ACADEMIC INSTITUTIONS ACROSS THE COUNTRY RESEARCH AND FACULTY - - - - - SINCE ITS INCEPTION, NYGC HAS ATTRACTED WORLD-CLASS SCIENTISTS WHOSE GENOMIC EXPERTISE - INCLUDING SINGLE CELL GENOMICS, GENOME ENGINEERING, POPULATION AND EVOLUTIONARY GENOMICS, TECHNOLOGY AND METHODS DEVELOPMENT, STATISTICS, COMPUTATIONAL BIOLOGY AND BIOENGINEERING - BRING A MULTIDISCIPLINARY AND IN-DEPTH APPROACH TO THE EVOLVING FIELD OF GENOMICS NYGC'S FACULTY SUPPORT NYGC'S SCIENTIFIC VISION THROUGH THE ADVANCEMENT OF GENOMIC MEDICINE FACULTY MEMBERS HAVE JOINT APPOINTMENTS AT THE NYGC'S INSTITUTIONAL FOUNDING MEMBERS TO PROMOTE COLLABORATION, STRENGTHEN RESEARCH CAPABILITIES, ADVANCE ACADEMIC LEADERSHIP, AND ENHANCE ABILITY TO HELP SOLVE HUMAN DISEASES IN 2018, NYGC MANAGED 35 GRANTS FROM THE NATIONAL INSTITUTES OF HEALTH (NIH) NYGC'S RESEARCHERS ARE WORKING WITH ITS MEMBER INSTITUTIONS AND AN ARRAY OF COLLABORATIVE PARTNERS TO ADDRESS THE FUNDAMENTAL CHALLENGE IN PRECISION MEDICINE UNDERSTANDING THE RELATIONSHIP BETWEEN DNA SEQUENCE VARIATION AND MECHANISMS FOR HUMAN DISEASE</p>

990 Schedule O, Optional Information

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	<p>SES, RANGING FROM CANCER TO AUTISM TO NEURODEGENERATIVE DISEASE NYGC RESEARCHERS PUBLISHED MORE THAN 50 STUDIES IN LEADING SCIENTIFIC JOURNALS IN 2018, FUELING MOMENTUM FOR IMPORTANT COLLABORATIVE WORK THEY COMPLETED MORE THAN 639 PROJECTS, COLLABORATING WITH 193 INVESTIGATORS FROM 85 INSTITUTIONS ACROSS THE GLOBE NYGC FACULTY MEMBERS FOCUS THEIR RESEARCH IN ADVANCED GENOMICS STUDY WHILE THE FIELD OF SINGLE-CELL SEQUENCING IS RAPIDLY EXPANDING, SIGNIFICANT COMPUTATIONAL CHALLENGES REMAIN, PARTICULARLY WHEN ANALYZING MULTIPLE DATASETS IN 2018, NYGC CORE FACULTY MEMBER RAHUL SATIJA, PHD, WHO HOLDS A JOINT APPOINTMENT AT NEW YORK UNIVERSITY (NYU), AND HIS LAB MADE ADVANCES IN ADDRESSING THIS CHALLENGE BY DEVELOPING AND DEPLOYING A NEW ALGORITHM THAT ALIGNS MULTIPLE SEQUENCING DATASETS WITH SINGLE-CELL RESOLUTION THE NEW METHOD HAS IMPLICATIONS FOR BETTER UNDERSTANDING HOW DIFFERENT GROUPS OF CELLS CHANGE DURING DISEASE PROGRESSION, IN RESPONSE TO DRUG TREATMENT, OR ACROSS EVOLUTION THE TEAMS DESCRIPTION OF THEIR METHOD WAS PUBLISHED IN "NATURE BIOTECHNOLOGY" IN THE FALL OF 2018, THE SATIJA LAB WAS SELECTED TO BE A RECIPIENT OF NIHS FIRST SET OF RESEARCH FUNDING AWARDS FOR THE HUMAN BIOMOLECULAR ATLAS PROGRAM (HUBMAP) TO DEVELOP AN OPEN, GLOBAL FRAMEWORK SUPPORTING EFFORTS TO BUILD A MAP OF CELLS WITHIN THE ADULT HUMAN BODY THE LABS AWARD-WINNING PROJECT, ENTITLED "COMPREHENSIVE REFERENCE MAP CONSTRUCTION, GEOLOCATION AND DATA INTEGRATION FOR HUBMAP HIVE," ESTABLISHED A NYGC-LED 'MAPPING CENTER' FOR THE HUBMAP CONSORTIUM WITH THIS AWARD, NYGC BECOMES ONE OF FIVE NIH-DESIGNATED HIVE CENTERS, ALONG WITH THE CARNEGIE MELLON UNIVERSITY, INDIANA UNIVERSITY BLOOMINGTON, HARVARD MEDICAL SCHOOL, AND THE UNIVERSITY OF SOUTH DAKOTA NYGC CORE FACULTY MEMBER TUULI LAPPALAINEN, PHD, WHO HOLDS A JOINT APPOINTMENT AT COLUMBIA UNIVERSITY, WAS RECIPIENT OF THE 2018 LENA PELTONEN PRIZE FOR