NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493224016180

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	the .	2008 ca	lendar yea		10-01-2008 and ending 09-	30-2009		D Employer ide	ntification number
		pplicable	Please	C Name of organization FUND FOR PUBLIC HEALTH	IN NEW YORK INC				
Add	ress ch	ange	use IRS label or	Doing Business As				05-0539199 E Telephone nu	
Nan	ne cha	nge	print or type. See	Jeing Buomese / is				-	
Inıtı	al retu	rn	Specific Instruc-		box if mail is not delivered to stre	et address)	Room/suite	(212) 227-0 G Gross receipt	
Ten	nınatıo	n	tions.	291 BROADWAY 17TH FLOO	DR .			d dioss recapt	3 \$ 20,500,510
Ame	ended	return		City or town, state or coun NEW YORK, NY 10007	try, and ZIP + 4				
— Арр	lication	pending		NEW TORK, NT 10007					
			F Nan	ne and address of Princip	oal Officer		i(a) Is this	a group return	for
				ardner MPH ROADWAY 17TH FLOOR			affiliat	es?	⊤Yes ▼ No
				ORK, NY 10007	•		H(b) Are all	affiliates include	d?
I Tax	Tax-exempt status								See instructions)
) We	eb sit	e: 🕨 WW	/W FPHNY	O RG		·	I(c) Group	Exemption Nur	mber ►
К Туре	e of org	janızatıon	▽ Corporat	ion trust association	other ►		L Year of For	mation 2002 M :	State of legal domicile NY
Par	t I	Sumi	marv						
				e organization's mission	or most significant activities	 3			
ጵ					K, INC ("THE ORGANIZAT				
ĕ ∣			•		PPORT TO ENHANCE HEAL OF INDIVIDUAL FAMILIES			,	S TO EDUCATE THE
Governance	2				ntinued its operations or disp				
ģ	3		•		body (Part VI, line 1a)				8
	4				the governing body (Part VI,				8
8	_			nployees (Part V , line 2a		, iiiie 1b)		_	109
Activities &				olunteers (estimate if nec					1
[]				•	m Part VIII, line 12, column) (C) -	_	_	0
•		_		ness taxable income from		•	7 <u> </u>	0	
						Prio	r Year	Current Year	
	8	Contri	butions and	d grants (Part VIII, line :	lh)			32,864,449	20,277,187
<u>≗</u>	9 Program service revenue (Part VIII, line 2g)								0
Revenue	10), lines 3, 4, and 7d)			59,351	27,742
#	11	Other	revenue (P	art VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11	.e)		5,054	1,589
	12		evenue—a	dd lines 8 through 11 (m	ust equal Part VIII, column	(A), line		22.020.054	20 206 510
	13	12)	and cimils	ar amounts paid (Part IX,	column (A.) lines 1 2)			32,928,854	20,306,518
	14			or for members (Part IX,					0
	15		•		enefits (Part IX, column (A),	lines 5-			
8	13	10)	es, other co	ompensation, employee t	renents (Fart IX, Column (A),	, illies 5-		2,285,215	3,811,294
Expenses	16a	Profes	sıonal fund	raising fees (Part IX, col	umn (A), line 11e)				0
ੜੇ	b	(Total fo	undraising ex	penses, Part IX, column (D), l	ne 25 <u>0</u>))			
_	17	Other	expenses ((Part IX, column (A), lıne	s 11a-11d, 11f-24f)			18,379,938	18,885,515
	18	Totale	expenses—	add lines 13-17 (must e	equal Part IX, line 25, columi	n (A))		20,665,153	22,696,809
	19	Reven	ue less exp	penses Subtract line 18	from line 12			12,263,701	-2,390,291
දී ජී							Beginniı	ng of Year	End of Year
Not Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)				19,220,997	18,648,520
2 B	21	Totall	ıabılıtıes (F	Part X, line 26)				4,781,804	6,599,618
žŽ	22	Net as	sets or fun	d balances Subtract line	e 21 from line 20			14,439,193	12,048,902
Par	t II	Sign	ature Blo	ock					
					amined this return, including accom				
Dles	Se	1.		correct, and complete Declara	tion of preparer (other than officer) is based o	1		n nas any knowledge
Please Sign		****** Signature of officer						08-12	
Here		Sara	Gardner MDF	l Executive Director					
			or print nam						
		Prenarer	's k		Date	Che	ck ıf	Preparer's PTIN (See Gen Inst)
Paid		Preparer's signature					oolyed 🕨 🦵	1	•
repa	rer's	Firm's na	ame (or your	s k RSM MCGLADREY INC			,		
Use C		ıf self-en	nployed), and ZIP + 4	P	IEDICAS			EIN ▶	
	-	uuuicss,	and AIF T 4					Phone no 🕨 (2:	12) 372-1000
	h = T =	ــــــــــــــــــــــــــــــــــــــ		NEW YORK, NY 100362					•
ıay t	ne IR	5 discus	s this retu	rn with the preparer shov	n above? (See instructions)				✓ Yes

