

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FUND FOR PUBLIC HEALTH IN NEW YORK INC		D Employer identification number 05-0539199
		Doing Business As		E Telephone number (646) 710-4860
		Number and street (or P O box if mail is not delivered to street address) 22 CORTLANDT STREET No 1103	Room/suite	G Gross receipts \$ 24,843,121
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10007		
F Name and address of principal officer SARA GARDNER MPH 22 CORTLANDT STREET No 1103 NEW YORK, NY 10007		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.FPHNY.ORG				

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	L Year of formation 2002	M State of legal domicile NY
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE FUND FOR PUBLIC HEALTH IN NEW YORK, INC (FPHNY) IS DEDICATED TO THE ADVANCEMENT OF THE HEALTH AND WELL-BEING OF ALL NEW YORK CITY RESIDENTS TOWARDS THIS AIM, THE FUND IMPLEMENTS PROGRAMS TO ADDRESS PRESSING PUBLIC HEALTH NEEDS, DEVELOPS PRIVATE SECTOR SUPPORT FOR ENHANCING THE HEALTH OF NEW YORKERS, AND EDUCATES NEW YORKERS ABOUT THE ROLE THEY CAN PLAY IN PROTECTING THEIR OWN HEALTH AND THE HEALTH OF THEIR FAMILIES AND COMMUNITIES	
	2	Check this box <input checked="" type="checkbox"/> 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)	3 _____
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 _____
	5	Total number of employees (Part V, line 2a)	5 _____ 10
	6	Total number of volunteers (estimate if necessary)	6 _____
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a _____
b	Net unrelated business taxable income from Form 990-T, line 34	7b _____	

		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	20,277,187	22,747,211
	9	Program service revenue (Part VIII, line 2g)		2,091,226
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,742	3,071
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,589	1,613
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,306,518	24,843,121
	Expenses	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)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,811,294	8,435,247
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) \blacktriangle^0 _____		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,885,515	19,808,168
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,696,809	28,243,415
19		Revenue less expenses Subtract line 18 from line 12	-2,390,291	-3,400,294
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	18,648,520	15,736,049
	21	Total liabilities (Part X, line 26)	6,599,618	7,087,441
	22	Net assets or fund balances Subtract line 21 from line 20	12,048,902	8,648,608

Part II Signature Block

Sign Here	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	
	***** Signature of officer	2011-08-11 Date
	SARA GARDNER MPH EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer's Use Only	Preparer's signature 		Date	Check if self-employed 	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	RSM MCGLADREY INC 1185 AVENUE OF THE AMERICAS NEW YORK, NY 100362602			EIN 
					Phone no  (212) 372-1000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

THE FUND FOR PUBLIC HEALTH IN NEW YORK, INC (FPHNY) IS DEDICATED TO THE ADVANCEMENT OF THE HEALTH AND WELL-BEING OF ALL NEW YORK CITY RESIDENTS TOWARDS THIS AIM, THE FUND IMPLEMENTS PROGRAMS TO ADDRESS PRESSING PUBLIC HEALTH NEEDS, DEVELOPS PRIVATE SECTOR SUPPORT FOR ENHANCING THE HEALTH OF NEW YORKERS, AND EDUCATES NEW YORKERS ABOUT THE ROLE THEY CAN PLAY IN PROTECTING THEIR OWN HEALTH AND THE HEALTH OF THEIR FAMILIES AND COMMUNITIES