EXCELLENCE IN HUMAN GENETICS IN RECOGNITION OF HER CONTRIBUTIONS TO THE HUMAN GENETICS FIELD IN FINDINGS PUBLISHED IN "NATURE GENETICS," DR LAPPALAINEN AND HER RESEARCH TEAM PROVIDED EVIDENCE FOR MODIFIED PENETRANCE, IN WHICH GENETIC VARIANTS THAT REGULATE GENE ACTIVITY MODIFY THE DISEASE RISK CAUSED BY PROTEIN-CODING GENE VARIANTS THEY ALSO LINKED MODIFIED PENETRANCE TO SPECIFIC DISEASES AT THE GENOME-WIDE LEVEL THE TEAMS FINDINGS HAVE EXCITING IMPLICATIONS FOR FUTURE PREDICTION OF THE SEVERITY OF SERIOUS DISEASES SUCH AS CANCER AND AUTISM SPECTRUM DISORDER NYGC'S CENTER FOR GENOMICS OF NEURODEGENERATIVE DISEASE'S ALS CONSORTIUM, LED BY HEMALI PHATNANI, PHD, DIRECTOR, CENTER FOR GENOMICS OF NEURODEGENERATIVE DISEASE, HAS GROWN TO 30 MEMBERS IN FIVE COUNTRIES IN JUST A FEW YEARS SINCE ITS INCEPTION IT SERVES AS AN ORGANIZING HUB OF ALS DATA COLLECTION AND ANALYSIS WITHIN THE RESEARCH COMMUNITY THE RESULT IS ALS DATA SHARING ON AN UNPARALLELED SCALE EMPOWERING AN INTEGRATED APPROACH TO WORKING TOWARD NEW TREATMENTS AND EFFECTIVE THERAPIES FOR ALS THROUGH THIS GLOB</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	AL COLLABORATION, CLINICIANS, SCIENTISTS, GENETICISTS, AND COMPUTATIONAL BIOLOGISTS SHARE AN EVER-GROWING RESOURCE OF GENOMIC SEQUENCING AND CLINICAL DATA BY THE END OF 2018, OVER 3,000 SAMPLES FROM ALS PATIENTS, MORE THAN HALFWAY TO THE GOAL OF 5,000 SAMPLES, HAVE BEEN SEQUENCED AND ANALYZED THIS DATASET, ONE OF THE LARGEST COHORTS IN THE WORLD, IS AVAILABLE TO RESEARCHERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CANCER	<p>----- UTILIZING STATE-OF-THE-ART TECHNOLOGIES AND AN UNPRECEDENTED LEVEL OF COLLABORATION WITH THE LEADING RESEARCH INSTITUTIONS IN NEW YORK, NYGC IS ENGAGED IN MANY CUTTING-EDGE INVESTIGATIONS INTO THE ORIGINS, DIAGNOSIS, AND EVOLUTION OF CANCER TO ADVANCE COLLABORATIVE EFFORTS ON CANCER GENOMICS, NOBEL LAUREATE HAROLD VARMUS, MD, SENIOR ASSOCIATE CORE MEMBER, NYGC, AND LEWIS THOMAS UNIVERSITY PROFESSOR OF MEDICINE, WEILL CORNELL MEDICINE (WCM), ESTABLISHED THE NEW YORK CANCER GENOMICS RESEARCH NETWORK IN 2018, DR VARMUS CONVENED MONTHLY MEETINGS AT NYGC WITH LEADING CANCER RESEARCHERS AND CLINICIANS FROM NYGC'S INSTITUTIONAL FOUNDING MEMBERS AND OTHER KEY ACADEMIC INSTITUTIONS FROM AROUND THE WORLD THE OBJECTIVE OF THIS MULTIDISCIPLINARY APPROACH IS TO HELP SET CRITICAL PRIORITIES IN TRANSLATING GENOMIC SCIENCE INTO MORE EFFECTIVE TREATMENT OPTIONS FOR ALL CANCER PATIENTS THE NETWORK INITIATED A CITY-WIDE PROJECT TO ENSURE THAT ADVANCES IN GENOMICS AND PRECISION MEDICINE CAN BE APPLIED TO ALL POPULATIONS AND EXPAND KNOWLEDGE OF THE GENETIC VARIATIONS THAT CONTRIBUTE TO CANCER NAMED "POLYETHNIC-1000," THE PROJECT UTILIZES THE GREATER NEW YORK AREA'S ETHNIC DIVERSITY TO ADDRESS SEVERAL IMPORTANT SCIENTIFIC QUESTIONS ABOUT THE ROLE OF ETHNICITY IN ONCOLOGY AND OFFER GENOMIC SERVICES DURING THE PROVISION OF CANCER CARE TO ALL POPULATIONS THIS INITIATIVE INVOLVES PATIENTS AND STAFF AT 16 ACADEMIC HEALTH CENTERS AND PARTNER HOSPITALS IN THE NEW YORK CITY REGION PHASE ONE, A