

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014Open to Public
Inspection**A** For the 2014 calendar year, or tax year beginning

and ending

B Check if applicable:

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

C Name of organization

PUBLIC HEALTH SOLUTIONS

Doing business as

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

40 WORTH STREET, 5TH FLOOR

Room/suite

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

NEW YORK, NY 10013

F Name and address of principal officer: ELLEN RAUTENBERG

SAME AS C ABOVE

D Employer identification number

13-5669201

E Telephone number

(646) 619-6400

G Gross receipts \$

212,027,552.

H(a) Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.HEALTHSOLUTIONS.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1957**M** State of legal domicile: NY**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	THE MISSION OF PHS IS TO IMPROVE THE HEALTH OF THE PUBLIC IN NYC AND BEYOND (SEE SCHEDULE O).	
	2	Check this box <input 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	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	882
	6	Total number of volunteers (estimate if necessary)	6	24
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	194,246,808.	203,234,974.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,713,062.	8,679,187.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,676.	17,840.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	201,973,546.	211,932,001.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	45,938,523.	46,055,880.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	10,600.	10,000.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	153,150,075.	163,045,086.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	199,099,198.	209,110,966.
	19	Revenue less expenses. Subtract line 18 from line 12	2,874,348.	2,821,035.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	48,002,608.	34,698,605.
22	Net assets or fund balances. Subtract line 21 from line 20	64,510,667.	57,533,016.	
		-16,508,059.	-22,834,411.	

Part II Signature Block

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

Sign
Here

Signature of officer

Date

STEVEN NEWMAN, EXECUTIVE VP/COO

Type or print name and title

Paid

Print/Type preparer's name

ROBERT R. LYONS

Preparer's signature

Date

Check if self-employed

PTIN

P00227472

Preparer

Firm's name

MARKS PANETH LLP

Firm's EIN

11-3518842

Use Only

Firm's address

685 THIRD AVENUE
NEW YORK, NY 10017

Phone no. 212-503-8800

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

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:
PUBLIC HEALTH SOLUTIONS IS A LEADER IN THE FIELDS OF PUBLIC HEALTH AND SOCIAL SERVICES, MERGING RESEARCH AND ACTION FOCUSING ON CREATING INNOVATIVE AND SCALABLE SOLUTIONS TO SIGNIFICANT PUBLIC HEALTH PROBLEMS (SEE SCHEDULE O FOR MORE INFORMATION).
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ **128,564,482.** including grants of \$) (Revenue \$)
HIV CARE SERVICES -
- SINCE 1991, PUBLIC HEALTH SOLUTIONS' HIV CARE SERVICES PROGRAM (HIVCS) HAS PARTNERED WITH THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DOHMH) TO ADMINISTER HIV/AIDS CARE, TREATMENT AND PREVENTION FUNDING. THIS WORK IS PERFORMED UNDER A "MASTER CONTRACT" WITH DOHMH THAT HAS BEEN AWARDED TO PHS/ HIVCS THROUGH REPEATED RE-COMPETITIONS. IN 2013, HIVCS-ADMINISTERED CONTRACTS RECEIVED FEDERAL RYAN WHITE FUNDING (PART A AND MINORITY AIDS INITIATIVE, ADMINISTERED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION, OR HRSA), AS WELL AS FUNDING FROM THE FEDERAL CENTERS FOR DISEASE CONTROL (FOR HIV PREVENTION), AND FROM THE U.S. DEPARTMENT**
- 4b (Code:) (Expenses \$ **18,361,107.** including grants of \$) (Revenue \$)
PUBLIC HEALTH EMERGENCY PREPAREDNESS AND HOSPITAL PREPAREDNESS PROGRAM-
- PUBLIC HEALTH SOLUTIONS IS THE FISCAL AND ADMINISTRATIVE AGENT FOR THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE (NYC DOHMH) FOR THE ALIGNED PHEP-HPP COOPERATIVE AGREEMENTS. PHEP PROVIDES FUNDS FOR STATES AND DIRECTLY-FUNDED CITIES TO PREPARE FOR AND RESPOND TO EMERGING PUBLIC HEALTH THREATS, INCLUDING ACTS OF BIOTERRORISM, AND TO SUPPORT REGIONAL READINESS INITIATIVES. HPP SUPPORTS IMPROVEMENT OF SURGE CAPACITY AND ENHANCEMENT OF COMMUNITY AND HOSPITAL PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES.**
- FISCAL AND ADMINISTRATIVE MANAGEMENT SERVICES PROVIDED BY PHS INCLUDE**
- 4c (Code:) (Expenses \$ **9,669,434.** including grants of \$) (Revenue \$)
NEIGHBORHOOD WIC PROGRAM -
- ESTABLISHED NEARLY 40 YEARS AGO, PUBLIC HEALTH SOLUTIONS' WIC PROGRAM, THE LARGEST WIC PROGRAM IN NYS, PROVIDES SUPPLEMENTAL FOODS, NUTRITION EDUCATION, BREASTFEEDING SUPPORT, AND COUNSELING ABOUT DIET AND EXERCISE TO OVER 45,000 LOW-INCOME PREGNANT WOMEN, INFANTS AND CHILDREN (UP TO AGE 5) AT NINE WIC CENTERS THROUGHOUT NEW YORK CITY EVERY YEAR. WIC STAFF MONITORS PARTICIPANTS' HEIGHT AND WEIGHT; CHILDREN'S IMMUNIZATION STATUS; AND REFER THEM AS NEEDED FOR OTHER SOCIAL AND HEALTHCARE SERVICES. HEALTH INSURANCE FACILITATED ENROLLERS AND FOOD BENEFITS COUNSELORS ARE EMBEDDED AT A NUMBER OF PHS' WIC CENTERS TO PROVIDE ACCESS TO PUBLIC HEALTH INSURANCE AND FOOD STAMPS BENEFITS AND**
- 4d Other program services (Describe in Schedule O.)
 (Expenses \$ **45,656,593.** including grants of \$) (Revenue \$ **8,679,187.**)
- 4e Total program service expenses **202,251,616.**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
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		X
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	X	
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 150		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 882		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	24			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		24		
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	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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	X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **CA, CT, FL, IL, MI, MN, NJ, NY, WI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **JOSEPH TRAPANI - (646) 619-6408**
40 WORTH STREET, 5TH FLOOR, NEW YORK, NY 10013

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH M. SALE CHAIRPERSON	3.00	X		X				0.	0.	0.
(2) JO IVEY BOUFFORD VICE CHAIR	1.00	X		X				0.	0.	0.
(3) WILLIAM J. HIBSHER VICE CHAIR	2.00	X		X				0.	0.	0.
(4) SUSANA MORALES SECRETARY	1.00	X		X				0.	0.	0.
(5) RAYMOND P. JONES SR. TREASURER	2.00	X		X				0.	0.	0.
(6) MARY BASSETT BOARD MEMBER	1.00	X						0.	0.	0.
(7) GERRARD P. BUSHELL BOARD MEMBER	2.00	X						0.	0.	0.
(8) CHRISTINA CHANG BOARD MEMBER	1.00	X						0.	0.	0.
(9) EMME LEVIN DELAND BOARD MEMBER	1.00	X						0.	0.	0.
(10) RAYMOND FINK BOARD MEMBER	2.00	X						0.	0.	0.
(11) LINDA FRIED BOARD MEMBER	1.00	X						0.	0.	0.
(12) FLORENCE FRUCHER BOARD MEMBER	1.00	X						0.	0.	0.
(13) GEORGE GARFUNKEL BOARD MEMBER	1.00	X						0.	0.	0.
(14) BARBARA A. GREEN BOARD MEMBER	2.00	X						0.	0.	0.
(15) DAVID HANSELL BOARD MEMBER	1.00	X						0.	0.	0.
(16) PHYLLIS HARRISON-ROSS BOARD MEMBER	1.00	X						0.	0.	0.
(17) ROBERT KAUFMAN BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM KELLER BOARD MEMBER	1.00	X						0.	0.	0.
(19) JOAN M. LEIMAN BOARD MEMBER	2.00	X						0.	0.	0.
(20) RAMANATHAN RAJU BOARD MEMBER	1.00	X						0.	0.	0.
(21) CHRISTOPHER SHYER BOARD MEMBER	1.00	X						0.	0.	0.
(22) STEPHEN SIMCOCK BOARD MEMBER	1.00	X						0.	0.	0.
(23) SHOSHANNA SOFAER BOARD MEMBER	1.00	X						0.	0.	0.
(24) ANDREW J. WEISENFELD BOARD MEMBER	1.00	X						0.	0.	0.
(25) ELLEN RAUTENBERG PRESIDENT & CEO	35.00			X				353,600.	0.	14,349.
(26) STEVEN NEWMAN EXECUTIVE VP & COO	35.00			X				266,109.	0.	6,737.
1b Sub-total								619,709.	0.	21,086.
c Total from continuation sheets to Part VII, Section A								2,261,022.	0.	193,501.
d Total (add lines 1b and 1c)								2,880,731.	0.	214,587.

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

15

	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		X
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ICF INCORPORATED PO BOX 536259, PHILADELPHIA, PA 15253	PROFESSIONAL SERVICES AND TECH SO	1,115,160.
TETRA TECH INC., 3475 EAST FOOTHILL BOULEVARD, PASADENA, CA 91107-6024	TECHNOLOGY SERVICES	896,713.
BECTON DICKINSON AND COMPANY 1 BECTON DR, FRANKLIN LAKES, NJ 07417	MEDICAL TECHNOLOGY	618,697.
GCOM SOFTWARE 99 JOHN STREET, #2411, NEW YORK, NY 10038	IT SOLUTIONS - WEB-BASE ASSESSMENT	499,229.
URS CORP, 600 MONTGOMERY STREET, 26TH FLOOR, SAN FRANCISCO, CA 94111	ENGINEERING, DESIGN AND CONSTRUCTION	439,959.