Form	990 (2008) Page 2
Par	Statement of Program Service Accomplishments (See the instructions.)
1	Briefly describe the organization's mission
See A	dditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting or make significant changes in how it conducts any program
	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 14,352,728 including grants of \$) (Revenue \$) Healthcare Emergency Preparedness ProgramHealth care institutions provide vital resources in the rapid and appropriate response to public health emergencies. The events of September 11, 2001, the 2001 anthrax attacks, and Hurricane Katrina emphasize the need for regional, state, and local authorities in the NYC metropolitian area to develop the infrastructure and coordinate preparedness planning for the health care response to public health emergencies, especially those due to bioterrorism. The Healthcare Emergency Preparedness Program (HEPP) was established after 9/11 with the goal of identifying, evaluating, and addressing gaps in the NYC public health and overall health care systems planning for the mass care response to bioterrorism and other public health emergencies. HEPP works closely with over 70 hospitals, 200 primary care centers, 84 emergency media services, and key organizational partners to leverage resources and implement planning measures that address key aspects of emergency preparedness. The program has engaged its health care partners in actively assessing their preparedness for biological, chemical, nuclear, explosive, radiological and other natural or man made disasters. A fundamental outcome of these efforts thus far has been a well developed and practiced plan for improved regional integration of health care resources during a public health care system and city, state, and other regional agencies involved in health care or first response.
4b	Healthy Start - Rates of infant death, premature birth, and illness in the neighborhoods of Bedford-Stuyvesant, Brownsville, Bushwick, East New York, and Flatbush are far higher than elsewhere in New York City and the United States. The Healthy Start Brooklyn Program (HSB) seeks to improve the health and wellness of women, infants, and their families in Central Brooklyn HSB supports services, education, and training to reduce health inequalities and improve the levils of Central Brooklyn residents. The program reaches out to women and their families in neighborhood settings to connect them with health and social services, conducts ongoing visits with pregnant and postpartum women and their infants (up to 2 years old), provides support, education, and screening in such areas as home safety, depression, and food insecurity, in order to connect women to services they need, and provides trainings in a variety of areas, including child development and developmental delays, perinatal depression, childbirth, family planning, breastfeeding, and domestic violence. Through collaboration with hospitals, community-based organizations, city agencies, and local consortia, HSB develops healthcare advocacy strategies, best practices, and improved services. In partnership with the Health Department, HSB collects and interprets neighborhood health data to inform HSB's initiatives. The Fund's efficiency in implementing and managing this project allows effective and timely communication and partnership with program partners.
4c	(Code) (Expenses \$ 1,713,377 including grants of \$) (Revenue \$) School Based Health - While the rate of teen pregnancy has generally been declining nationwide, New York City's teen pregnancy rate continues to be higher than that of the U S A priority for the NYC Health Department is working with schools, organizations serving youth, clinical providers, and other key stakeholders to promote healthy attitudes, skills and behaviors around sex, to help teens grow up to be healthy adults. In 2008, grant funding was awarded to the Fund for Public Health in New York on behalf of the Department to work with School-Based Health Centers (SBHCs) located within high schools in New York City to provide reproductive health services to NYC teens. These clinics reach a large number of students almost 25% of NYC high school students are in schools that have an SBHC Most of the clinics are located in the lowest income communities with the highest teen pregnancy rates. The project has a multi-tier approach in addressing the issues providing training and technical assistance to SBHC staff to increase their ability to serve teens, supplying high school SBHCs with contraceptives, developing clinic infrastructure, providing education to providers and teens on all contraceptive methods, including IUD and Implanon, establishing Regional Referral Sites for IUDs/Implanon, and ongoing data collection and evaluation. The Fund's partnership on this project provided a platform for innovation that was previously unavailable to the Health Department for this type of effort.