RETROSPECTIVE STUDY OF 100 SAMPLES FROM COLLABORATING CENTERS, OF THE THREE-PHASE PROJECT BEGAN IN THE LAST QUARTER OF 2018 PHASE TWO, A PROSPECTIVE STUDY, WILL LAUNCH IN MID-2019 NYGC FACULTY ARE WORKING TO ADVANCE GENOMIC INSIGHTS INTO CANCER IN THEIR LABORATORIES IN 2018, DAN LANDAU, MD, PHD, A NYGC CORE FACULTY MEMBER WHO HOLDS A JOINT APPOINTMENT AT WCM, RECEIVED THE NIH "NEW INNOVATOR" AWARD FOR LIQUID BIOPSY RESEARCH WITH THE SUPPORT OF THIS PRESTIGIOUS AWARD, DR LANDAU WILL CONTINUE HIS CRITICAL EFFORTS TO DEVELOP TOOLS FOR LIQUID BIOPSY, THE EARLY-STAGE DETECTION OF CANCER THROUGH THE MEASUREMENT OF TUMOR DNA IN A PATIENT'S BLOOD DR LANDAU IS WORKING WITH AN ARRAY OF COLLABORATORS TO GUIDE DRUG COMBINATIONAL THERAPIES AND TEST NEW DRUG TREATMENTS WITH THE AIM OF OPTIMIZING TREATMENT BY CONTINUOUSLY MONITORING GENETIC CHANGES IN CANCER CELLS IN REAL TIME MARCIN IMIELINSKI, MD, PHD, A NYGC CORE FACULTY MEMBER WHO HOLDS A JOINT APPOINTMENT AT WCM, CONTINUES HIS ILLUMINATING WORK IN IDENTIFYING AND EXPLORING THE GENETIC SIGNATURES THAT SERVE AS BIOMARKERS THAT CAN IMPROVE CANCER DIAGNOSIS AND TREATMENT WITH STARR CANCER CONSORTIUM SUPPORT, DR IMIELINSKI SERVES AS A CO-PRINCIPAL INVESTIGATOR AND WORKS WITH RESEARCHERS FROM WCM AND MEMORIAL SLOAN KETTERING CANCER CENTER (MSKCC) TO EXPLORE THE POTENTIAL OF VARIOUS STRUCTURAL VARIANT MUTATIONAL SIGNATURES AS BIOMARKERS OF CHEMOTHERAPY RESPONSE AND RESISTANCE NYGC CORE FACULTY MEMBER NEVILLE SANJANA, PHD, WHO HOLDS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CANCER	<p>DR SANJANA RECEIVED A JOINT APPOINTMENT AT NYU AND NYU MEDICAL SCHOOL, WROTE THE PRIZE-WINNING ESSAY "A GENOME LABORATORIES TO CATCH AND UNDERSTAND CANCER," WHICH WAS ON THE COVER OF "SCIENCE TRANSLATIONAL MEDICINE" IN 2018, DR SANJANA WAS SELECTED BY THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE (AAAS) FOR ITS PRESTIGIOUS AAAS MARTIN AND ROSE WACHTEL CANCER RESEARCH AWARD THE AWARD RECOGNIZES AND SUPPORTS DR SANJANA'S NOVEL USE OF GENE EDITING CALLED "TWO-CELL TYPE" CRISPR TO BETTER UNDERSTAND WHY IMMUNOTHERAPY FAILS IN MOST CANCER PATIENTS THE GROUNDBREAKING TECHNIQUE IS A SUCCESSFUL MODEL FOR RESEARCHERS TO INTERROGATE OTHER IMMUNE CELL TYPES AND OTHER DISEASES WHERE INTERACTION BETWEEN MULTIPLE CELLS IS IMPORTANT DR SANJANA'S FINDINGS COULD HELP CLINICIANS DEVELOP MORE PERSONALIZED TREATMENT TO ACHIEVE BETTER RESPONSE RATES NYGC'S COMPUTATIONAL BIOLOGY LAB SCIENTISTS CONTRIBUTED THEIR BIOINFORMATICS EXPERTISE TO MANY IMPORTANT SCIENTIFIC PUBLICATIONS IN 2018, INCLUDING THE FOLLOWING CANCER STUDIES *A COLLABORATION WITH MSKCC, REPORTED IN "PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES OF THE UNITED STATES OF AMERICA," THAT IDENTIFIES ONE WAY THAT LUNG CANCER CELLS OUTSMART DRUGS THAT BLOCK A PROTEIN CALLED EGFR, A COMMON TARGETED DRUG THERAPY THESE FINDINGS MAY HELP PAVE THE WAY FOR IMPROVED TREATMENTS *A STUDY LED BY UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, PUBLISHED IN "GENOME RESEARCH," THAT IDENTIFIES SEVERAL GENETIC MUTATIONS AS DISEASE DRIVERS IN THE