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

32

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII

Total to Part VII, Section A, line 1c	2,261,022.	193,501.
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	216,235.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	184,263,335.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,755,404.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		203,234,974.			
Program Service Revenue	2 a	MEDICAID/THIRD PARTY	Business Code 624000	5,064,313.	5,064,313.		
	b	THIRD PARTY SUPPORT	624100	3,101,943.	3,101,943.		
	c	OTHER REVENUE	900099	448,951.	448,951.		
	d	THIRD PARTY SUPPORT	900099	63,980.	63,980.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		8,679,187.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		17,840.			17,840.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 216,235. of contributions reported on line 1c). See Part IV, line 18	a	95,551.			
	b	Less: direct expenses	b	95,551.			
	c	Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	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				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		211,932,001.	8,679,187.	0.	17,840.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,277,898.	1,140,436.	1,045,091.	92,371.
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	35,633,427.	32,659,482.	2,887,236.	86,709.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,352,250.	1,226,570.	121,231.	4,449.
9 Other employee benefits	4,142,543.	3,718,792.	408,042.	15,709.
10 Payroll taxes	2,649,762.	2,367,049.	270,628.	12,085.
11 Fees for services (non-employees):				
a Management				
b Legal	91,988.		91,988.	
c Accounting	245,752.	76,662.	169,090.	
d Lobbying	55,500.		55,500.	
e Professional fundraising services. See Part IV, line 17	10,000.			10,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	16,408,098.	16,184,875.	120,721.	102,502.
12 Advertising and promotion	1,746,080.	1,746,080.		
13 Office expenses	5,269,696.	4,988,734.	253,653.	27,309.
14 Information technology				
15 Royalties				
16 Occupancy	5,184,066.	4,504,854.	679,212.	
17 Travel	629,662.	547,172.	21,902.	60,588.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	56,487.	53,351.	505.	2,631.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	188,961.	173,694.	15,267.	
23 Insurance	267,779.	200,995.	66,784.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACTOR PAYMENTS	130,856,459.	130,856,459.		
b MAINTENANCE AND REPAIRS	1,020,531.	911,702.	108,025.	804.
c RECRUITING AND TRAINING	739,581.	647,229.	90,536.	1,816.
d SUNDRY	284,446.	247,480.	35,405.	1,561.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	209,110,966.	202,251,616.	6,440,816.	418,534.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	31,222,422.	2	23,164,223.
	3 Pledges and grants receivable, net	13,299,084.	3	8,955,499.
	4 Accounts receivable, net	1,328,724.	4	1,351,638.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	81,465.	8	85,955.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,073,243.		
	b Less: accumulated depreciation	10b 4,614,815.	333,497.	10c 458,428.
	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	1,737,416.	15	682,862.
16 Total assets. Add lines 1 through 15 (must equal line 34)	48,002,608.	16	34,698,605.	
Liabilities	17 Accounts payable and accrued expenses	27,118,921.	17	24,436,822.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,810,000.	23	1,400,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	35,581,746.	25	31,696,194.
	26 Total liabilities. Add lines 17 through 25	64,510,667.	26	57,533,016.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-17,633,143.	27	-24,089,572.
	28 Temporarily restricted net assets	1,125,084.	28	1,255,161.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-16,508,059.	33	-22,834,411.
	34 Total liabilities and net assets/fund balances	48,002,608.	34	34,698,605.

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	211,932,001.
2	Total expenses (must equal Part IX, column (A), line 25)	2	209,110,966.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,821,035.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-16,508,059.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,147,387.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-22,834,411.

Part XII Financial Statements and Reporting

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

☒

		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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?	X	
3b	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	X	

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

PUBLIC HEALTH SOLUTIONS

Employer identification number

13-5669201

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 described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	212,399,069.	210,961,523.	196,756,633.	194,246,808.	203,234,974.	1017599007.
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	874,783.	877,132.	593,412.	615,982.	561,849.	3,523,158.
4 Total. Add lines 1 through 3	213,273,852.	211,838,655.	197,350,045.	194,862,790.	203,796,823.	1021122165.
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.						1021122165.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	213,273,852.	211,838,655.	197,350,045.	194,862,790.	203,796,823.	1021122165.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,938.	30,807.	19,189.	13,676.	17,840.	102,450.
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 VI.)						
11 Total support. Add lines 7 through 10						1021224615.
12 Gross receipts from related activities, etc. (see instructions)					12	44,591,776.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.99 %
16a 33 1/3% support test - 2014. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?**b** A family member of a person described in (a) above?**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

Yes No

11a

11b

11c

Section B. Type I Supporting Organizations**1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Yes No

1

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

2

Section C. Type II Supporting Organizations**1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Yes No

1

Section D. Type III Supporting Organizations**1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

Yes No

1

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

2

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

3

Section E. Type III Functionally-Integrated Supporting Organizations**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):**a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.**b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.**c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).**2** Activities Test. Answer (a) and (b) below.**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

Yes No

2a

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

2b

3 Parent of Supported Organizations. Answer (a) and (b) below.**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

3a

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Blank lined paper for writing.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

PUBLIC HEALTH SOLUTIONS

13-5669201

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization	Employer identification number
PUBLIC HEALTH SOLUTIONS	13-5669201

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE. SW WASHINGTON, DC 20201	\$ 34,627,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEW YORK STATE DEPARTMENT OF HEALTH EMPIRE STATE PLAZA ALBANY, NY 12237	\$ 14,012,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE 125 WORTH STREET NEW YORK, NY 10013	\$ 129,369,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NYC OFFICE OF EMERGENCY MANAGEMENT 165 CADMAN PLAZA EAST BROOKLYN, NY 11201	\$ 5,096,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
PUBLIC HEALTH SOLUTIONS	13-5669201

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

PUBLIC HEALTH SOLUTIONS

Employer identification number

13-5669201

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

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

2 Political expenditures

▶ \$

3 Volunteer hours

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

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

▶ \$

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

▶ \$

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

☐ Yes

☐ No

4a Was a correction made?

☐ Yes

☐ No

b If "Yes," describe in Part IV.

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

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

▶ \$

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

▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b

▶ \$

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

☐ Yes

☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		55,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			55,500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

TO MONITOR AND INFORM PUBLIC HEALTH SOLUTIONS OF THE INTRODUCTION AND
 PROCESS OF BILLS OF INTEREST, ESPECIALLY IN THE HEALTH AND HUMAN
 SERVICES FIELD. TO ACT AS AN INTERFACE BETWEEN PUBLIC HEALTH SOLUTIONS
 AND STATE GOVERNMENT, IN GENERAL, PARTICULARLY THE HEALTH DEPARTMENT,
 THE OFFICE OF CHILDREN AND FAMILY SERVICES, AND THE NEW YORK CITY

Part IV Supplemental Information *(continued)*

DEPARTMENT OF HEALTH AND MENTAL HEALTH, NEW YORK CITY COUNCIL AND HUMAN
RESOURCES ADMINISTRATION, AND THE DEPARTMENT OF SOCIAL SERVICES AS
REQUESTED FROM TIME TO TIME.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014
Open to Public
Inspection

Name of the organization

PUBLIC HEALTH SOLUTIONS

Employer identification number
13-5669201

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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 section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenue included 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 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,824,496.	3,470,613.	353,883.
d Equipment		1,248,747.	1,144,202.	104,545.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				458,428.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM GOVERNMENT AND OTHER	
(3) AGENCIES	8,068,484.
(4) PENSION LIABILITY	23,627,710.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,696,194.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	212,493,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	561,849.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	561,849.
3	Subtract line 2e from line 1	3	211,932,001.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	211,932,001.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	209,672,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	561,849.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	561,849.
3	Subtract line 2e from line 1	3	209,110,966.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	209,110,966.

Part XIII Supplemental Information.

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

PART X, LINE 2:

PUBLIC HEALTH SOLUTIONS HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF DECEMBER 31, 2014 AND 2013 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740 ("INCOME TAXES"), WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. PUBLIC HEALTH SOLUTIONS IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDED BEFORE 2011.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

PUBLIC HEALTH SOLUTIONS

Employer identification number	13-5669201
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Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☐ Phone solicitations
- d ☒ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

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

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
WK PLANNING LTD - 207 EAST 37TH STREET 3K, NEW YORK, NY	EVENT PLANNER	X		311,786.	10,000.	301,786.
Total				311,786.	10,000.	301,786.

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

CA, CT, DC, FL, IL, MI, MN, NJ, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PROJECT #496 (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	311,786.			311,786.
	2 Less: Contributions	216,235.			216,235.
	3 Gross income (line 1 minus line 2)	95,551.			95,551.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,410.			10,410.
	7 Food and beverages	41,250.			41,250.
	8 Entertainment	16,557.			16,557.
	9 Other direct expenses	27,334.			27,334.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				95,551.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

- 16** Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: WK PLANNING LTD

(I) ADDRESS OF FUNDRAISER: 207 EAST 37TH STREET 3K, NEW YORK, NY 10016

Part IV	Supplemental Information (continued)
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

PUBLIC HEALTH SOLUTIONS

Employer identification number

13-5669201

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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
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	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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	X
b Any related organization?	5b	X
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	X
b Any related organization?	6b	X
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	X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELLEN RAUTENBERG PRESIDENT & CEO	(i) 353,600.	0.	0.	5,687.	8,662.	367,949.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN NEWMAN EXECUTIVE VP & COO	(i) 266,109.	0.	0.	5,687.	1,050.	272,846.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(3) LOUISE COHEN VP - PUBLIC HEALTH PROGRAM	(i) 230,031.	0.	0.	5,593.	828.	236,452.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(4) JOSEPH TRAPANI DEPUTY TREASURER/CFO	(i) 196,703.	0.	0.	5,488.	869.	203,060.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) MARY ANN CHIASSON VP - RESEARCH & EVALUATION	(i) 197,913.	0.	0.	5,491.	23,314.	226,718.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(6) RACHEL MILLER VP - HIV PROGRAMS/SPECIAL	(i) 197,183.	0.	0.	3,960.	25,321.	226,464.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(7) JANE LEVINE VP - LEGAL AFFAIRS/GENERAL	(i) 196,144.	0.	0.	5,486.	1,587.	203,217.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(8) DESIREE BUNCH VP - HUMAN RESOURCES (FORMER)	(i) 148,620.	0.	0.	3,575.	1,344.	153,539.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(9) BENJAMIN KIM VP - STRATEGIC DEVELOPMENT	(i) 186,216.	0.	0.	4,291.	8,382.	198,889.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(10) PETER JENSEN CHIEF INFORMATION OFFICER	(i) 155,477.	0.	0.	4,194.	8,256.	167,927.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(11) TONI LIQUORI EXEC. DIR. - SCHOOL FOOD P	(i) 149,746.	0.	0.	3,641.	16,730.	170,117.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(12) KATHLEEN FITZPATRICK DEPUTY COMPTROLLER	(i) 155,710.	0.	0.	1,150.	24,933.	181,793.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(13) SANDRA WILLIAMS DIRECTOR OF OPERATIONS	(i) 149,034.	0.	0.	5,337.	687.	155,058.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(14) BETTINA CARROLL DIRECTOR OF PROGRAMS & CONTRACT MNGT	(i) 139,064.	0.	0.	2,793.	14,988.	156,845.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(15) TRACY LEBRIGHT DIRECTOR OF EISC	(i) 138,412.	0.	0.	3,389.	11,808.	153,609.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.