including grants of \$

) (Expenses \$

Other program services (Describe in Schedule O)

(Code

(Expenses \$

4d

3,180,139 including grants of \$

) (Revenue \$

) (Revenue \$

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🔁	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns . Enter -0- if not applicable	_				
		1a	97			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	l Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	• •	· · · · · · ·	1c		Νo
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	2a	109			
h	If at least one is reported in 2a, did the organization file all required federal employing					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this			
	return?			3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s over, a financial account in a foreign country (such as a bank account, securities ac	_	•			
	account)?		, or other illiancial	4a		Νo
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	port o	f Foreign Bank and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).			05		
	Did the organization provide goods or services in exchange for any quid pro quo con	tributi	ion of \$75 or	7a		Νο
_	more?	ci i b a ci	1011 01 47 3 01	7.4		
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
_	file Form 8282?			7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	prem	niums on a personal			
	benefit contract?	• •		7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?	•		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a section $\frac{1}{2}$					
	excess business holdings at any time during the	•	,	8		
_	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person	· ·		9b		
10	Section 501(c)(7) organizations. Enter	ا ما	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	, , ,	Ī	ı			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
_	against amounts due or received from them)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	י וופנו מ	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	(4		
_	year	12b				

Section A. Governing Body and Management

Yes

11

Νo

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, processes, or changes in Schedule O. See instructions.	desc	ribe the circumstances,
Enter the number of voting members of the governing body	1a	8

	processes, or changes in Schedule O. See instructions.	′						
1a	Enter the number of voting members of the governing body 1a	8						
Ь	Enter the number of voting members that are independent 1b	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No			
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	- [7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?		8a	Yes				
b	each committee with authority to act on behalf of the governing body?		8b		Νo			
9a	Does the organization have local chapters, branches, or affiliates?		9a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations							

must describe in Schedule O the process, if any, the organization uses to review the Form 990 10

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

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website $\overline{\mbox{\em \colored}}$ another's website $\overline{\mbox{\em \colored}}$ upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

BTQ Financial David Terrio 80 BROAD STREET 15TH FLOOR NEW YORK, NY 10004 (212) 901-2466

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did r	ot compens	ate any	offic	er, c	lirec	tor, tru	uste	or key employee		
		Posit t	(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustae		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
THOMAS FRIEDAN MD MPH , BOARD PRESIDENT	1 00	Х		Х				0	0	0
JOHN O'CONNOR , TREASURER	1 00	Х		Х				0	0	0
CHRIS STERN HYMAN JD , SECRETARY	1 00	Х		Х				0	0	0
PAMELA S BRIER , BOARD MEMBER	1 00	Х						0	0	0
JAMES G KAGEN , BOARD MEMBER	1 00	Х						0	0	0
RICHARD RAVITCH , BOARD MEMBER	1 00	Χ						0	0	0
DAVID A ROSIN MD , BOARD MEMBER	1 00	Х						0	0	0
david s moross , boarD MEMBER	1 00	Χ						0	0	0
RACHAEL PINE thru 1008, EXECUTIVE DIRECTOR	35 00			Х				135,298	0	8,826
Sara Gardner from 908 , ExeCUTIVE DIRECTOR	35 00			Х				62,947	0	3,960
PAMELA NATHENSON, DIRECTOR	35 00					Х		100,750	0	20,293
ELIZABETH SPITZER , DIRECTOR	35 00					Х		120,900	0	9,413
SHARON WALTERS , DIRECTOR	35 00					Х		126,547	0	10,579
				<u> </u>						

Part VII Continued

(A) Name and Title	(B) Average hours per week	Individual or Directo	that a Institutional	a ppl		Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related
		Trustea	Trustee		0),68	pensated	ř	2,1093111307	MISC)	organizations
1b Total							 -	546,442	0	53,071