SUBSET OF ORAL CANCERS TARGETED BY THE HUMAN PAPILLOMAVIRUS (HPV) RESEARCHERS ANTICIPATE THAT THESE RESULTS WILL FOSTER ADVANCES IN DIAGNOSIS, THERAPY, AND THE GENERAL UNDERSTANDING OF THE ROLE OF HPV IN THE DEVELOPMENT OF ORAL CANCERS *A COLD SPRING HARBOR LABORATORY-LED ANALYSIS, PUBLISHED IN "CANCER DISCOVERY," THAT COMPARED PATIENT-DERIVED INDIVIDUAL ORGANOID - HOLLOW SPHERES OF CELLS CULTURED FROM TUMORS - WITH THEIR ASSOCIATED PRIMARY TUMORS, BY WHOLE-GENOME SEQUENCING AND RNA-SEQUENCING THE STUDY DETERMINED NOVEL DRIVER MUTATIONS AND GENE SIGNATURES THAT PREDICT SENSITIVITY TO DIFFERENT TYPES OF CHEMOTHERAPIES THESE FINDINGS WILL HELP FACILITATE PERSONALIZED TREATMENTS FOR PANCREATIC CANCER PATIENTS</p>

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Return Reference	Explanation
<p>NEUROPSYCHIATRIC DISEASES</p>	<p>----- NYGC IS BUILDING UPON ITS EXPERTISE IN AUTISM GENOMIC RESEARCH TO STUDY A RANGE OF RELATED NEUROPSYCHIATRIC DISORDERS THAT HAVE GENES IMPLICATED IN COMMON, INCLUDING SCHIZOPHRENIA AND BIPOLAR DISEASE BY YEAR-END 2018, 19,077 WHOLE GENOMES OF AUTISM PATIENTS AND THEIR FAMILIES WERE SEQUENCED BY NYGC THIS CRITICAL, GROWING DATASET AIDS IN THE ONGOING INVESTIGATIONS OF NYGC FACULTY AND STAFF SCIENTISTS, MEMBER INSTITUTIONS, AND OTHER COLLABORATIVE PARTNERS THIS WORK IS PART OF A FOUR-YEAR GRANT OF \$40 MILLION FROM THE NATIONAL HUMAN GENOME RESEARCH INSTITUTE, A DIVISION OF THE NATIONAL INSTITUTES OF HEALTH, WHICH WAS AWARDED TO NYGC IN 2015 TO CREATE A CENTER FOR COMMON DISEASE GENOMICS THIS COLLABORATIVE LARGE-SCALE GENOME SEQUENCING PROGRAM IS FOCUSED ON ADVANCING UNDERSTANDING OF AUTISM NYGC'S FACULTY ARE ALSO ENGAGED IN THIS WORK DR SANJANA RECEIVED THE YOUNG INVESTIGATOR AWARD AND LEICHTUNG FAMILY INVESTIGATOR DESIGNATION FROM THE BRAIN & BEHAVIOR RESEARCH FOUNDATION IN 2018 THIS AWARD SUPPORTS DR SANJANA'S "HUMAN NEURONS IN A DISH" APPROACH OF USING CRISPR GENE-EDITING GUIDE RNA LIBRARIES TO IDENTIFY CHANGES IN NEURONAL GENE EXPRESSION, WITH THE GOAL OF HELPING TO DESIGN AND IMPROVE THERAPIES DR SANJANA EARNED AN ADDITIONAL HONOR BY BEING SELECTED FOR THE FOUNDATION'S RESEARCH PARTNERS PROGRAM AS A LEICHTUNG FAMILY INVESTIGATOR DR SANJANA WAS ALSO JOINT LEAD RESEARCHER WITH INVESTIGATORS FROM BOSTON CHILDREN'S HOSPITAL ON A STUDY OF THREE CHILDREN FROM TWO UNRELATED FAMILIES THAT ADVANCED UNDERSTANDING OF RARE VARIANTS IN THE AUTISM SPECTRUM DISORDER KNOWN AS ANGELMAN SYNDROME THE TEAM'S REPORT WAS PUBLISHED IN 2018 BY "THE AMERICAN JOURNAL OF MEDICAL GENETICS" TECHNOLOGY INNOVATION ----- TODAY, THERE ARE NUMEROUS EXCITING CLINICAL USES FOR GENOMIC INFORMATION, YET SUCH INFORMATION HAS TO BE GENERATED AND INTERPRETED IN A TIMELY, SCALABLE, AND HIGH-QUALITY FASHION IN ORDER TO SPEED AND IMPROVE THE DELIVERY OF RESULTS TO RESEARCHERS AND CLINICIANS NYGC'S TECHNOLOGY INNOVATION LABORATORY IS A CREATIVE, MULTIDISCIPLINARY HUB WHERE SCIENTISTS ARE DEVELOPING AND DEPLOYING NEXT-GENERATION SEQUENCING METHODS, TECHNOLOGIES AND TOOLS THAT LEAD TO SCIENTIFIC ADVANCES AND NEW INSIGHTS AND THERAPIES