Page 3

[illegible]

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PUBLIC HEALTH SOLUTIONS

Employer identification number

13-5669201

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
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Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

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

Part II	Loans to and/or From Interested Persons.
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Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total												

Part III	Grants or Assistance Benefiting Interested Persons.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARY BASSETT, MD	BOARD MEMBER	151,294,760.	SEE PART V		X
RAMANATHAN RAJU, MD	BOARD MEMBER	495,000.	SEE PART V		X
LINDA FRIED	BOARD MEMBER	209,874.	SEE PART V		X
EMME LEVIN DELAND	BOARD MEMBER	410,000.	SEE PART V		X
CHRISTINA CHANG	BOARD MEMBER	807,115.	SEE PART V		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV:

MARY BASSETT, MD- EX-OFFICIO BOARD MEMBER AND COMMISSIONER OF THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RAMANATHAN RAJU, MD- EX-OFFICIO BOARD MEMBER AND EXECUTIVE DIRECTOR OF THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

LINDA FRIED - BOARD MEMBER AND DEAN OF JOSEPH L. MAILMAN SCHOOL OF PUBLIC HEALTH OF COLUMBIA

EMME L. DELAND - BOARD MEMBER AND SVP OF STRATEGY NEW YORK PRESBYTERIAN HOSPITAL

CHRISTINA CHANG - BOARD MEMBER AND VICE PRESIDENT OF PUBLIC AFFAIRS OF PLANNED PARENTHOOD OF NEW YORK CITY, INC.

AS A MAJOR STAKEHOLDER IN NEW YORK CITY'S PUBLIC HEALTH ARENA, PUBLIC HEALTH SOLUTIONS SEEKS AND OBTAINS DIRECTOR CANDIDATES FROM A WIDE RANGE OF HOSPITALS, UNIVERSITIES, CIVIC ORGANIZATIONS AND OTHER ORGANIZATIONS IN NEW YORK CITY THAT ARE IN THE HEALTH FIELD OR ARE OTHERWISE CONNECTED TO PUBLIC HEALTH. IN ADDITION, ARTICLE 1, SECTIONS 2 AND 4 OF PUBLIC HEALTH SOLUTIONS' BY-LAWS MANDATE THE APPOINTMENT OF THREE LOCAL PUBLIC HEALTH OFFICIALS AS EX-OFFICIO DIRECTORS: THE COMMISSIONER OF THE NEW YORK CITY DEPARTMENT OF HEALTH, THE PRESIDENT

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

OF THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION AND THE CHIEF MEDICAL EXAMINER OF THE CITY OF NEW YORK. ALL THESE INDIVIDUALS BRING INDISPENSABLE SKILLS AND EXPERTISE TO PUBLIC HEALTH SOLUTIONS' BOARD OF DIRECTORS. HOWEVER, DUE TO THE BROAD SCOPE OF SERVICE PUBLIC HEALTH SOLUTIONS PROVIDES, PUBLIC HEALTH SOLUTIONS HAS BUSINESS ARRANGEMENTS WITH CERTAIN PUBLIC AGENCIES AND PRIVATE ORGANIZATIONS WHERE THE EX-OFFICIO DIRECTORS AND CERTAIN OTHER DIRECTORS ARE AGENCY HEADS OR KEY EMPLOYEES.

THE TOTAL AMOUNT CONTRACTED WITH SUCH AGENCIES AND ORGANIZATIONS APPROXIMATED \$153 MILLION AND \$141 MILLION IN 2014 AND 2013, RESPECTIVELY. CONTRACTS WITH LOCAL GOVERNMENT AGENCIES ARE AWARDED IN ACCORDANCE WITH RIGOROUS GOVERNMENT PROCUREMENT REGULATIONS. THE AWARD OF CONTRACTS TO DIRECTOR AND EX-OFFICIO DIRECTOR-AFFILIATED ORGANIZATIONS COMPLY WITH PUBLIC HEALTH SOLUTIONS' PURCHASING PROCEDURES; DIRECTORS AND EX-OFFICIO DIRECTORS PLAY NO ROLE IN THE PROCESS IN EITHER THEIR ORGANIZATIONAL OR DIRECTORSHIP CAPACITIES. MANAGEMENT BELIEVES THAT PUBLIC HEALTH SOLUTIONS IS IN FULL COMPLIANCE WITH ITS COMPREHENSIVE CONFLICT OF INTEREST POLICY.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

PUBLIC HEALTH SOLUTIONS

Employer identification number
13-5669201

PART I, LINE 1:

DESCRIPTION OF THE ORGANIZATION'S MISSION OR MOST SIGNIFICANT

ACTIVITIES:

THE MISSION OF PUBLIC HEALTH SOLUTIONS (PHS) IS TO IMPROVE THE HEALTH OF THE PUBLIC IN NEW YORK CITY AND BEYOND THROUGH SERVICE DELIVERY, RESEARCH, CAPACITY-BUILDING AND POLICY ANALYSIS. ONE OF THE LARGEST NONPROFITS IN NEW YORK CITY, PHS ADDRESSES CRITICAL PUBLIC HEALTH NEEDS SUCH AS FOOD SECURITY AND NUTRITION; WOMEN'S REPRODUCTIVE HEALTH; HIV PREVENTION AND CARE; HEALTHCARE ACCESS AND QUALITY; CHILD DEVELOPMENT; AND TOBACCO CONTROL.

A NATIONALLY RECOGNIZED PUBLIC HEALTH INSTITUTE, PHS HAS A LONG HISTORY OF RESEARCH, PROGRAM, POLICY, AND INFRASTRUCTURE SUCCESSES THAT HAVE RESULTED IN IMPROVED HEALTH OUTCOMES ACROSS A RANGE OF PUBLIC HEALTH AREAS. ITS SERVICE DELIVERY PROGRAMS ANNUALLY SERVE CLOSE TO 80,000 LOW-INCOME AND AT-RISK INDIVIDUALS AND FAMILIES IN NEW YORK AND MORE THAN FOUR MILLION SCHOOL CHILDREN NATIONWIDE.

FOR MORE THAN 50 YEARS, PHS HAS LED THE QUEST FOR INNOVATION AND PROGRESS IN COMMUNITY HEALTH THROUGH DIRECT AND CONTRACTED SERVICES TO IMPROVE POPULATION HEALTH, WITH A FOCUS ON DISPARITIES IN ACCESS AND OUTCOMES; CAPACITY- AND ORGANIZATION-BUILDING SUPPORT FOR THE NONPROFIT AND GOVERNMENTAL SECTORS; AND CUTTING-EDGE RESEARCH AND EVALUATION ACROSS A RANGE OF PUBLIC HEALTH AREAS.

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PART III, LINE 1:

DESCRIPTION OF THE ORGANIZATION'S MISSION:

PUBLIC HEALTH SOLUTIONS IS A LEADER IN THE FIELD OF PUBLIC HEALTH, MERGING RESEARCH AND ACTION AND FOCUSING ON CREATING INNOVATIVE AND SCALABLE SOLUTIONS TO SIGNIFICANT PUBLIC HEALTH PROBLEMS. AS ONE OF NEW YORK CITY'S LARGEST NONPROFITS, PHS COLLABORATES WITH CITY, STATE, AND FEDERAL AGENCIES AS WELL AS CHARITABLE FOUNDATIONS IN THE DEVELOPMENT AND IMPLEMENTATION OF PROGRAMS, AND IN THE EVALUATION OF PROGRAMS TO ENSURE EFFECTIVENESS. PHS ALSO PROVIDES TECHNICAL, FISCAL AND MANAGEMENT ASSISTANCE TO COMMUNITY-BASED ORGANIZATIONS, CITY GOVERNMENT AGENCIES AND NONPROFIT START-UPS, ENABLING THEM TO ENHANCE THEIR EFFECTIVENESS AND EFFICIENTLY MANAGE FUNDS. THE SERVICES PHS PROVIDES TO GOVERNMENT AGENCIES, NONPROFIT ORGANIZATIONS AND OTHERS INCLUDE ADMINISTRATIVE AND FISCAL MANAGEMENT, CONTRACTING, RECRUITMENT, GRANTS MANAGEMENT, HUMAN RESOURCES, PURCHASING, AND INFORMATION TECHNOLOGY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF HOUSING AND URBAN DEVELOPMENT'S HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA) PROGRAM. ADDITIONAL FUNDING IS PROVIDED BY THE NEW YORK CITY COUNCIL FOR HIV/AIDS PREVENTION INITIATIVES TARGETING INJECTION DRUG USERS, FAITH-BASED INSTITUTIONS AND COMMUNITIES OF COLOR.

IN 2014, HIVCS MANAGED 291 CONTRACTS ON BEHALF OF DOHMH. ACTIVITIES COVERED BY THESE CONTRACTS INCLUDE MENTAL HEALTH SERVICES, PRIMARY CARE

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AND MEDICATIONS, HIV TESTING, HOUSING SERVICES, LEGAL SERVICES, FOOD AND NUTRITION, HARM REDUCTION AND SUBSTANCE ABUSE TREATMENT, COMMUNITY MOBILIZATION INTERVENTIONS FOR HIV PREVENTION, STRUCTURAL AND SYSTEM-LEVEL INTERVENTIONS FOR HIV PREVENTION, CONDOM DISTRIBUTION, MEDICAL CASE MANAGEMENT, HOME CARE, AND SEXUAL AND BEHAVIORAL HEALTH SERVICES FOR PRIORITY POPULATIONS MOST HEAVILY IMPACTED BY HIV.

CULMINATING WITH THE RFP PROCESS IN 2013, HIVCS BEGAN ADMINISTERING RYAN WHITE-FUNDED HOUSING CONTRACTS FOR PEOPLE LIVING WITH HIV/AIDS IN 2014. AT DOHMH'S REQUEST, HIVCS ACTS AS THE FISCAL AGENT FOR THIS PORTFOLIO OF CONTRACTS, ISSUING PAYMENTS AND EXECUTING CONTRACTS.