2

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

If “Yes,” describe these new services on Schedule O

3

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

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 11,234,442 including grants of \$) (Revenue \$)
	HEALTHCARE EMERGENCY PREPAREDNESS PROGRAM HEALTH 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 METROPOLITAN AREA TO DEVELOP THE INFRASTRUCTURE AND COORDINATE PREPAREDNESS PLANNING FOR THE HEALTH CARE RESPONSE TO PUBLIC HEALTH EMERGENCIES, ESPECIALLY THOSE DUE TO BIOTERRORISM THE FUND ADMINISTERS THE HEALTHCARE EMERGENCY PREPAREDNESS PROGRAM ("HEPP") ON BEHALF OF THE NYC HEALTH DEPARTMENT THIS PROGRAM, WHICH 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, WORKS CLOSELY WITH OVER 70 HOSPITALS, 200 PRIMARY CARE CENTERS, 84 EMERGENCY MEDICAL 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 EMERGENCY EACH YEAR, HEPP BUILDS NEW LINKAGES WITHIN THE NYC HEALTH CARE SYSTEM AND PROMOTES ONGOING COLLABORATION AND COORDINATION BETWEEN THE HEALTH CARE SYSTEM AND CITY, STATE, AND OTHER REGIONAL AGENCIES INVOLVED IN HEALTH CARE OR FIRST RESPONSE

4b	(Code) (Expenses \$ 3,578,096 including grants of \$) (Revenue \$)
	COMMUNITIES PUTTING PREVENTION TO WORK OBESITY AND TOBACCO USE ARE THE UNDERLYING RISK FACTORS OF THE LEADING CAUSES OF PREMATURE DEATH IN THE UNITED STATES IN NEW YORK CITY, NEARLY ONE IN FOUR ADULTS AND MORE THAN ONE IN FIVE CHILDREN ARE OBESE NEARLY 1 MILLION ADULTS AND 18,000 HIGH SCHOOL STUDENTS IN NYC SMOKE UNHEALTHY EATING AND LACK OF PHYSICAL ACTIVITY INCREASE THE RISK OF OBESITY AND ITS ASSOCIATED PROBLEMS, INCLUDING HEART DISEASE, STROKE, DIABETES, ARTHRITIS, AND CANCER, WHICH NOT ONLY SHORTEN LIFE BUT ALSO AFFECT THE QUALITY OF LIFE OBESITY HAS INCREASED SIGNIFICANTLY BETWEEN 2002 AND 2004 -- NEW YORKERS COLLECTIVELY GAINED 10 MILLION POUNDS AND THIS TREND CONTINUED THROUGH 2007 OBESITY-RELATED HEALTH PROBLEMS ACCOUNT FOR ALMOST 20% OF MEDICAID AND MEDICARE EXPENDITURES AND SOME ESTIMATE THE ANNUAL ECONOMIC COST OF OBESITY IN THE U S TO BE \$450 BILLION IN ADDITION TO THE 5,000 NEW YORKERS DIAGNOSED WITH SMOKING-RELATED CANCERS ANNUALLY, 350,000 NEW YORKERS ARE LIVING WITH OTHER SMOKING-RELATED ILLNESSES, INCLUDING CORONARY HEART DISEASE, HEART ATTACK, STROKE OR EMPHYSEMA FOR NEW YORKERS WHO SMOKE TODAY, ONE IN THREE IS EXPECTED TO DIE PREMATURELY FROM A SMOKING-RELATED ILLNESS OVERALL, ABOUT ONE IN SEVEN DEATHS IN NYC IS ATTRIBUTED TO SMOKING NYC HAS BEEN A PIONEER IN FIGHTING OBESITY AND TOBACCO USE OVER THE LAST DECADE BY MONITORING DATA, IMPLEMENTING INNOVATIVE PROGRAMS AND CREATING HEALTHIER ENVIRONMENTS THROUGH POLICY CHANGES CALORIE LABELING ON MENUS, TRANS FAT RESTRICTION, AND CITY AGENCY FOOD STANDARDS ARE EXAMPLES OF POLICY CHANGES THAT NYC HAS ADVANCED TO MAKE HEALTHY EATING EASIER FOR NEW YORKERS PUBLIC EDUCATION CAMPAIGNS DISCOURAGING SUGARY DRINK CONSUMPTION HAVE COMPLEMENTED THIS WORK, AND IN 2009 NYC ANNOUNCED THAT THE PROPORTION OF ADULT NEW YORKERS REPORTING DAILY CONSUMPTION OF SUGARY BEVERAGES EACH DAY FELL FROM 36% IN 2007 TO 32% IN 2009, A DECLINE OF 11% NYC WAS ONE OF THE FIRST CITIES TO PASS A COMPREHENSIVE SMOKE-FREE AIR LAW INCLUDING BARS AND RESTAURANTS, AND THROUGH A SERIES OF CITY AND STATE TAX INCREASES NOW HAS THE MOST EXPENSIVE CIGARETTE PACK PRICE IN THE NATION THESE STRATEGIES COMBINED WITH HARD-HITTING PUBLIC EDUCATION CAMPAIGNS AND AN ANNUAL NICOTINE PATCH AND GUM GIVEAWAY PROGRAM HAVE YIELDED IMPRESSIVE RESULTS SINCE NYC LAUNCHED ITS AGGRESSIVE ANTI-SMOKING PROGRAM IN 2002, SMOKING RATES HAVE DECREASED 27% FOR ADULTS, THE LOWEST RATE ON RECORD, AND 52% AMONG YOUTH THE FUND ADMINISTERS GRANTS AWARDED FROM THE U S CENTERS FOR DISEASE CONTROL AND PREVENTION ON BEHALF OF THE NYC HEALTH DEPARTMENT TO SUPPORT ACTIVITIES IN NYC THAT DEVELOP AND PROMOTE NEW POLICIES, SYSTEMS AND ENVIRONMENTAL CHANGES IN COMMUNITY AND SCHOOL SETTINGS TO INCREASE PHYSICAL ACTIVITY, IMPROVE NUTRITION, AND DECREASE SMOKING AND EXPOSURE TO SECONDHAND SMOKE