FOR PATIENTS THE TECHNOLOGY INNOVATION LABORATORY IS DEDICATED TO GENERATING NEW TECHNOLOGIES, PROTOCOL DEVELOPMENT, EQUIPMENT EVALUATION, AND INFORMATICS TOOL DEVELOPMENT/INTEGRATION NYGC SCIENTISTS ARE DEVELOPING VARIOUS NOVEL TECHNOLOGIES TO SPEED UP, REDUCE COSTS OF AND DECREASE THE HANDLING OF NEXT-GENERATION LIBRARY PREPARATION REACTIONS OF NEXT-GENERATION LIBRARY PREPARATION REACTIONS RESEARCH SEQUENCING ----- NYGC HAS ONE OF THE LARGEST VOLUME WHOLE GENOME SEQUENCING PROGRAMS IN NEW YORK IN THE PAST FIVE YEARS, NYGC'S SEQUENCING LABORATORY HAS SEQUENCED TENS OF THOUSANDS OF WHOLE GENOME SAMPLES IN 2018, THE CENTER ACQUIRED NOVASEQ SYSTEMS SEQUENCERS TO SUPPLEMENT ITS STABLE</p>

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NEUROPSYCHIATRIC DISEASES	OF HISEQ X AND 2500 SEQUENCERS THIS STATE-OF-THE-ART SEQUENCING TECHNOLOGY ENABLES NYGC T O CONDUCT LARGE-SCALE GENOMICS PROJECTS WITH GREATER SPEED AND SAMPLE VOLUMES, AND TO EXPL ORE THE GENOME IN MORE DEPTH WITH GREATER EFFICIENCY NYGCS RESEARCH SEQUENCING LAB, LED B Y SOREN GERMER, PHD, SENIOR SCIENTIFIC DIRECTOR, SEQUENCING OPERATIONS (WHO BECAME SENIOR VICE PRESIDENT OF GENOME TECHNOLOGIES IN JANUARY 2019), OPTIMIZED A POOLING AND LOADING SC HEME FOR WHOLE GENOME SEQUENCING ON NOVASEQ SEQUENCERS THAT MAXIMIZES THE NUMBER OF SAMPLE S SEQUENCED PER RUN AND REDUCES REAGENT COSTS PER SAMPLE THE LAB ALSO DEVELOPED A NEW WHO LE GENOME BISULFITE SEQUENCING METHOD IN COLLABORATION WITH THE ALBERT EINSTEIN COLLEGE OF MEDICINE THIS NEW METHOD IMPROVES THE EFFICIENCY AND COST OF BISULFITE CONVERSION OF DNA , A STANDARD APPROACH TO STUDY DNA METHYLATION, A FORM OF DNA MODIFICATION THAT PLAYS AN I MPORTANT ROLE IN AN ARRAY OF BIOLOGICAL PROCESSES THE TEAMS DESCRIPTION OF THE METHOD WAS PUBLISHED IN "GENOME RESEARCH" IN 2018

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EDUCATION	<p>----- AS PART OF NYGC'S EDUCATIONAL MISSION, IT HOSTED MANY SCIENTIFIC MEETINGS, WORKSHOPS, CONFERENCES AND LECTURES IN 2018 THE NYGC GENOME CENTER CANCER GROUP ORGANIZES THE NEW YORK CANCER GENOMICS RESEARCH NETWORK MEETINGS THAT ARE HELD ON THE FIRST TUESDAY OF EVERY MONTH DURING THE ACADEMIC YEAR, BRINGING TOGETHER LEADING RESEARCHERS AND CLINICIANS FROM NYGC MEMBER AND OTHER KEY ACADEMIC INSTITUTIONS THE MEETINGS ARE INTENDED PRIMARILY FOR PRINCIPAL INVESTIGATORS AND THEIR TRAINEES IN THE NEW YORK REGION NYGC HELD "EVENING TALKS," A LECTURE SERIES FOR THE GENERAL PUBLIC ON ADVANCES IN GENOMIC SCIENCE, SPONSORED BY THE NEW YORK CITY COMMUNITY TRUST-PYEWACKET FUND THESE TALKS ARE DESIGNED TO MAKE THE LATEST GENOMIC RESEARCH DISCOVERIES MORE ACCESSIBLE AND UNDERSTANDABLE FOR THE GENERAL PUBLIC THESE WELL-ATTENDED LECTURES (AVERAGING 150 GUESTS PER EVENT) FEATURE PANELS OF LEADING RESEARCHERS AND CLINICIANS FROM NYGC AND/OR MEMBER INSTITUTIONS IN 2018, NYGC HELD TALKS ON RARE DISEASE GENOMICS, THE LATEST ADVANCES IN DNA ANALYSIS, AND SPACE GENOMICS NYGC HOSTED "FIVE POINTS" LECTURES FOR THE SCIENTIFIC COMMUNITY, FEATURING LEADING RESEARCHERS FROM AROUND THE COUNTRY AND ABROAD