HIVCS REIMBURSES RYAN WHITE AND PREVENTION CONTRACTORS USING A CUTTING-EDGE APPROACH TO PERFORMANCE EVALUATION, ALIGNING PAYMENT WITH THE DELIVERY OF CONTRACTUALLY-REQUIRED SERVICES. UNLIKE MOST RYAN WHITE PAYERS, HIVCS' PERFORMANCE-BASED PAYMENT SYSTEM REIMBURSES CONTRACTORS FOR REPORTED SERVICES OR ENROLLMENTS, ACCORDING TO A NEGOTIATED FEE SCHEDULE RATHER THAN REPORTED EXPENDITURES. USING A COMBINATION OF AUTOMATED AND IN-PERSON REVIEWS, HIVCS ANALYZES REPORTED DATA TO DETERMINE ALLOWABLE PAYMENT, PRODUCING DETAILED EXPLANATORY REPORTS FOR CONTRACTORS. IN PERFORMANCE-BASED CONTRACTING, HIVCS STAFF DOES NOT MONITOR ADHERENCE TO APPROVED BUDGET OR EXPENDITURES, BUT DOES AUDIT DOCUMENTATION OF SERVICES OR DELIVERABLES TO INSURE COMPLIANCE WITH PROGRAMMATIC AND DOCUMENTATION REQUIREMENTS. IN ADDITION, HIVCS REVIEWS AND ANALYZES CONTRACTORS' AUDITED FINANCIAL STATEMENTS TO ENSURE THAT FUNDED ORGANIZATIONS ARE CAPABLE OF RESPONSIBLY MANAGING FEDERAL FUNDS.

TO FURTHER ENSURE THAT CONTRACTORS HAVE THE FISCAL AND ADMINISTRATIVE

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INFRASTRUCTURE CAPACITY TO MANAGE THEIR PERFORMANCE-BASED CONTRACTS (RYAN WHITE AND HIV PREVENTION), HIVCS INTRODUCED THE INFRASTRUCTURE SELF-ASSESSMENT QUESTIONNAIRE (QUESTIONNAIRE) IN 2014. THE QUESTIONNAIRE IS A SELF-ASSESSMENT INSTRUMENT DESIGNED TO ASSIST CONTRACTORS IN EVALUATING THE FISCAL INTEGRITY OF THEIR ORGANIZATION. IT IS INTENDED TO HELP PERFORMANCE-BASED ORGANIZATIONS DETERMINE WHETHER THEIR INTERNAL CONTROLS ARE ADEQUATE AND IDENTIFY ANY SIGNIFICANT DEFICIENCIES THAT SHOULD BE CORRECTED. IT ALSO HELPS CONTRACTORS IDENTIFY TECHNICAL ASSISTANCE NEEDS AND ALLOWS HIVCS MAKE TARGETED REFERRALS TO ORGANIZATIONS THAT PROVIDE FISCAL AND ADMINISTRATIVE INFRASTRUCTURE TECHNICAL ASSISTANCE.

HIVCS MANAGES ITS HIV/AIDS FUNDS AGGRESSIVELY TO MAXIMIZE SPENDING ON BUDGETED SERVICES. SEVERAL TIMES A YEAR, CONTRACTOR SPENDING IS ANALYZED, WITH THE RESULT THAT AWARDS OF UNDER-PERFORMERS ARE REDUCED AND FUNDS ARE REDIRECTED TO STRONGER PERFORMERS, WHO ARE ABLE TO SPEND MORE DURING THE YEAR. THIS APPROACH HAS LED TO SPENDING LEVELS OF NEARLY 100% IN THE PAST THREE YEARS, WINNING PRAISE FROM FEDERAL FUNDERS AND COMMUNITY PLANNERS AND AVOIDING STEEP FUNDING PENALTIES.

HIVCS CONTINUES TO SERVE AS A RESOURCE FOR HIV/AIDS FUNDERS AND SERVICE PROVIDERS. AS MASTER CONTRACTOR FOR THE LARGEST HIV/AIDS RYAN WHITE GRANTS IN THE U.S., HIVCS' EXPERIENCE CARRIES CONSIDERABLE INFLUENCE NATIONALLY. STAFF OFTEN PRESENT AT CONFERENCES AND PUBLISH ARTICLES ON HIVCS PAYMENT AND DATA MODELS. HIVCS IS UNIQUELY QUALIFIED TO PROVIDE PROGRAMMATIC AND FINANCIAL INFORMATION TO THE COMMUNITY PLANNING BODY THAT SETS PRIORITIES AND BUDGETS FOR RYAN WHITE FUNDING, AND DOHMH LOOKS TO PHS/HIVCS FOR AGILE CONTRACTING OPERATIONS AS WELL AS

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COMPREHENSIVE ANALYSIS AND REPORTING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RECRUITMENT AND HIRING, CONTRACTS ADMINISTRATION AND MANAGEMENT,
PROCUREMENT OF GOODS AND SERVICES, BUDGET MANAGEMENT AND ANALYSIS, AND
DEVELOPMENT AND SUBMISSION OF ALL ADMINISTRATIVE AND FISCAL REPORTING
DOCUMENTATION REQUIRED BY THE U.S. CENTERS FOR DISEASE CONTROL AND
PREVENTION (CDC), THE FEDERAL ENTITY THAT ADMINISTERS BOTH PROJECTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OTHER RESOURCES FOR THE FAMILIES SERVED BY THE PROGRAM.

IN ADDITION, PUBLIC HEALTH SOLUTIONS DISTRIBUTES WIC CASH VOUCHERS ON
BEHALF OF THE NYS DEPARTMENT OF HEALTH. THE VOUCHERS, WHICH ARE
REDEEMED TO PURCHASE USDA-APPROVED FOOD ITEMS AT GROCERY STORES, CORNER
STORES, AND PHARMACIES, BENEFIT THE LOCAL ECONOMY AS WELL AS WIC
FAMILIES. IN 2014, PHS DISTRIBUTED APPROXIMATELY \$45 MILLION IN FOOD
BENEFITS TO CLIENTS AT ITS NEIGHBORHOOD WIC CENTERS. BECAUSE WIC VENDOR
MANAGEMENT IS ALSO A PHS PROGRAM, PUBLIC HEALTH SOLUTIONS HAS A UNIQUE
HANDLE ON THE CLIENT ("DEMAND") SIDE AS WELL AS THE VENDOR ("SUPPLY")
SIDE OF WIC-RELATED ISSUES. (SEE PART III, LINE 4D -- OTHER PROGRAM
SERVICES -- FOR A DESCRIPTION OF THE WIC VENDOR MANAGEMENT PROGRAM.)

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS PREPARED JOINTLY BY PUBLIC HEALTH SOLUTIONS' INDEPENDENT AUDITOR
BASED ON THE INFORMATION GATHERED AS A RESULT OF THE YEAR-END AUDIT AND
INFORMATION PROVIDED BY THE FISCAL DEPARTMENT WITH THE ASSISTANCE OF SENIOR
MANAGERS FROM RELEVANT DEPARTMENTS, WHERE NECESSARY. A COMPLETE DRAFT IS

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THEN REVIEWED BY PUBLIC HEALTH SOLUTIONS' EXECUTIVE MANAGEMENT. THE DRAFT IS THEN PROVIDED TO THE AUDIT & COMPLIANCE COMMITTEE FOR THEIR REVIEW AND APPROVAL FOR PRESENTATION TO THE GOVERNING BOARD OF DIRECTORS. IT IS THEN DISTRIBUTED TO THE ENTIRE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST STATEMENT AND MANAGEMENT MAINTAINS A RECORD OF ALL BOARD AFFILIATIONS. CONFLICT OF INTEREST SITUATIONS ARE PRECLUDED BY THE ADMINISTRATIVE PROCESSES IN PLACE AT PUBLIC HEALTH SOLUTIONS FOR ENTERING INTO CONTRACTS AND PURCHASING NON-CONTRACTED GOODS AND SERVICES. ALL CONTRACTING AND PURCHASING IS HANDLED BY APPROPRIATE PUBLIC HEALTH SOLUTIONS' STAFF IN ACCORDANCE WITH CORPORATE POLICIES AND PROCEDURES THAT REQUIRE COMPETITION AND INTERNAL APPROVALS AT VARIOUS LEVELS WITHIN THE ORGANIZATION. BOARD APPROVAL IS NOT REQUIRED TO ENTER INTO A CONTRACT OR MAKE A PURCHASE.

FORM 990, PART VI, SECTION B, LINE 15:

ANNUALLY THE EXECUTIVE OFFICERS' SALARIES ARE REVIEWED BY THE COMPENSATION COMMITTEE ALONG WITH THE INTERNAL AND EXTERNAL COMPARABILITY DATA. A COMPENSATION CONSULTANT PERIODICALLY PROVIDES INDEPENDENT EXPERTISE TO THE COMMITTEE. BASED ON THE COMPENSATION COMMITTEE'S RECOMMENDATIONS, THE BOARD THEN MAKES A SALARY RECOMMENDATION FOR ITS OFFICERS.

PUBLIC HEALTH SOLUTIONS SERVES A PREDOMINANTLY LOW-INCOME, IMMIGRANT AND AT-RISK POPULATION IN THE NEW YORK CITY AREA, WITH PROGRAMS THAT ADDRESS SOME OF THE MOST SERIOUS AND URGENT PUBLIC HEALTH CHALLENGES FACING THE CITY AND THE NATION: CHILDREN AT RISK OF DEVELOPMENTAL DISABILITIES AND

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CHRONIC HEALTH PROBLEMS, SUCH AS CHILDHOOD OBESITY; WOMEN WITH LITTLE OR NO ACCESS TO HEALTH CARE, PRENATAL SERVICES, AND FAMILY PLANNING; FAMILIES IN NEED OF FOOD AND NUTRITIONAL GUIDANCE; AND PEOPLE WITH HIV/AIDS, AS WELL AS THOSE AT HIGH RISK OF BECOMING INFECTED WHO NEED PREVENTIVE EDUCATION. IN ADDITION TO ITS MANY SERVICE PROGRAMS, PUBLIC HEALTH SOLUTIONS ADVOCATES FOR HEALTHCARE SYSTEM CHANGE TO BENEFIT ITS CLIENTS; PROVIDES TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITY-BASED ORGANIZATIONS; CONDUCTS RESEARCH ON EMERGING AND EXISTING PUBLIC HEALTH CHALLENGES; AND ASSISTS GOVERNMENT AGENCIES TO ALLOCATE PUBLIC FUNDING THROUGH CONTRACTS WITH OTHER NONPROFITS.

TO ACCOMPLISH THESE GOALS AND CHALLENGES, PUBLIC HEALTH SOLUTIONS REQUIRES A WORKFORCE CONSISTING OF DIVERSIFIED EDUCATIONAL AND TECHNICAL BACKGROUNDS IN THE AREAS OF CONCERN ADDRESSED BY PUBLIC HEALTH SOLUTIONS. TO FACILITATE THE ENGAGEMENT OF A LARGE AND DIVERSIFIED WORKFORCE IN ITS FOCUS AREAS, PUBLIC HEALTH SOLUTIONS EMPLOYS A COMPENSATION PHILOSOPHY THAT ENCOURAGES INTERNAL FAIRNESS OF ITS PAY PROGRAM AND EXTERNAL COMPETITIVENESS IN THE VARIOUS MARKET PLACES FOR WHICH IT HIRES EMPLOYEES.