4c	(Code) (Expenses \$ 2,199,159 including grants of \$) (Revenue \$)
	SCHOOL-BASED HEALTH CENTER PROJECT EVERY YEAR ALMOST 22,000 TEENS BECOME PREGNANT IN NEW YORK CITY THE VAST MAJORITY -87% - OF THESE PREGNANCIES ARE UNINTENDED ANNUALLY THOUSANDS OF TEENS, MOSTLY FROM DISADVANTAGED BACKGROUNDS FACE DIFFICULT DECISIONS RELATED TO THEIR SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING WHETHER TO HAVE SEX, HOW OR WHETHER TO USE BIRTH CONTROL AND CONDOMS, HOW TO ACCESS CLINICAL SERVICES, AND WHETHER TO BECOME A PARENT TEEN PREGNANCY RATES ARE 2.5 TIMES HIGHER FOR THOSE LIVING IN NYC'S POOREST NEIGHBORHOODS TEENS WHO BECOME MOTHERS TEND TO COME FROM ECONOMICALLY DISADVANTAGED ENVIRONMENTS THAT SEVERELY LIMIT THEIR EDUCATION AND JOB PROSPECTS AS TEENS TRANSITION TO ADULTHOOD, HAVING THE SKILLS TO AVOID UNINTENDED PREGNANCY IS FUNDAMENTAL TO HELPING THEM STAY HEALTHY THESE SKILLS ARE TRANSFERABLE AND WILL SERVE THEM IN OTHER AREAS OF THEIR LIVES, EQUIPPING THEM WITH WHAT THEY NEED TO AVOID SEXUALLY TRANSMITTED INFECTIONS (STIS) AND TO MAKE OTHER DECISIONS TO ASSURE A HEALTHY FUTURE REACHING TEENS WHERE THEY SPEND THEIR TIME IN SCHOOL IS A KEY PLACE THE NYC HEALTH DEPARTMENT HAS FOCUSED ITS EFFORTS TO IMPROVE THE QUALITY OF AND ACCESS TO REPRODUCTIVE HEALTH EDUCATION AND SERVICES A MAJOR SUCCESS STORY FROM THIS WORK IS THE SCHOOL-BASED HEALTH CENTER REPRODUCTIVE HEALTH PROJECT THE NYC HEALTH DEPARTMENT DESIGNED A PIONEERING PROGRAM AT 39 SCHOOL-BASED HEALTH CENTERS IN NYC PUBLIC HIGH SCHOOLS TO IMPROVE ACCESS TO QUALITY HEALTH CARE THE CENTERS REACH 64,000 PUBLIC HIGH SCHOOL STUDENTS AND ARE OPERATED PRIMARILY BY THE CITY'S PUBLIC HOSPITALS AND COMMUNITY-BASED HEALTH CENTERS THE RESULT DELIVERY OF REPRODUCTIVE HEALTH SERVICES HAS BEEN TRANSFORMED FROM UPDATED OPERATIONAL SYSTEMS AND IMPROVED PHYSICAL INFRASTRUCTURE OF HEALTH CENTERS TO HEALTH CARE PROVIDER EDUCATION AND TRAINING, THE CENTERS ARE NOW PROVIDING STATE-OF-THE-ART SERVICES THAT INCLUDE SCREENING FOR HIV, STIS, PREGNANCY TESTING, AND CONTRACEPTIVE DISPENSING ONSITE FOR SEXUALLY ACTIVE TEENS THIS INITIATIVE HAS ALSO RAISED AWARENESS OF AND INCREASED ACCESS TO LONG-ACTING REVERSIBLE CONTRACEPTIVES (IUDS AND IMPLANON), AS SAFE AND EFFECTIVE CONTRACEPTIVE OPTIONS FOR MOST TEENS, BEFORE THIS PROGRAM WAS LAUNCHED, ORGANIZATIONS RUNNING SCHOOL-BASED HEALTH CENTERS WERE USUALLY WORKING IN ISOLATION WITH THEIR OWN POLICIES, PROTOCOLS AND PROCEDURES AND DATA COLLECTION PRACTICES THIS EFFORT HAS CREATED A CITYWIDE COMMUNITY OF PROVIDERS THAT VIEW SEXUAL AND REPRODUCTIVE HEALTH AS CORE, PRIORITY SERVICES TO BE PROVIDED BY SBHCS, AND THAT NOW EXCHANGES BEST PRACTICES, PROBLEM SOLVE AND INNOVATE TOGETHER, AND PROVIDE EACH OTHER WITH SUPPORT AND ENCOURAGEMENT NEW DATA SYSTEMS AND IMPROVED EVALUATION TECHNIQUES HAVE ENABLED THE NYC HEALTH DEPARTMENT TO TRANSFORM AN OPTIMAL SETTING FOR HEALTH EDUCATION AND SERVICES SCHOOLS INTO AN EFFICIENT AND HIGH QUALITY SERVICE DELIVERY PORTAL THE FUND MANAGES THE PRIVATE FOUNDATION GRANT FUNDING FOR THIS PROJECT ON BEHALF OF THE NYC HEALTH DEPARTMENT