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization▶4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BTQ FINANCIAL LLC 80 BROAD STREET 15TH FLOOR NEW YORK, NY 10004	FINANCIAL MANAGEMENT	404,284
PEAK PERFORMANCE CONSULTING 46 BAYARD STREET RM 407 NEW BRUNSWICK, NJ 08901	PROGRAM EVALUATION SERVICES	242,000
GAVIN EMERGENCY MGMT CONSULTANTS 7703 CHESTNUT AVEnue PARKVILLE, MD 21234	PROGRAM EVALUATION SERVICES	129,500
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	3

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
22	1a	Federated camp	aıgns 1a					314
ian Lini	ь	Membership due	es 1b					
ಕ್ರಾ	l c		nts 1c					
ii Fa	d	Related organiza						
2 <u>.5</u>	_ e	Government grants		17,122,513				
Si,	•	All other contributio	ns, gifts, grants, and 1f	3,154,674		-		
重量	'	sımılar amounts not	: included above					
きま	g		outions included in					
Contributions, gifts, grants and other similar amounts	h		: 1a-1f)		20,277,187			
	-	•	·	Business Code				
Ele	2a			Busiliess Code				
ye.	ь							
<u>漢</u>		_						
Š နှ								
Š	d							
E	e							
Program Serwce Revenue	f	All other progra	m service revenue					
7	g	Total. Add lines	2a-2f	 \$				
	3		ome (including divident					
		other sımılar am	nounts)	🕨	27,742			27,742
	4	Income from invest	ment of tax-exempt bond p	oroceeds 🕒 🕨				
	5	Royalties		•				
		_	(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		ne or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other						
	Ь	than inventory Less cost or						
		other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss	5)					
Other Revenue	8a	See Part IV, line	uding reported on line 1c)					
φ >.			G if total exceeds					
ά	Ь		a					
her	B		oenses b oss) from fundraising e	events				
₹	9a	Gross income fr See part IV, line	om gaming activities					
	b c		a enses b oss) from gaming activ	vities				
	10a	Gross sales of i returns and allo						
	ь	Less cost of go	ods sold b					
	С	Net income or (I	oss) from sales of inve	entory 📂				
		Miscellaneous	Revenue	Business Code				
	11a	MISCELLANEO	US	900,099	1,589			1,589
	Ь							
	c							
	d	All other revenu	e					
	e		11a-11d	\$				
	12	Total Revenue.	Add lines 1h, 2g, 3, 4, e	1,589 5,6d,7d,8c,	20,306,518	0	0	29,331

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	174,798		174,798	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,915,448	1,973,279		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	115,458	74,470	40,988	
9	Other employee benefits	386,000	248,998	137,002	
10	Payroll taxes	219,590	141,636	77,954	
11	Fees for services (non-employees)				
а	Management				
b	Legal	15,923		15,923	
c	Accounting	41,775		41,775	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	592,240	81,151	511,089	
12	Advertising and promotion				
13	Office expenses	404,973	338,433	66,540	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	38,246	36,883	1,363	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,237		2,237	
23	Insurance	27,629	300	27,329	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	contract svc & subgrant	17,586,511	17,577,312	9,199	
b	STAFF EXPENSE	144,980	112,106	32,874	
c	MISCELLANEOUS	27,614	15,876	11,738	
d	Dues and Subscriptions	3,387	0	3,387	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	22,696,809	20,600,444	2,096,365	0
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			6,843,729	1		9,941,789
	2	Savings and temporary cash investments			696,409	2		931,449
	3	Pledges and grants receivable, net			11,632,139	3		7,709,988
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
2	9	Prepaid expenses and deferred charges			31,943	9		50,754
Assets	10a	Land, buildings, and equipment cost basis	10a	22,370				
•	b	Less accumulated depreciation Complete Part VI of Schedule D	10a	7,830	16,777	10c		14,540
	11	Investments—publicly traded securities	٠.			11		
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	t VII c	of		12		
	13	Investments—program-related See Part IV, line 11 Complete Pa	rt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			19,220,997	16	1	8,648,520
	17	Accounts payable and accrued expenses .			2,808,724	17		2,737,692
	18	Grants payable				18		
	19	Deferred revenue			1,973,080	19		3,861,926
	20	Tax-exempt bond liabilities				20		
ΘŞ	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ei		persons Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			4,781,804	26		6,599,618
- se		Organizations that follow SFAS 117, check here ▶ ▽ and complethrough 29, and lines 33 and 34.	ete lin	es 27				
anc	27	Unrestricted net assets			741,330	27		901,665
Balance	28	Temporarily restricted net assets			13,697,863	28	1	1,147,237
豆	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	l comp	let e				
o.	30	Capital stock or trust principal, or current funds	_			30		
Ą.	31	Paid-in or capital surplus, or land, building or equipment fund.				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fur		- •		32		
Net /	33	Total net assets or fund balances			14,439,193	33	1	2,048,902
Ź	34	Total liabilities and net assets/fund balances			19,220,997	34		8,648,520
							· · · · · ·	
Pa	rt XI	Financial Statements and Reporting					_	
							Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1	FINANCIAL	Statements	ann R	emmetiliki.