THE OVERALL GOAL OF THE PUBLIC HEALTH SOLUTIONS COMPENSATION PHILOSOPHY IS TO ATTRACT HIGH-QUALITY EMPLOYEES AT VARIOUS LEVELS IN THE ORGANIZATION AND TO RETAIN THESE EMPLOYEES WITH A COMPREHENSIVE SALARY AND BENEFITS PLAN THAT IS COMPETITIVE IN THE MARKET PLACES FOR WHICH IT COMPETES FOR EMPLOYEES. AN ADDITIONAL GOAL IS TO CREATE CAREER LONGEVITY BY ADHERING TO THE PHILOSOPHY OF INTERNAL EQUITY, EXTERNAL COMPETITIVENESS, AND PERFORMANCE MANAGEMENT. PERIODICALLY, PUBLIC HEALTH SOLUTIONS SEEKS COUNSEL AND ADVICE FROM A COMPENSATION CONSULTANT TO KEEP THE ORGANIZATION ALIGNED WITH THE GOAL OF INTERNAL AND EXTERNAL EQUITY. THEY RE-EXAMINE JOB

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DESCRIPTIONS AND PERFORM MARKET JOB ANALYSIS, WHICH INFORMS THE PAY GRADE STRUCTURE OF PUBLIC HEALTH SOLUTIONS. WE AIM TO PAY ALL OUR EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, WITHIN THE MEDIAN OF THE MARKET(S) IN WHICH WE COMPETE FOR TALENT. PUBLIC HEALTH SOLUTIONS PLANS TO CONTINUE ITS PAY PHILOSOPHY FOR THE FUTURE AND WILL MONITOR THE MARKETPLACE FOR TALENT ON A REGULAR BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC HEALTH SOLUTIONS' FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON GUIDESTAR. THEY ARE ALSO AVAILABLE FROM THE NYS ATTORNEY GENERAL'S OFFICE. PUBLIC HEALTH SOLUTIONS IS UPGRADING ITS WEBSITE TO ENABLE THE VIEWING OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION LIABILITY ADJUSTMENT -9,147,387.

PART XII, LINE 2C:

COMMITTEE THAT ASSUMES OVERSIGHT OF THE INDEPENDENT ACCOUNTANT AND AUDIT:

PUBLIC HEALTH SOLUTIONS' AUDIT & COMPLIANCE COMMITTEE ASSUMES THE RESPONSIBILITY OF THE OVERSIGHT OF THE INDEPENDENT ACCOUNTANT AND THE AUDIT, AND THE REVIEW OF THE 990.

FORM 990, PART III, LINE 4D

DESCRIPTION OF OTHER PROGRAM SERVICES:

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FAMILY PLANNING CAPACITY BUILDING PROGRAM:

THE FAMILY PLANNING CAPACITY BUILDING PROGRAM (FPCBP), INITIATED IN FEBRUARY 2014, IS A 20-MONTH QUALITY IMPROVEMENT COLLABORATIVE THAT AIMS TO IMPROVE CONTRACEPTIVE SERVICE PROVISION AT FOUR NON-TITLE X-FUNDED FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) IN NEW YORK CITY AND, IN SO DOING, REDUCE UNINTENDED PREGNANCIES AMONG WOMEN SEEKING PRIMARY CARE AT THOSE PRACTICES. A SET OF CHANGE IDEAS AND QUALITY MEASURES WERE DEVELOPED TO DRIVE THE ADAPTATION AND IMPLEMENTATION OF BEST PRACTICES FOR CONTRACEPTIVE CARE, WITH TARGETED EFFORTS AROUND PREGNANCY INTENTION SCREENING AND CONTRACEPTIVE COUNSELING. PARTICIPANT SITES COMPLETED A SELF-ASSESSMENT, FORMED PROJECT TEAMS, STAFFED HEALTH EDUCATOR POSITIONS, AND CREATED IMPROVEMENT PLANS TO SERVE AS STEP-BY-STEP ROADMAPS FOR TESTING AND IMPLEMENTING CHANGES. PUBLIC HEALTH SOLUTIONS PROVIDES TRAINING AND TECHNICAL ASSISTANCE RELEVANT TO CONTRACEPTIVE SERVICE PROVISION AND CONVENES SITES FOR QUARTERLY LEARNING SESSIONS. TEAMS ENGAGE IN SITE-SPECIFIC CLINICAL, OPERATIONAL, AND ADMINISTRATIVE IMPROVEMENT ACTIVITIES AND REPORT MONTHLY ON QUALITY MEASURES. SINCE MONTHLY REPORTING BEGAN IN MAY 2014, THE AVERAGE ANNUAL PREGNANCY INTENTION SCREENING RATE INCREASED FROM 3% TO 68%. AMONG WOMEN SEEKING TO PREVENT PREGNANCY, THE AVERAGE RATE OF THOSE LEAVING WITH AN EFFECTIVE CONTRACEPTIVE METHOD INCREASED FROM 2% TO 57%. INTERIM RESULTS SUPPORT THE USE OF THE FPCBP MODEL TO ACHIEVE DRAMATIC IMPROVEMENTS IN CONTRACEPTIVE SERVICE PROVISION AT FQHCS AND OTHER PRIMARY CARE PRACTICES.

HEALTHY FOOD INITIATIVES:

Name of the organization

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IN 2014, PHS WAS A SUBCONTRACTOR ON A FEDERAL HEALTHY FOOD FINANCING INITIATIVE IN PARTNERSHIP WITH THE GREATER JAMAICA DEVELOPMENT CORPORATION, WITH THE GOAL OF SUPPORTING IMPROVED HEALTHY FOOD AVAILABILITY IN THIS LOW-INCOME COMMUNITY. ACTIVITIES INCLUDED MAPPING THE COMMUNITY TO UNDERSTAND THE RETAIL FOOD ENVIRONMENT, AS WELL AS SUPPORTING SEVERAL RETAIL ESTABLISHMENTS TO IMPROVE THEIR MARKETING OF HEALTHY, NUTRITIOUS FOODS, PARTICULARLY THOSE WHICH ARE AVAILABLE ON THE WIC FOOD PACKAGE. IN ADDITION, PHS IS THE CO-SPONSOR OF TWO COALITIONS CONVENED TO SUPPORT HEALTHY RETAIL FOOD, INCLUDING THE NYC FARMERS MARKET ALLIANCE, AND THE HEALTHY FOOD RETAIL GROUP.

SCALE-UP OF AN INTERNET-DELIVERED RANDOMIZED CONTROLLED TRIAL FOR HIV+ MEN:

THIS PHS-INITIATED NIH RESEARCH GRANT WAS FUNDED ON DECEMBER 25, 2013. PHS WILL CONDUCT AN ONLINE VIDEO-BASED INTERVENTION FOR HIV+ MSM WHO HAVE UNPROTECTED ANAL SEX WITH PARTNERS WHO ARE HIV-NEGATIVE OR WHO DO NOT KNOW THEIR HIV STATUS. THE GOAL OF THE INTERVENTION IS TO REDUCE UNPROTECTED ANAL SEX WITH HIV-NEGATIVE OR UNKNOWN STATUS PARTNERS IN ORDER TO PREVENT POSSIBLE HIV TRANSMISSION. PUBLIC HEALTH SOLUTIONS IS WORKING WITH POZ.COM (POZ), THE LARGEST WEBSITE FOR HIV+ INDIVIDUALS, TO RECRUIT AND FOLLOW A NATIONAL ONLINE SAMPLE OF 1,500 HIGH-RISK HIV+ MSM FOR 12 MONTHS. SOME NOTABLE ASPECTS OF THE STUDY INCLUDE THE COLLECTION OF SELF-REPORTED CLINICAL INDICATORS (I.E., VIRAL LOAD), TARGETED ONLINE RECRUITMENT BY RACE AND ETHNICITY TO ENROLL EQUAL NUMBERS OF HIV+ WHITE, BLACK AND HISPANIC MSM, AND A COST AND COST-EFFECTIVENESS ANALYSIS TO DETERMINE HEALTH-RELATED COST SAVINGS.

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CURE VIOLENCE INITIATIVE:

IN 2014, THE NEW YORK CITY COUNCIL AWARDED \$250,000 TO GANGSTAS MAKING ASTRONOMICAL COMMUNITY CHANGE (GMACC) FOR THE CURE VIOLENCE INITIATIVE, AN EVIDENCE-BASED PUBLIC HEALTH APPROACH TO GUN VIOLENCE PREVENTION. CURE VIOLENCE IDENTIFIES AND MEDIATES CONFLICTS AMONG HIGH-RISK YOUTH IN A TARGET AREA, MENTORS HIGH-RISK YOUTH TO CHANGE BEHAVIORS TOWARD GUN VIOLENCE AND MOBILIZES COMMUNITIES TO RAISE AWARENESS ABOUT VIOLENCE, PROMOTING COMMUNITY NORMS THAT REJECT VIOLENCE. ACKNOWLEDGING THAT GMACC, A GRASSROOTS ORGANIZATION IN ITS INFANCY, WAS JUST BEGINNING TO DEVELOP AN ORGANIZATIONAL INFRASTRUCTURE, THE CITY COUNCIL LOOKED TO PUBLIC HEALTH SOLUTIONS TO SERVE AS ADMINISTRATIVE AND FISCAL AGENT FOR GMACC, AND TO PROVIDE CAPACITY-BUILDING SERVICES TO HELP THE ORGANIZATION ACHIEVE INDEPENDENCE IN THE FUTURE, WITH THE POSSIBILITY FOR FUTURE EXPANSION OF THIS ROLE TO OTHER CURE VIOLENCE PROVIDERS. SERVICES PROVIDED TO GMACC IN 2014 INCLUDED:

- OVERSEEING AND MANAGING GMACC'S FISCAL FUNCTIONS, INCLUDING PROCUREMENT AND MAINTENANCE OF AN ACCOUNTING SYSTEM AND BANK ACCOUNTS.
- APPROVING AND PAYING GMACC'S CURE VIOLENCE PROGRAM EXPENSES AND ASSISTING IN PREPARING AND OVERSEEING GMACC'S CURE VIOLENCE PROGRAM BUDGET.
- ASSISTING IN COMPARING ACTUAL SPENDING AND SPENDING PROJECTIONS TO BUDGET FOR THE PURPOSES OF BUDGET MODIFICATIONS.
- PROVIDING STRATEGIC SUPPORT AND FACILITATION OF COORDINATION AND COMPLETION OF TASKS BETWEEN GMACC AND THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DOHMH).