4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 8,441,705 including grants of \$) (Revenue \$ 2,091,226)
4e	Total program service expenses➤\$ 25,453,402

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b–24d and complete Schedule K. If "No," go to line 25</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) and 501(c)(4) 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	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? <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 a grant selection committee member, or to a person related to such an individual? <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 of the organization (or a family member) was an officer, director, trustee, or 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, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
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 11 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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a82	1c	Yes
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c			Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a109	2b	Yes
	b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	No
b			If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
	b		If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b			Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	
c			If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	
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?		6a	No
b			If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	
7 Organizations that may receive deductible contributions under section 170(c).				
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?	
b			If "Yes," did the organization notify the donor of the value of the goods or services provided?	
c			Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	
d			If "Yes," indicate the number of Forms 8282 filed during the year	
e			Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	
f			Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	
g			For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	
h			For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	
8			Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	
9			Sponsoring organizations maintaining donor advised funds.	
a			Did the organization make any taxable distributions under section 4966?	
b			Did the organization make a distribution to a donor, donor advisor, or related person?	
10 Section 501(c)(7) organizations. Enter				
a			Initiation fees and capital contributions included on Part VIII, line 12	
b			Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11 Section 501(c)(12) organizations. Enter				
a			Gross income from members or shareholders	
b			Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	
12a			Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
b			If "Yes," enter the amount of tax-exempt interest received or accrued during the year	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	8	
b	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?	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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		No
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		No
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, 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?	16a		No
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
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization 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 Report compensation for the calendar year ending with or within the organization’s tax year Use Schedule J-2 if additional space is needed