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493224016180

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public Inspection

UND	FOR PL	JBLIC HEALTH I	N NEW YORK INC												
	05-0539199														
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)					
The	organi			ation because it is (Please						-					
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).						
2	Г	A school de	escribed in Sec l	tion 170(b)(1)(A)(ii). (Attac	h Schedu	le E)									
3	Г	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)							e H)						
4	Ē	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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in													
5	Г										rihed in				
_	•	Section 170(b)(1)(A)(iv). (Complete Part II)													
6	г			overnment or governmental	unit descr	ihed in Se	ction 170	(b)(1)(A)	(v).						
7	<u>'</u>	•	· -	ally receives a substantial p						n the dene	ral nublic				
•	'			o)(1)(A)(vi) (Complete Par		, арроте пе	om a gove	· · · · · · · · · · · · · · · · · · ·		ii tiio goile	.rur public				
8	\vdash		-	ped in Section 170(b)(1)(A)	•	nlete Pari	+								
9	<u>'</u>		•	ally receives (1) more than		•	•	ontribution	s membe	rshin fees	and aross				
-	'			ated to its exempt functions											
		•		estment income and unrelate	-		•		•						
				on after June 30, 1975 See						() II O III D G	311103303				
10	Г		=	and operated exclusively to					-	e instruc	tions)				
11	<u>'</u>	_	=	and operated exclusively fo	-		-				· ·				
	,	_	=	orted organizations describe					•	•					
				type of supporting organiza						_					
		а Г⊤	ype I b	Type II c	Type III	- Function	nally Integ	grated	d	ГТуре	III - Other				
e		•		rtify that the organization is			•				•				
		other than section 50		agers and other than one or	more publ	icly suppo	orted orga	nizations (described	in section	1509(a)(1) or				
f				d a written determination fro	m the IRS	that it is	a Type I.	Type II o	r Tvpe III	supportir	na oraanization.				
		check this					/ /	. , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. ў				
g				as the organization accepted	d any gift (or contrib	utıon from	any of the	!						
		following pe		r indirectly controls, either a	olona orta	acther we	th naraana	docoribo	d in (ii)		- N N-				
			·-	ng body of the the supported		_	tii persons	describe	u III (II)	110	Yes No				
			· -	erson described in (i) above	_	LIOTI				11g					
				ty of a person described in (11g(
		` '		nation about the organizatio	, , ,					11g(<u>'''') </u>				
h		Provide the	e lollowing illion	nation about the organizatio	iis the org	jailizatioii	supports								
	(i) N:	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) T	s the	(vii) A mount of				
	• •	orted	(11) 2111	(described on lines 1-9		ation in		ınızatıon		ation in	support?				
	Orgar	nization		above or IRC section		listed in		i) of your		rganızed					
				(See Instructions))	your go	-	supp	ort?	ın the	US?					
						nent?				l N	-				
					Yes	No	Yes	No	Yes	No					
								-							
			i								i				

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box of	11 IIIIe 5, 7, or	o oi Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	16,123,112	16,151,441	16,147,174	32,864,449	2	20,277,187	101,563,363
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
_	its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	16,123,112	16,151,441	16,147,174	32,864,449	2	20,277,187	101,563,363
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line 4							101,563,363
T	otal Support	l I		I			<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	16,123,112	45,225	16,147,174	32,864,449		20,277,187	101,563,363
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	16,922	45,225	84,670	59,351		27,742	233,910
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						1,589	1,589
11	Total Support (Add lines 7 through 10)							101,798,862
12	Gross receipts from related activities, etc	(See instruction	s)	<u>'</u>	•	12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, third	d, fourth, or fifth	tax year as a 5			▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		99.770 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		99.700 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp d not check the l	orted organızatı box on line 13 o	on r 16a, and line 1				
17a	box and stop here. The organization qualifie 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "fac	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1: eck this box and	stop here. Exp	laın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007." more, and if the organization meets the "fac	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1: eck this box and	3, 16a, 16b, or i I stop here. Exp	17a ar Iaın ın	nd line 15 Part IV ho	
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