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- PROVIDING GENERAL ADVICE, OVERSIGHT AND TECHNICAL ASSISTANCE TO GMACC TO ENSURE COMPLIANCE WITH CURE VIOLENCE PROGRAM REQUIREMENTS, INCLUDING CORPORATE GOVERNANCE, POLICIES AND PRACTICES AND GRANTS MANAGEMENT.

- ADVISING AND ASSISTING GMACC IN ALL HUMAN RESOURCES MATTERS, INCLUDING THE DEVELOPMENT OF A HUMAN RESOURCES POLICIES AND PROCEDURES MANUAL.

- ADVISING AND ASSISTING GMACC IN ESTABLISHING AN AGREEMENT WITH AN OUTSIDE PAYROLL PROCESSING FIRM TO PAY GMACC'S EMPLOYEES' SALARIES AND TO WITHHOLD AND DEPOSIT SOCIAL SECURITY, MEDICARE, EMPLOYMENT, WORKERS' COMPENSATION AND OTHER PAYROLL TAXES, AND FRINGE BENEFIT CONTRIBUTIONS, IF ANY, IN COMPLIANCE WITH APPLICABLE LAWS, RULES AND REGULATIONS.

ACCESS TO HEALTH AND FOOD BENEFITS:

PUBLIC HEALTH SOLUTIONS' ACCESS TO HEALTH AND FOOD BENEFITS PROGRAM HELPS INDIVIDUALS AND FAMILIES OBTAIN HEALTH INSURANCE COVERAGE, INCLUDING MEDICAID AND CHILD HEALTH PLUS, AS WELL AS PRIVATE COVERAGE THROUGH THE HEALTH INSURANCE MARKETPLACE. IT ALSO ASSISTS THOSE IN NEED OF ADEQUATE FOOD TO APPLY FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS, FORMERLY KNOWN AS FOOD STAMPS. FROM 2001 TO 2014, AS A NEW YORK STATE-FUNDED FACILITATED ENROLLMENT AGENCY, PHS ENROLLED OR RENEWED OVER 105,000 INDIVIDUALS IN PUBLIC HEALTH INSURANCE. IN 2014, PHS PARTICIPATED AS A HEALTH INSURANCE NAVIGATOR PROGRAM IN THE NEW YORK STATE OF HEALTH'S AFFORDABLE CARE ACT HEALTH INSURANCE EXCHANGE. PHS' 30 NAVIGATORS AND SNAP BENEFITS COUNSELORS ARE ETHNICALLY DIVERSE, CAN ASSIST CLIENTS IN MORE THAN 10 LANGUAGES, AND HELP CLIENTS TO NAVIGATE THROUGH WHAT FOR MANY IS A COMPLICATED AND CONFUSING

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APPLICATION PROCESS. IN 2014, PHS ENROLLED 9,899 NEW YORK CITY AND LONG ISLAND INDIVIDUALS AND FAMILIES INTO HEALTH INSURANCE.

EARLY INTERVENTION SERVICE COORDINATION (EISC)

PUBLIC HEALTH SOLUTIONS' EARLY INTERVENTION SERVICE COORDINATION PROGRAM PROVIDES CASE MANAGEMENT FOR FAMILIES WITH INFANTS AND TODDLERS WITH KNOWN OR SUSPECTED DEVELOPMENTAL DELAYS OR DISABILITIES. SERVICE COORDINATORS WORK WITH PROFESSIONAL EVALUATORS, TREATMENT PROVIDERS, AND FAMILIES TO DEVELOP INDIVIDUAL FAMILY SERVICE PLANS AND ENSURE THE ONGOING DELIVERY OF THERAPEUTIC SERVICES FOR INFANTS AND CHILDREN. EACH YEAR, THE PROGRAM SERVES OVER 7,000 FAMILIES BY FACILITATING THE ELIGIBILITY DETERMINATION PROCESS, IDENTIFYING APPROPRIATE TREATMENT PROVIDERS AND MONITORING THE TIMELY DELIVERY OF APPROVED SERVICES, KNOWN AS INITIAL AND ONGOING SERVICE COORDINATION. THE PROGRAM'S 80 MULTILINGUAL SERVICE COORDINATORS WORK WITH FAMILIES IN THEIR HOMES, OR AT ANY OTHER LOCATION CONVENIENT TO THEM, TO SUPPORT THEM TO UNDERSTAND THIS COMPLEX PROGRAM, AND TO APPROPRIATELY ACCESS NEEDED SERVICES.

MATERNAL AND CHILD HEALTH SERVICES:

PUBLIC HEALTH SOLUTIONS' NURSE-FAMILY PARTNERSHIP PROGRAM, BASED IN THE HIGH-NEED COMMUNITY OF CORONA, QUEENS, IS A NATIONALLY RECOGNIZED, EVIDENCE-BASED NURSE HOME-VISITING PROGRAM FOR LOW-INCOME, FIRST-TIME MOTHERS, WHICH HAS BEEN SERVING WOMEN AND FAMILIES SINCE 2008. TO DATE, THE PROGRAM HAS REACHED OVER 920 FAMILIES. PHS' BUSHWICK BRIGHT START (BBS) PROGRAM, A HEALTHY FAMILIES NEW YORK HOME-VISITING PROGRAM, HAS BEEN SERVING WOMEN AND FAMILIES IN THE BUSHWICK COMMUNITY IN BROOKLYN

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FOR 13 YEARS, OFFERING INTENSIVE, EVIDENCE-BASED HOME-VISITING SERVICES TO PREGNANT AND PARENTING WOMEN AND BABIES THROUGH WEEKLY HOME VISITS. SINCE ITS INCEPTION IN 2001, BBS HAS SERVED OVER 730 FAMILIES. BOTH PROGRAMS HAVE BEEN SHOWN TO MEASURABLY IMPROVE HEALTH OUTCOMES FOR MOTHERS AND THEIR CHILDREN. 2013 ALSO MARKED THE LAUNCH OF PHS' QUEENS MATERNAL INFANT COMMUNITY HEALTH COLLABORATIVE; A FIVE-YEAR, \$2.5 MILLION NYSDOH-FUNDED PROJECT IN NORTHERN QUEENS TO CONVENE AND LEAD A DIVERSE GROUP OF LOCAL STAKEHOLDERS AND DEPLOY A TEAM OF COMMUNITY HEALTH WORKERS, WITH THE GOAL OF IMPROVING FEMALE RESIDENTS' REPRODUCTIVE HEALTH ACROSS THE LIFE COURSE.

FORM 990, PART III, LINE 4D:

MIC HEALTH CENTERS:

PHS' ARTICLE 28-LICENSED MIC HEALTH CENTERS HAVE BEEN PROVIDING COMPREHENSIVE FAMILY PLANNING AND PRENATAL CARE TO NYC'S MOST MEDICALLY UNDERSERVED NEIGHBORHOODS FOR OVER 40 YEARS, SERVING MORE THAN 4,500 WOMEN ANNUALLY AT ITS TWO LOCATIONS IN BROOKLYN. HIGH-QUALITY REPRODUCTIVE HEALTHCARE SERVICES, INCLUDING A RANGE OF EFFECTIVE CONTRACEPTIVE METHODS, ARE PROVIDED TO ALL WHO NEED THEM, REGARDLESS OF AGE, IMMIGRATION STATUS, OR ABILITY TO PAY.

NYC SMOKE-FREE (FORMERLY THE COALITION FOR A SMOKE-FREE CITY)

IN 2014, PHS RESPONDED TO A COMPETITIVE FUNDING APPLICATION FROM NYS DOH FOR A NEW FIVE-YEAR FUNDING CYCLE OF THE TOBACCO CONTROL AND PREVENTION FUNDS THAT PREVIOUSLY FUNDED THE COALITION FOR A SMOKE-FREE CITY. THE FUNDING APPLICATION CALLED FOR COUNTY-BASED INITIATIVES; PHS

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RECEIVED CONTRACTS TO INCREASE AWARENESS OF TOBACCO CONTROL ISSUES AMONG COMMUNITY MEMBERS AND POLICYMAKERS IN BRONX COUNTY, KINGS COUNTY (BROOKLYN), NEW YORK COUNTY (MANHATTAN), AND QUEENS COUNTY. THE NEW CONTRACT REQUIRED PHS TO ADD A YOUTH ENGAGEMENT COMPONENT, WITH A PARTICULAR EMPHASIS ON REDUCING PRO-TOBACCO IMAGERY IN YOUTH-RATED MOVIES AND ON THE INTERNET IN ADDITION TO CREATING A NEW COMMUNITY ENGAGEMENT COORDINATOR POSITION TO HANDLE ISSUES SUCH AS SMOKE-FREE HOUSING AND RETAIL SALE POLICIES. AS A RESULT OF THESE NYS DOH CHANGES, PHS REORGANIZED AND RENAMED THE PROGRAM. NYC SMOKE-FREE CONTINUES TO USE A COLLABORATIVE APPROACH TO PARTNER WITH COMMUNITY-BASED ORGANIZATIONS, POLICYMAKERS, HEALTH ADVOCATES, AND OTHER STAKEHOLDERS TO REDUCE THE BURDEN OF TOBACCO IN NYC BY: REDUCING YOUTH EXPOSURE TO TOBACCO MARKETING; INCREASING THE SMOKE-FREE OUTDOOR SPACES; INCREASING THE NUMBER OF APARTMENT BUILDINGS, CO-OPS AND CONDOS THAT ARE 100% SMOKE-FREE; AND ENGAGING COMMUNITY PARTNERS TO BUILD SUPPORT FOR POLICY CAMPAIGNS.