THESE LECTURES BRING LEADING SCIENTISTS TO NYGC FOR IN-DEPTH DISCUSSIONS OF THEIR WORK WITH RESEARCHERS, CLINICIANS, AND STUDENTS FROM NYGC, ITS MEMBER INSTITUTIONS, AND OTHERS IN THE SCIENTIFIC COMMUNITY IN FALL 2018, NYGC HOSTED ITS SECOND "GENOMIC INNOVATION" COURSE, A 14-WEEK PROJECT-FOCUSED COURSE DEVELOPED BY NYGC CORE FACULTY MEMBERS NEVILLE SANJANA, PHD AND TUULI LAPPALAINEN, PHD THE FOUR-CREDIT CLASS, THE FIRST-EVER GRADUATE-LEVEL COURSE TO BE HOSTED BY NYGC, INTRODUCED STUDENTS TO CUTTING-EDGE TECHNOLOGIES AND APPLICATIONS IN GENETICS AND GENOMICS AND THEIR RESPONSIBLE USE IN SCIENCE AND SOCIETY GRADUATE STUDENTS FROM COLD SPRING HARBOR LABORATORY, COLUMBIA UNIVERSITY, ALBERT EINSTEIN COLLEGE OF MEDICINE, MOUNT SINAI SCHOOL OF MEDICINE (MSSM) MSKCC, NYU, THE ROCKEFELLER UNIVERSITY, STONY BROOK UNIVERSITY AND WCM COULD RECEIVE CREDIT FOR THE CLASS THROUGH THEIR REGISTRAR'S OFFICE AND THE COURSE WAS OFFICIALLY LISTED IN THE COURSE CATALOGS OF COLUMBIA, NYU, AND EINSTEIN THE FIRST CLASS INCLUDED STUDENTS FROM COLUMBIA, EINSTEIN, MSKCC, NYU, MSSM AND WCM NYGC HELD ITS 4TH SEQUENCING INFORMATICS WORKSHOP IN NOVEMBER 2018 THE WEEK-LONG EVENT CONSISTED OF LECTURES FROM NYGC'S BIOINFORMATICS TEAM AND HANDS-ON EXERCISES STUDENTS WERE INTRODUCED TO A VARIETY OF SEQUENCING INFORMATICS TOPICS, INCLUDING SEQUENCING EXPERIMENT DESIGN CONSIDERATIONS, STANDARD DATA VISUALIZATION TECHNIQUES, RNA-SEQ DATA ANALYSIS AND STRUCTURAL VARIATION CALLING JLABS PARTNERSHIP ----- IN JUNE 2018, NYGC, JOHNSON & JOHNSON INNOVATION LLC AND NEW YORK STATE CELEBRATED THE OPENING OF JLABS @ NYC, A NEW 30,000 SQUARE-FOOT FACILITY ON THE NYGC'S THIRD FLOOR THAT IS HOME TO 28 LIFE SCIENCE STARTUPS IN THE BIOTECH, PHARMACEUTICAL, MEDICAL DEVICE AND CONSUMER AND HEALTH</p>

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EDUCATION	<p>ECH SECTORS THE INITIATIVE SUPPORTS THE GROWTH OF HEALTH CARE SOLUTIONS IN THE REGION BY PROVIDING A COMPREHENSIVE COMMERCIALIZATION VEHICLE FOR EMERGING LIFE SCIENCE COMPANIES J LABS' SUPPORT OF TALENTED SCIENTISTS IN NYC AS THEY TAKE THEIR INNOVATIVE IDEAS TO MARKET ALIGNS WITH NYGC'S MISSION OF FOSTERING INTELLECTUALLY VIBRANT COLLABORATIONS THAT ADVANCE THE DEVELOPMENT OF NEW TREATMENTS, THERAPIES AND THERAPEUTICS AGAINST HUMAN DISEASE</p> <p>ORGANIZATION MEMBERS FORM 990, PART VI, SECTION A, LINE 6 AS OF DECEMBER 31, 2018, THE CENTER HAD A TOTAL OF 17 MEMBERS, CONSISTING OF 12 INSTITUTIONAL FOUNDING MEMBERS AND FIVE ASSOCIATE MEMBERS *THE INSTITUTIONAL FOUNDING MEMBERS ARE THE FOLLOWING RECOGNIZED ACADEMIC, MEDICAL AND RESEARCH INSTITUTIONS (1) COLD SPRING HARBOR LABORATORY, (2) CORNELL UNIVERSITY/WEILL CORNELL MEDICINE, (3) THE JACKSON LABORATORY, (4) MEMORIAL SLOAN-KETTERING CANCER CENTER, (5) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, (6) NEW YORK-PRESBYTERIAN HOSPITAL, (7) NEW YORK UNIVERSITY, SCHOOL OF MEDICINE, (8) NORTHWELL HEALTH, (9) THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK, ON BEHALF OF STONY BROOK UNIVERSITY, (10) THE ROCKEFELLER UNIVERSITY, (11) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK, AND (12) ALBERT EINSTEIN COLLEGE OF MEDICINE *ASSOCIATE MEMBERS (1) AMERICAN MUSEUM OF NATURAL HISTORY, (2) HOSPITAL FOR SPECIAL SURGERY, (3) THE NEW YORK STEM CELL FOUNDATION, (4) ROSWELL PARK CANCER INSTITUTE, AND (5) PRINCETON UNIVERSITY</p>