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, 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 not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
THOMAS A FARLEY MD MPH BOARD PRESIDENT	1 00	X		X				0	0	0
JOHN O'CONNOR TREASURER	1 00	X		X				0	0	0
CHRIS STERN HYMAN JD SECRETARY	1 00	X		X				0	0	0
PAMELA S BRIER BOARD MEMBER	1 00	X						0	0	0
JAMES G KAGEN BOARD MEMBER	1 00	X						0	0	0
DAVID S MOROSS BOARD MEMBER	1 00	X						0	0	0
ROBERT NEWMAN MD MPH BOARD MEMBER	1 00	X						0	0	0
ADAM KARPATI MD BOARD MEMBER	1 00	X						0	0	0
SARA GARDNER EXECUTIVE DIRECTOR	35 00			X				159,968	0	9,570
SHARON WALTERS DIRECTOR OF PROGRAM ADMINISTRATION	35 00					X		130,433	0	7,821
ELIZABETH SPITZER DIRECTOR, GRANT & CONTRACT MGMT	35 00					X		122,467	0	7,472
PAMELA NATHENSON DIRECTOR, PROGRAM & RESOURCE DEVELOP	35 00					X		111,527	0	18,555
KELLY CELONY DIRECTOR, SBHC REPRODUCTIVE HEALTH	35 00					X		102,505	0	25,166

1b	Total	626,900	0	68,584
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 5

		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>		No
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>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

(A) Name and business address	(B) Description of services	(C) Compensation
CDW DIRECT LLC 75 REMITTANCE DRIVE SUITE 1515 CHICAGO, IL 60675	TECHNOLOGY PRODUCTS AND SERVICES	1,050,345
BURCHMAN TERRIO GEBHARDT & QUIST 80 BROAD STREET 15TH FLOOR NEW YORK, NY 10004	FINANCIAL SERVICES	498,355

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	18,238,433				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,508,778				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			22,747,211			
Program Service Revenue			Business Code					
	2a	PROGRAM FEES	900,099	2,091,226	2,091,226			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			2,091,226			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			3,071		3,071	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
b	Less direct expenses		b					
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19							
	a							
b	Less direct expenses		b					
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS		900,099	1,613			1,613	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,613				
12	Total revenue. See Instructions			24,843,121	2,091,226	0	4,684	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
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	186,540	148,053	38,487	
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	6,598,535	5,237,115	1,361,420	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	207,066	166,551	40,515	
9	Other employee benefits	957,292	769,503	187,789	
10	Payroll taxes	485,814	390,514	95,300	
11	Fees for services (non-employees)				
a	Management	400,313		400,313	
b	Legal	36,774		36,774	
c	Accounting	44,325		44,325	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,568,158	1,224,975	343,183	
12	Advertising and promotion				
13	Office expenses	865,715	822,896	42,819	
14	Information technology				
15	Royalties				
16	Occupancy	150,787	87,664	63,123	
17	Travel	107,576	99,246	8,330	
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	4,020		4,020	
23	Insurance	17,336		17,336	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	CONTRACTUAL SERVICES AN	16,171,954	16,169,564	2,390	
b	STAFF EXPENSE	206,015	169,340	36,675	
c	MISCELLANEOUS	131,298	114,742	16,556	
d	EQUIPMENT LEASE	103,897	53,239	50,658	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	28,243,415	25,453,402	2,790,013	0
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			9,941,789	1	6,851,043
	2	Savings and temporary cash investments			931,449	2	934,153
	3	Pledges and grants receivable, net			7,709,988	3	7,472,818
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			50,754	9	166,285
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	304,149			
	b	Less accumulated depreciation	10b	11,850	14,540	10c	292,299
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			0	15	19,451
	16	Total assets. Add lines 1 through 15 (must equal line 34)			18,648,520	16	15,736,049
Liabilities	17	Accounts payable and accrued expenses			2,737,692	17	2,143,273
	18	Grants payable				18	
	19	Deferred revenue			3,861,926	19	4,944,168
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			6,599,618	26	7,087,441
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			901,665	27	715,067
	28	Temporarily restricted net assets			11,147,237	28	7,933,541
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, 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			12,048,902	33	8,648,608
	34	Total liabilities and net assets/fund balances			18,648,520	34	15,736,049