REPRODUCTIVE HEALTH SERVICES PROGRAM

A RECOGNIZED LEADER IN THE AREAS OF FAMILY PLANNING, ADOLESCENT AND WOMEN'S HEALTH, PHS HAS A LONG HISTORY OF IDENTIFYING AND ADDRESSING EMERGING FAMILY PLANNING CLINICAL AND ADMINISTRATIVE ISSUES, AS WELL AS CONTRIBUTING TO LONGSTANDING PARTNERSHIPS THROUGH STATE- AND CITY-WIDE COALITIONS AND INITIATIVES THAT STRIVE TO IMPROVE CARE AND POLICIES IN NEW YORK CITY THROUGH EDUCATION, COLLABORATION, AND ADVOCACY. PHS HAS BEEN THE NON-GOVERNMENTAL TITLE X FAMILY PLANNING SERVICES GRANTEE FOR NEW YORK STATE FOR OVER 30 YEARS. TITLE X IS THE FEDERAL GRANT PROGRAM THAT FUNDS COMPREHENSIVE FAMILY PLANNING AND OTHER RELATED PREVENTIVE HEALTH SERVICES TO INDIVIDUALS, WITH A SPECIAL FOCUS ON THE NEEDS OF

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LOW-INCOME FAMILIES OR UNINSURED PEOPLE (INCLUDING THOSE NOT ELIGIBLE FOR MEDICAID) WHO MIGHT NOT OTHERWISE HAVE ACCESS TO THESE SERVICES. PHS ADMINISTERS FUNDING TO SEVEN SUB-RECIPIENT COMMUNITY HEALTH CENTERS ON BEHALF OF THE OFFICE OF POPULATION AFFAIRS (OPA) WITHIN THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS). PHS PROVIDES ONGOING DATA MONITORING AND PROGRAMMATIC AND ADMINISTRATIVE REVIEW FOR SUB-RECIPIENTS TO ENSURE THEY SET AND ACHIEVE WORK PLAN GOALS AND OBJECTIVES AND ADHERENCE TO TITLE X GUIDELINES.

SCHOOL FOOD FOCUS

FOCUS IS THE COUNTRY'S LEADING SCHOOL FOOD REFORM PROGRAM. A NATIONAL COLLABORATIVE NETWORK, FOCUS IS UNIQUE IN ITS APPROACH TO LEVERAGING THE KNOWLEDGE AND PROCUREMENT POWER OF LARGE SCHOOL DISTRICTS TO MAKE SCHOOL MEALS MORE HEALTHFUL, REGIONALLY SOURCED, AND SUSTAINABLY PRODUCED. ITS 36 MEMBER DISTRICTS SERVE MORE THAN FOUR MILLION STUDENTS ACROSS THE NATION. FOCUS AIMS TO TRANSFORM FOOD SYSTEMS TO SUPPORT STUDENTS' ACADEMIC ACHIEVEMENT AND LIFELONG HEALTH, WHILE DIRECTLY BENEFITING REGIONAL ECONOMIES, FOOD SYSTEM WORKERS, AND THE ENVIRONMENT.

SUDDEN INFANT AND CHILD DEATH RESOURCE CENTER (SICD):

SICD SEEKS TO ELIMINATE SUDDEN UNEXPECTED DEATHS IN INFANTS AND CHILDREN. THIS PROGRAM IS ONE OF FIVE REGIONAL OFFICES FUNDED BY THE NEW YORK STATE CENTER FOR SUDDEN INFANT DEATH. SICD WORKS WITH A WIDE RANGE OF HEALTH AND SOCIAL SERVICE PROFESSIONALS AND COMMUNITY LEADERS TO INCREASE PUBLIC AWARENESS THROUGH EDUCATIONAL PROGRAMS ABOUT SUDDEN

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UNEXPECTED INFANT/CHILD DEATH, SAFE SLEEP PRACTICES, AND INFANT MORTALITY RISK REDUCTION, AND TO PROVIDE BEREAVEMENT SUPPORT TO FAMILIES THAT HAVE EXPERIENCED THE LOSS OF AN INFANT/CHILD, THROUGH INDIVIDUAL CONSULTATIONS AND SUPPORT GROUPS.

WIC VENDOR MANAGEMENT PROGRAM:

PUBLIC HEALTH SOLUTIONS IS ONE OF TWO WIC VENDOR MANAGEMENT AGENCIES (VMA) IN NEW YORK CITY. SINCE 1974, ON BEHALF OF THE NYS HEALTH DEPARTMENT, VMA HAS ENSURED THAT GROCERY STORES, CORNER STORES, SUPERMARKETS AND PHARMACIES THAT ACCEPT WIC CHECKS ARE APPROPRIATELY STOCKED AND PRODUCTS ARE FAIRLY PRICED. THE PROGRAM WORKS WITH CLOSE TO 2,000 STORES IN QUEENS, BROOKLYN AND STATEN ISLAND, AS WELL AS IN NASSAU AND SUFFOLK COUNTIES, FACILITATING THE PROCESSING OF WIC VENDOR APPLICATIONS, PROVIDING TRAINING TO WIC VENDORS, CONDUCTING PERIODIC SITE INSPECTIONS AND MONITORING VISITS, AND RESOLVING DISPUTES BETWEEN PARTICIPANTS AND VENDORS.

FORM 990, PART III, LINE 4D:

RESEARCH & EVALUATION ACTIVITIES:

PUBLIC HEALTH SOLUTIONS USES ITS OWN RESEARCH TO HELP ILLUMINATE CRITICAL PUBLIC HEALTH ISSUES AND TO DESIGN, IMPLEMENT AND ASSESS EFFECTIVE METHODS FOR PREVENTING DISEASE AND IMPROVING HEALTH. PHS' INNOVATIVE RESEARCH PROGRAMS INCLUDE:

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FIRST STEPS TO HEALTHY LIVING:

EVALUATION OF NEW YORK STATE EARLY CHILDHOOD OBESITY PREVENTION

PROGRAMS: THE FEDERALLY-FUNDED WIC PROGRAM PROMOTES GOOD NUTRITION AND HEALTHY WEIGHT GAIN FOR LOW-INCOME PREGNANT, POST-PARTUM, AND BREASTFEEDING WOMEN, AS WELL AS INFANTS AND CHILDREN UP TO THE AGE OF FIVE. IN JANUARY 2009, NEW YORK BECAME THE FIRST STATE IN THE NATION TO IMPLEMENT THE USDA-MANDATED REVISION OF THE WIC FOOD PACKAGE, WHICH OFFERED A MORE BALANCED SET OF FOODS REFLECTING DIETARY RECOMMENDATIONS TO CONSUME LESS FAT AND SWEETENED BEVERAGES, TO EAT MORE FIBER AND FRUITS AND VEGETABLES, AND LIMITED CHILDREN 2-4 YEARS OF AGE TO LOW- OR NONFAT MILK.

PUBLIC HEALTH SOLUTIONS RESEARCHERS -- ALONG WITH COLLEAGUES FROM COLUMBIA UNIVERSITY AND THE NYS DEPARTMENT OF HEALTH -- HAVE BEEN CONDUCTING FIRST STEPS TO HEALTHY LIVING, A 4.5-YEAR PROJECT FUNDED BY THE ROBERT WOOD JOHNSON FOUNDATION AND THE NEW YORK STATE HEALTH FOUNDATION. THE PRIMARY GOAL OF THE PROJECT IS TO ASSESS THE IMPACT OF THE NEW WIC FOOD PACKAGE ON FRUIT, VEGETABLE, WHOLE GRAIN, AND LOW-FAT MILK CONSUMPTION, INITIATION AND DURATION OF BREASTFEEDING, AND CHILD WEIGHT/HEIGHT AMONG WIC PARTICIPANTS.

PROJECT RESEARCHERS HAD DETERMINED THAT, TWO YEARS AFTER IMPLEMENTATION OF THE NEW NYS WIC FOOD PACKAGES, INFANTS WERE MORE LIKELY TO BE BREASTFED, AND CHILDREN WERE MORE LIKELY TO HAVE INCREASED CONSUMPTION OF HEALTHY FOODS, INCLUDING LOW/NONFAT MILK. TWO PRESENTATIONS ON RECENT DATA FROM THE STUDY - WIC COHORT WEIGHT TRAJECTORIES IN THE FIRST FOUR YEARS OF LIFE AND CHANGES IN THE CONSUMPTION OF SWEETS AMONG CHILDREN ENROLLED IN WIC, 2009-2012 -- WERE GIVEN AT THE OBESITY SOCIETY MEETING IN NOVEMBER 2014. THE PROJECT IS NOW IN ITS FINAL PHASE

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OF DATA ANALYSIS.

PROFILES OF PARTICIPATION IN WIC AND OTHER HEALTHY LIVING PROGRAMS FOR PRE-SCHOOLERS IN NEW YORK: THIS ONE-YEAR GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION PROVIDED FUNDING FOR A STUDY OF: 1) LIFETIME PARTICIPATION AND EXPERIENCES IN WIC, FACTORS ASSOCIATED WITH VARIATIONS IN WIC PARTICIPATION, AND REASONS FOR NON-PARTICIPATION BY THOSE ELIGIBLE; AND 2) HOW MOTHERS COMBINE WIC PARTICIPATION WITH OTHER RESOURCES TO SUPPORT HEALTHY DIETS AND ACTIVITIES FOR THEIR PRE-SCHOOLERS AND OTHER YOUNG CHILDREN. FIELD WORK FOR THIS GRANT WAS COMPLETED IN NOVEMBER 2014.

STARTING EARLY CHILDHOOD OBESITY PREVENTION INITIATIVE:

THIS FIVE-YEAR STUDY IS A RANDOMIZED CONTROLLED TRIAL (RCT) BEING CONDUCTED IN COLLABORATION WITH LEAD INVESTIGATORS FROM NEW YORK UNIVERSITY SCHOOL OF MEDICINE TO TEST THE EFFECTIVENESS OF A PRIMARY CARE, CHILD OBESITY PREVENTION PROGRAM BEGINNING IN PREGNANCY AND CONTINUING THROUGH THE FIRST THREE YEARS OF LIFE. THE STUDY AIMS TO REDUCE THE PREVALENCE OF OBESITY AT AGE THREE, IMPROVE CHILD DIET COMPOSITION AND HEALTHY LIFESTYLE BEHAVIORS. PREGNANT WOMEN ARE ENROLLED IN THEIR THIRD TRIMESTER FROM TWO LARGE URBAN MEDICAL CENTERS, NYU-BELLEVUE AND GOUVERNEUR HOSPITALS. LOW-INCOME LATINAS WHO SPEAK EITHER ENGLISH OR SPANISH AND WHO PLAN TO RECEIVE PEDIATRIC CARE AT BELLEVUE OR GOUVERNEUR ARE ELIGIBLE TO PARTICIPATE. THE INTERVENTION, "STARTING EARLY," CONSISTS OF SEVERAL COMPONENTS: 1) POSTPARTUM VISIT: TO ASSIST WITH BREASTFEEDING AND OFFER ASSISTANCE AND LINKAGES TO LACTATION RESOURCES; 2) FAMILY GROUPS: INTERACTIVE GROUPS, COORDINATED WITH THE CHILD'S PRIMARY CARE VISITS AND LEAD BY A NUTRITIONIST; 3)

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IT'S NEVER TOO EARLY: FEEDING YOUR BABY WELL: THE PUBLIC HEALTH SOLUTIONS CULTURALLY-SPECIFIC BILINGUAL EARLY NUTRITION VIDEO INCORPORATED IN FAMILY GROUP DISCUSSIONS; AND 4) PLAIN LANGUAGE HANDOUTS: DELIVERED BY THE CHILD'S PEDIATRICIAN TO REINFORCE THE CURRICULUM FROM THE FAMILY GROUPS. BASELINE AND PERIODIC FOLLOW-UP SURVEY ASSESSMENTS WILL MEASURE THE EFFECTIVENESS OF THE INTERVENTION.