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ORGANIZATION MEMBERS - DECISION MAKING	FORM 990, PART VI, SECTION A, LINE 7A & 7B EACH INSTITUTIONAL FOUNDING MEMBER APPOINTS ONE REPRESENTATIVE TO SERVE ON NYGCS BOARD OF DIRECTORS THE BOARD OF DIRECTORS ALSO INCLUDES THE SCIENTIFIC DIRECTOR AND OTHER DESIGNATED DIRECTORS OR INDIVIDUALS APPOINTED BY THE BOARD DECISIONS REQUIRING BOARD APPROVAL INCLUDE THE ADMISSION OF NEW MEMBERS, CHANGES TO THE MISSION, CERTIFICATE OF INCORPORATION, AND BYLAWS, APPOINTMENT OR REMOVAL OF THE CHAIRPERSON OF THE BOARD AND THE SCIENTIFIC DIRECTOR, AND ADOPTION OF CERTAIN POLICIES AND PROCEDURES THE BOARD ALSO REVIEWS AND APPROVES THE ANNUAL OPERATING BUDGET MANAGEMENT HAS THE ABILITY TO ENTER INTO BUSINESS ARRANGEMENTS AND CONTRACTS, INCLUDING FINANCING ARRANGEMENTS

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FORM 990 REVIEW	FORM 990, PART VI, SECTION B, LINE 11 THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM, UTILIZING INFORMATION PROVIDED BY MANAGEMENT UPON RECEIPT OF THE DRAFT FORM 990, MANAGEMENT, INCLUDING THE SENIOR VICE PRESIDENT, FINANCE & ADMINISTRATION, DIRECTOR OF FINANCE, GENERAL COUNSEL, AND PRESIDENT & COO, REVIEW THE FORM PRIOR TO FILING, MANAGEMENT PRESENTS THE FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW AND COMMENT ALSO PRIOR TO FILING, MANAGEMENT PROVIDES THE FORM 990 TO THE ENTIRE BOARD OF DIRECTORS

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CONFLICT OF INTEREST POLICY & REVIEW	FORM 990, PART VI, SECTION B, LINE 12C NYGC REQUIRES ALL INTERESTED PERSONS (DEFINED AS BOARD MEMBERS, PRINCIPAL OFFICERS, OR MEMBERS OF A COMMITTEE TO WHICH THE BOARD HAS DELEGATED POWERS) TO DISCLOSE CONFLICTS OF INTEREST AS REQUIRED BY THE CONFLICT OF INTEREST POLICY NYGC FOLLOWS A PROCEDURE FOR OBTAINING SUCH DISCLOSURES ANNUALLY ANY POTENTIAL CONFLICTS OF INTEREST MUST BE REVIEWED BY THE BOARD IF AN INTERESTED PERSON HAS A POTENTIAL CONFLICT OF INTEREST, HE OR SHE MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT CREATES THE POTENTIAL CONFLICT OF INTEREST

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COMPENSATION REVIEW AND APPROVAL	FORM 990, PART VI, SECTION B, LINE 15 FOR THE ORGANIZATIONS TOP MANAGEMENT OFFICIAL, PLEASE REFER TO SCHEDULE J NARRATIVES FOR THE PROCESS OF DETERMINING COMPENSATION NYGC HIRED AN INDEPENDENT COMPENSATION CONSULTANT IN LATE 2016 TO REVIEW SENIOR MANAGEMENT'S COMPENSATION RESULTS OF THIS REVIEW WERE PROVIDED TO THE AD-HOC COMPENSATION COMMITTEE IN EARLY 2017 THE REVIEW SHOWED THAT THE COMPENSATION PAID TO ALL MEMBERS OF SENIOR MANAGEMENT (CHERYL MOORE, CAROL ASHE, CHRISTOPHER DUIGNAN, KATHLEEN MCGOVERN KEARNS, ELIZABETH O'BRIEN, AND MATTHEW PELO) WAS REASONABLE THE AD-HOC COMPENSATION COMMITTEE MET AGAIN IN DECEMBER 2017 AND DISCUSSED SENIOR MANAGEMENT COMPENSATION SENIOR MANAGEMENT DID NOT RECEIVE MERIT INCREASES IN 2018 TWO MEMBERS OF SENIOR MANAGEMENT RECEIVED DISCRETIONARY BONUSES IN 2018 (ELIZABETH O'BRIEN AND MATTHEW PELO), WHICH WERE APPROVED BY THE AD-HOC COMPENSATION COMMITTEE IN DECEMBER 2017 THE PRESIDENT & COO DECLINED A MERIT INCREASE AND HER COMPENSATION WAS UNCHANGED