Additional Data

Software ID: Software Version:

EIN: 05-0539199

Name: FUND FOR PUBLIC HEALTH IN NEW YORK INC

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

FPHNY works with DOHMH to plan projects, raise funding, staff, manage, and evaluate the projects. This public-private partnership increases the efficiency of DOHMH-led projects and promotes the work of DOHMH to the general public. FPHNY has secured and managed over \$150 million in grant funding and individual donations for DOHMH-led initiatives. This public-private alliance is powerful and essential for tackling the most pressing public health challenges of the 21st century. The ability of FPHNY to leverage private sector partnership has helped DOHMH expand its capacity to advance its health agenda more effectively and more quickly to the benefit of all New Yorkers.

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

► Attach to Form 990. To be completed by organizations that Department of the Treasury answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service

Name of the organization

Employer identification number

FUI	ID FOR PUBLIC HEALTH IN NEW YORK INC				ication name	
В	Ouropiesticus Maintaining Dancy A	decine d Freedo as O	than Cinnilan F	05-0539199	- t - Colo	L C. Ll
Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 99		tner Similar Fi	inas or Accour	its. Comple	te ir the
	organization answered Tes to Form 5.	(a) Donor adv	ısed funds	(b) Funds ar	ıd other accou	nts
1	Total number at end of year					
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	_		or advised	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?	donor advisors in writii	ng that grant funds	may be	┌ Yes	∏ No
Pa	rt II Conservation Easements. Complete	ıf the organization a	nswered "Yes" to	Form 990. Parl	IV. line 7.	•
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space	rganization (check all t		historically import	antly land are	a
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation cont	ribution in the form	of a conservation	easement	
	on the last day of the tax year			Held	at the End of	the Yea
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easement	te		2b		
c	Number of conservation easements on a certified h		adup (a)	2c		
d			ed III (a)			
	Number of conservation easements included in (c)	•		2d		
3	Number of conservation easements modified, transfe	erred, released, extingu	ished, or terminate	d by the organizati	on during	
	the taxable year 🟲					
	Number of states where property subject to conserv	atıon easement ıs locat	ed ►			
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds	= -	ıg, ınspection, viola	tions, and	☐ Yes	┌ No
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing eas	sements during the	year ►		
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easer	ments during the ye	ar ► \$		
3	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the r	equirements of sec	tion	┌ Yes	∏ No
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the orga		•	•	
aı	Complete if the organization answered			or Other Simila	ar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fil	5 116, not to report in it I for public exhibition, e	s revenue stateme ducation or researc	h in furtherance of		е,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, educa			•	
	(i) Revenues included in Form 990, Part VIII, line 1	L		► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA			'	ovide the	
а	Revenues included in Form 990, Part VIII, line 1	•		► \$		