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
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	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FUND FOR PUBLIC HEALTH IN NEW YORK INC

Employer identification number
05-0539199

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 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16,151,441	16,147,174	32,864,449	20,277,187	22,747,211	108,187,462
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16,151,441	16,147,174	32,864,449	20,277,187	22,747,211	108,187,462
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)						
6 Public Support. Subtract line 5 from line 4						108,187,462

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	16,151,441	84,670	32,864,449	20,277,187	22,747,211	108,187,462
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,225	84,670	59,351	27,742	3,071	220,059
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets				1,589	1,613	3,202
11 Total support (Add lines 7 through 10)						108,410,723

12

Gross receipts from related activities, etc (See instructions)

12

2,091,226

13

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99.790 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99.770 %

- 16a 33 1/3% support test—2009. 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—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

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

☐

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a**33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

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

☐

Part IV

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

Explanation
Schedule A, Part II, Line 10, Explanation of Other Income MISCELLANEOUS INCOME

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FUND FOR PUBLIC HEALTH IN NEW YORK INC

Employer identification number
05-0539199

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

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

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

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

2

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

a

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

b

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

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		22,370	10,067	12,303
d Equipment		281,779	1,783	279,996
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				292,299

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,843,121
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,243,415
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,400,294
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	-3,400,294

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	24,926,539
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	83,418
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	83,418
3	Subtract line 2e from line 1	3	24,843,121
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 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	24,843,121

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	28,326,833
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	83,418
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	83,418
3	Subtract line 2e from line 1	3	28,243,415
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 XIV)	4b	
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	28,243,415

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	IN FISCAL YEAR 2010, THE ORGANIZATION ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER OR NOT TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT EVALUATED THE TAX POSITIONS FOR THE ORGANIZATION AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2006, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

FUND FOR PUBLIC HEALTH IN NEW YORK INC

Employer identification number

05-0539199

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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 the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
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?	6a	No
b	Any related organization?	6b	No
	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	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

[illegible]

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.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization FUND FOR PUBLIC HEALTH IN NEW YORK INC	Employer identification number 05-0539199
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		THE ORGANIZATION HAS CONTRACTED BTQ FINANCIAL TO ACT AS THE FISCAL MANAGER FOR THE ORGANIZATION BTQ FINANCIAL PROVIDES FINANCE AND ACCOUNTING SERVICES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE ORGANIZATION'S SENIOR MANAGEMENT AND BOARD TREASURER WILL REVIEW THE FORM 990 PRIOR TO THE FORM BEING DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		THE NEW EXECUTIVE DIRECTOR WAS HIRED IN SEPTEMBER 2008 HER COMPENSATION WAS APPROVED BY THE BOARD PRIOR TO HER EMPLOYMENT THE COMPENSATION FOR KEY EMPLOYEES IS BASED ON COMPARABILTY DATA WHICH GET APPROVED BY THE BOARD

Identifier	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 ITS WEBSITE

Additional Data

Software ID:
Software Version:
EIN: 05-0539199
Name: FUND FOR PUBLIC HEALTH IN NEW YORK INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code) (Expenses \$	8,441,705	including grants of \$) (Revenue \$	2,091,226)
ALL OTHER PROGRAM SERVICES					