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DOCUMENT DISCLOSURE	<p>FORM 990, PART VI, SECTION C, LINE 19 NYGC'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST COMPENSATION OF OFFICERS AND DIRECTORS FORM 990, PART VII, SECTION A IN 2018, TOM MANIATIS, PHD , WAS EMPLOYED BY AN UNRELATED ENTITY AND CONTRIBUTED 15% OF HIS TIME TO WORK ON A NATIONAL INSTITUTES OF HEALTH GRANT AWARDED TO NYGC TO CREATE A CENTER FOR COMMON DISEASE GENOMICS INDEPENDENT CONTRACTORS FORM 990, PART VII, SECTION B NYGC was reimbursed by either a grant from the New York State Urban Development Corporation (Empire State Development) or J&J Services (J&J) for nearly all of the vendor compensation described in part vii because the services conducted by the vendors related to JLABS (see Form 990, Schedule O at page 68 for JLABS description) -Turner Construction Company was the general contractor for the JLABS buildout All of the compensation listed in part vii was reimbursed by the Empire State Development grant -Gensler was the architect for the JLABS buildout All of the compensation listed in part vii was reimbursed by the Empire State Development grant -P J Mechanical Service & Maintenance Co provided engineering services to NYGC and JLABS A portion of the compensation listed in part vii related to services performed for JLABS was reimbursed to NYGC by either J&J or the Empire State Development grant -Guardian Services Industries provided cleaning services to NYGC and JLABS A portion of the compensation listed in part vii related to services performed for JLABS was reimbursed to NYGC by J&J -T E C Systems Inc provided preventative maintenance services to NYGC and JLABS A portion of the compensation listed in part vii related to services performed for JLABS was reimbursed to NYGC by either J&J or the Empire State Development grant NET ASSET CLASSIFICATION FORM 990, PART X, LINES 27-29 THE FASB ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2016-14 NOT-FOR-PROFIT ENTITIES (TOPIC 958), PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES, WHICH AMONG OTHER THINGS, CHANGES HOW NOT-FOR-PROFIT ENTITIES REPORT NET ASSET CLASSES THE SIGNIFICANT REQUIREMENTS OF ASU 2016-14 INCLUDE REDUCTION IN THE NUMBER OF NET ASSET CLASSES FROM THREE TO TWO WITH DONOR RESTRICTIONS (FORMERLY REPORTED AS TEMPORARILY RESTRICTED NET ASSETS) AND WITHOUT DONOR RESTRICTIONS (FORMERLY REPORTED AS UNRESTRICTED NET ASSETS) THE 2018 FORM 990, PART X WAS NOT UPDATED TO REFLECT THE CHANGE IN NET ASSET CLASS TERMINOLOGY, THEREFORE, NYGC HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTION AS UNRESTRICTED NET ASSETS AND NET ASSETS WITH DONOR RESTRICTIONS AS TEMPORARILY RESTRICTED NET ASSETS</p>