

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

## B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated return
- ☐ Application pending

## C Name of organization

NATIONAL MEDICAL FELLOWSHIPS, INC

## Doing business as

Number and street (or P O box if mail is not delivered to street address)

347 FIFTH AVENUE

Room/suite

City or town state or province country and ZIP or foreign postal code

NEW YORK, NY 10016

## F Name and address of principal officer

ESTHER R DYER

SAME AS C ABOVE

## D Employer identification number

01-0963657

## E Telephone number

(212) 483-8880

G Gross receipts \$ 3,098,020

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If No, attach a list (see instructions)

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

J Website ▶ WWW.NMFONLINE.ORG

H(c) Group exemption number ▶

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 2010 M State of legal domicile NY

## Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE SCHOLARSHIPS FOR UNDER REPRESENTED MINORITIES IN MEDICINE &amp; THE HEALTH PROFESSIONS

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)

4 Number of independent voting members of the governing body (Part VI line 1b)

5 Total number of individuals employed in calendar year 2015 (Part V line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII column (C) line 12

b Net unrelated business taxable income from Form 990 T line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A) lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)

13 Grants and similar amounts paid (Part IX, column (A) lines 1-3)

14 Benefits paid to or for members (Part IX, column (A) line 4)

15 Salaries other compensation employee benefits (Part IX, column (A) lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) 196,115.

17 Other expenses (Part IX, column (A) lines 11a-11d 11f-24e)

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X line 16)

21 Total liabilities (Part X line 26)

22 Net assets or fund balances Subtract line 21 from line 20

## Prior Year

## Current Year

2,145,880 2,492,625

0 0

6,588 287

12,135 413,180.

2,164,603. 2,906,092

1,192,700. 1,307,121

0. 0

1,221,041. 1,272,387

0. 0.

1,386,087 1,656,659.

3,799,828 4,236,167.

-1,635,225. -1,330,075

## Beginning of Current Year

## End of Year

4,100,698 2,793,817

436,089 459,712

3,664,609 2,334,105

## 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

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name

John D. Daum

Preparer's signature

Date

NOV 14 2016

Check ☐ if

self-employed

PTIN

P00298140

Firm's name ▶ CONDON O'MEARA MCGINTY &amp; DONNELLY L

Firm's EIN ▶ 13-3628255

Firm's address ▶ ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405

Phone no 212-661-7777

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2015)