b Assets included in Form 990, Part X

ar	311 Organizations Maintaining Collections of Art	t, His	tori	<u>cal Treasur</u>	es, or Other	r Similar Asse	ts (cc	ntınued,
3	Using the organization's accession and other records, check an items (check all that apply)	y of th	ne foll	owing that are	a sıgnıfıcant us	se of its collection	1	
а	☐ Public exhibition d ☐ Loan or exchange programs							
b	Scholarly research e Other							
С	Preservation for future generations							
ı	Provide a description of the organization's collections and explanation and explanation.	ain hov	w they	/ further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as		,				Yes	┌ No
Pai	t IV Trust, Escrow and Custodial Arrangements.				iization answe	ered "Yes" to Fo	rm 9	90,
	Part IV, line 9, or reported an amount on Form 99							
la	Is the organization an agent, trustee, custodian or other intermental included on Form 990, Part X?		for c	ontributions or	other assets n		Yes	☐ No
b	If "Yes," explain why in Part XIV and complete the following tab	le						
						A mou	nt	
с	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
а	Did the organization include an amount on Form 990, Part X, lin	e 21?				Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV							
a	rt V Endowment Funds. Complete if the organization							
_	(a)Current Year	(b)	Prior \	rear (c)Iwo	Years Back (d)	hree Years Back (e)Four Ye	ears Back
1	Beginning of year balance							
b	Contributions							
	Investment earnings or losses							
d -	Grants or scholarships							
2	Other expenditures for facilities and programs							
F	Administrative expenses							
9	End of year balance							
	Provide the estimated percentage of the year end balance held	as						
3	Board designated or quasi-endowment							
5	Permanent endowment 🕨							
	Term endowment -							
C a	Are there endowment funds not in the possession of the organiz	ation	that a	re held and ad	ministered for t	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as require					3b		
	Describe in Part XIV the intended uses of the organization's en				+ V . Luz = 40			
a l I	t VI Investments—Land, Buildings, and Equipme	nt. S					Ι	
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
3	Land							
b	Buildings	•						
C	Leasehold improvements				22,370	7,830		14,540
d	Equipment							
e	Other		1					

14,540

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,306,518
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,696,809
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,390,291
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,390,291
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		, ,
1	Total revenue, gains, and other support per audited financial		20,386,718
	statements	1	, ,
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	80,200
3	Subtract line 2e from line 1	3	20,306,518
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	20,306,518
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	22,777,009
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	80,200
3	Subtract line 2e from line 1	3	22,696,809
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	22,696,809
	rt XIV Supplemental Information		
Cor	policia this part to provide the descriptions required for Part II, lines 3, F, and 0, Part III, lines 1a and 4, P	art VI	/ lines 1 h and 2 h

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

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The Organization has elected to defer the application of FIN 48 in accordance with FSP FIN 48-3, Effective Date of FASB Integration No 48 for Certain Nonpublic Enterprises. The Organization will be required to adopt FIN 48 in its 2010 annual financial statements. Management has not assessed the impact of FIN 48 on its financial position and results of operations and has not determined if the adoption of FIN 48 will have a material effect on its financial statements.

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As Filed Data -

DLN: 93493224016180

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

| 20

Employer identification number

05-0539199

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FUND FOR PUBLIC HEALTH IN NEW YORK INC

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

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νο
.a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a very provision of all the expenses described above? If "	•		1b		
	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
:	Indicate which, if any, of the following the organization organization organization committee		y			
	Independent compensation consultant	F	Written employment contract Compensation survey or study			
	Form 990 of other organizations	<u>ا</u>	Approval by the board or compensation committee			
	During the year, did any person listed in Form 990	, Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	l payment	:?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
;	For persons listed in form 990, Part VII, Section A	, line 1a,	, did the organization pay or accrue any			1

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

compensation contingent on the revenues of

- 6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of
 - a The organization?
- **b** Any related organization?
 - If "Yes," to line 6a or 6b, describe in Part III
- 7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III
- 8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

5a

5b

6a

6b

7

Νo

Νo

Νo

Νo

Νo

Νo

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanat ion
-		
	•	

Employer identification number

05-0539199

OMB No 1545-0047

OMB NO 1545-004

2008

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization

FUND FOR PUBLIC HEALTH IN NEW YORK INC

 Identifier
 Return Reference
 Explanation

 Form 990, Part III, line 4d
 Other Program Services
 all other program services Expenses \$ 3180139 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		fphny has contracted btq to act as the fiscal manager for the organization btq provides finance and accounting services

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8b		There are no other committees with the authority to act on behalf of the governing body

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		the organization's senior management and board treasurer will review the Form 990 in addition, the final form 990 will be distributed to the entire board of directors before it is filed with the irs

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Officers, trustees and key employees are required to complete a Conflict of Interest document when appointed to the Board or when hired. They have not been required to complete the document on an annual basis. Going forward, all officers, trustees and key employees will be asked to complete a Conflict of Interest document on an annual basis.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The new Executive Director was hired in September 2008 Her compensation was vetted by the Board prior to her employment

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request in addition, the organization's form 990 is available on various wiebsites such as guidestar FPHNY's financial data is also available on its wiebsite. The wiebsite is currently being updated and the 990 and governing documents will be added to the site.