NATIONAL HEALTHY WEIGHT IN LESBIAN & BISEXUAL WOMEN INITIATIVE COORDINATING CENTER:

PUBLIC HEALTH SOLUTIONS, UNDER SUBCONTRACT FROM THE CDM GROUP, SERVES AS THE CENTER, COORDINATING THE DHHS OFFICE OF WOMEN'S HEALTH (OWH)-FUNDED EFFORTS OF FIVE DIFFERENT SITES IMPLEMENTING INTERVENTIONS TO PROMOTE HEALTHY WEIGHT AMONG LESBIANS AND BISEXUAL WOMEN AGE 40 AND OVER WHO ARE OVERWEIGHT OR OBESE. THE FOUR PARTICIPATING SITES INCLUDE WASHINGTON DC (GWU/WHITMAN-WALKER CLINIC/MAUTNER PROJECT); ST. LOUIS (SAGE/NORC); AND SAN FRANCISCO (LGBT COMMUNITY CENTER/BERKELEY POLICY ASSOCIATES & LYON-MARTIN/RTI).

SHOPPING SMART/UNA BUENA COMPRA:

THE OVERALL PROJECT GOAL WAS TO WRITE, PRODUCE, AND EVALUATE A BI-LINGUAL EDUCATIONAL VIDEO TO INCREASE PARENTAL KNOWLEDGE AND SELF-EFFICACY RELATED TO THREE TOPICS ESSENTIAL TO PURCHASING AND PREPARING HEALTHY FOODS ECONOMICALLY. THE VIDEO IS TARGETED TO HISPANIC PARENTS PARTICIPATING IN THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC). NEARLY HALF OF ALL INFANTS BORN IN THE US ARE ELIGIBLE FOR WIC. THROUGH THE VIDEO, BETWEEN TWO

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PLATES/ENTRE DOS PLATOS, FAMILIES ARE TAKEN INTO A GROCERY STORE FOR A SHOPPING EXPERIENCE IN WHICH MENU PLANNING, PORTION SIZE, READING AND INTERPRETING FOOD LABELS AND SELECTING FRUITS, VEGETABLES AND WHOLE GRAINS ARE DISCUSSED AND DRAMATIZED USING A FICTIONAL MYPLATE COMPETITION.

ONLINE HIV PREVENTION:

HIV IS STILL A BIG DEAL:

THIS GROUNDBREAKING VIDEO PROJECT WAS FIRST IMPLEMENTED BY PUBLIC HEALTH SOLUTIONS AND NEW YORK UNIVERSITY'S STEINHARDT SCHOOL IN 2004 TO HELP FILL THE THEN-EXISTING GAP IN EFFECTIVE ONLINE MEDIA INTERVENTIONS TAILORED TO THE LIFESTYLE AND NEEDS OF THE GAY COMMUNITY. A SERIES OF INTERNET-BASED PREVENTION VIDEOS HAVE BEEN DEVELOPED FOR GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN (MSM), AND SUBSEQUENT RESEARCH HAS CLEARLY DEMONSTRATED THE EFFECTIVENESS OF THE VIDEOS. THE MORNING AFTER, WRITTEN AND PRODUCED BY PHS' RESEARCH TEAM, IS THE ONLY ONLINE DRAMATIC HIV PREVENTION VIDEO THAT HAS BEEN EVALUATED AND PROVED TO REDUCE HIGH-RISK BEHAVIOR. TO DATE, HIVBIGDEAL VIDEOS HAVE BEEN VIEWED MORE THAN 136,000 TIMES ONLINE.

EVALUATION OF RAPID HIV SELF-TESTING AMONG MSM IN HIGH PREVALENCE CITIES (ESTAMP):

GIVEN THE UNRELENTING HIV CRISIS AMONG MEN WHO HAVE SEX WITH MEN (MSM) AND THE IMMINENT RELEASE INTO THE MARKET OF RAPID ORAL HIV SELF-TEST KITS, IT IS NECESSARY TO EVALUATE THE IMPACT OF PROVIDING RAPID ORAL

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HIV SELF-TEST KITS ON REPEAT HIV TESTING, LINKAGE TO CARE, PARTNER TESTING, SEROSORTING, AND HIV SEXUAL RISK BEHAVIORS AMONG MSM TO DETERMINE THE POTENTIAL PRIMARY AND SECONDARY PREVENTION EFFECTIVENESS OF OVER-THE-COUNTER (OTC) RAPID ORAL HIV SELF-TESTS. THIS CDC-SUPPORTED RESEARCH INITIATIVE WAS DESIGNED TO GUIDE THE DEVELOPMENT OF PUBLIC HEALTH POLICY AND PROGRAMS ON THE DISSEMINATION AND USE OF OTC RAPID ORAL HIV SELF-TESTS, AS WELL AS TO ASSIST IN DEVELOPING FUTURE RESEARCH/PROGRAM NEEDS CONCERNING SELF-TESTING FOR MSM TO HELP IDENTIFY UNDIAGNOSED CASES OF HIV INFECTION AND PROMOTE LINKAGE TO CARE. MANILA CONSULTING GROUP IS COLLABORATING WITH PUBLIC HEALTH SOLUTIONS, EMORY UNIVERSITY AND NORTHWESTERN UNIVERSITY ON THIS PROJECT.

PHASE ONE OF THE STUDY HAS BEEN COMPLETED: FOCUS GROUPS AND IN-DEPTH INTERVIEWS, CONDUCTED IN ATLANTA AND CHICAGO, ASSESSED 1) RESPONDENTS' WILLINGNESS TO PARTICIPATE IN AN ONLINE INTERVENTION STUDY; 2) THE ACCEPTABILITY OF HOME RAPID HIV TESTING; AND 3) RESPONDENTS' OPINIONS ABOUT THE STUDY MATERIALS, PACKAGING AND INSTRUCTIONS FOR CONDUCTING SELF-TEST ACTIVITIES. PHASE TWO HAS ALSO BEEN COMPLETED: UNDER CONTROLLED CONDITIONS, THE USE OF THE SELF-TEST MATERIALS AND DRIED BLOOD SPOT (DBS) COLLECTION BY PARTICIPANTS WAS EVALUATED TO ASSESS THE EXTENT TO WHICH UNTRAINED USERS CAN PROFICIENTLY CONDUCT TESTING PROCEDURES WITH THE USE OF PROVIDED PRINTED AND VIDEO INSTRUCTIONS. PARTICIPANT TESTING PROCEDURES WERE OBSERVED BY TRAINED HIV COUNSELORS WHO ALSO VERIFIED PARTICIPANTS' RESULTS. FOR QUALITY CONTROL PURPOSES, PHASE TWO INCLUDED MSM KNOWN TO BE HIV-POSITIVE. THE GOAL OF PHASE THREE, LAUNCHED IN MAY 2014, IS TO EVALUATE THE PERFORMANCE OF THE HIV SELF-TEST KITS BY MSM IN REAL WORLD SETTINGS BY SENDING PARTICIPANTS (RECRUITED ONLINE) A PACKAGE CONTAINING TEST KITS AND A DBS SPECIMEN

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COLLECTION KIT WITH PACKAGING FOR SPECIMEN TRANSPORT, THEN COMPARING THE USER-ADMINISTERED AND INTERPRETED RAPID HIV SELF-TEST RESULTS TO A STANDARD OF A LABORATORY-ADMINISTERED IMMUNOASSAY (IA). THE RECRUITMENT PHASE HAS BEEN COMPLETED, AND STUDY STAFF WILL CLEAN AND ANALYZE SURVEY DATA.

FORM 990, PART III, LINE 4D:

SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE PROGRAM (SPNS):

COMMUNITY HEALTHCARE NETWORK (CHN) WAS FUNDED TO IMPLEMENT THE TRANSGENDER WOMEN ENGAGEMENT AND ENTRY TO CARE PROJECT (TWEET CARE PROJECT) AT THE FAMILY HEALTH CENTER IN JAMAICA, QUEENS. THE TWEET CARE PROJECT IS A PEER-BASED MODEL OF OUTREACH AND ENGAGEMENT DESIGNED TO INCREASE ACCESS TO AND RETENTION IN QUALITY HIV PRIMARY CARE FOR NYC TRANSGENDER WOMEN OF COLOR WHO ARE NEWLY DIAGNOSED OR LOST TO CARE. MEMBERS OF THE TRANSGENDER COMMUNITY OFTEN ENCOUNTER A VARIETY OF CHALLENGES, STIGMAS, AND PREJUDICES WHEN ATTEMPTING TO ACCESS HEALTH CARE SERVICES, AND RESEARCH HIGHLIGHTS THE COMPLEXITIES AND CHALLENGES THAT CAN OCCUR WITHIN THE PROVIDER AND TRANSGENDER CLIENT RELATIONSHIP THAT CAN CONTRIBUTE TO A RELUCTANCE TO ENGAGE IN OR THE DISENGAGEMENT IN CARE. BY EMPOWERING TRANSGENDER INDIVIDUALS TO BECOME ADVOCATES AND EDUCATORS FOR THEIR PEERS THAT ARE NOT CURRENTLY RECEIVING CARE, THE TWEET CARE PROJECT AIMS TO REDUCE OR ELIMINATE THE INDIVIDUAL- AND SYSTEM-LEVEL BARRIERS THAT TRANSGENDER WOMEN OF COLOR OFTEN ENCOUNTER IN ACCESSING HEALTHCARE AND HIV TREATMENT. PUBLIC HEALTH SOLUTIONS IS CONDUCTING THE EVALUATION OF THIS PROJECT IN ORDER TO DEFINE BEST PRACTICES FOR THE ENGAGEMENT, TRAINING, AND SUPPORT OF PEERS.

Name of the organization

PUBLIC HEALTH SOLUTIONS

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USING TECHNOLOGY TO MATCH YOUNG BLACK MSM TO HIV TESTING OPTIONS:

THIS IS A FOUR-YEAR NIH GRANT LED BY THE NEW YORK BLOOD CENTER WITH PHS AS A SUBCONTRACTOR. THE AIMS OF THE GRANT ARE: 1) TO DEVELOP A BRIEF INTERNET-BASED INTERVENTION FOR YOUNG, HIV-NEGATIVE OR NEVER-TESTED BLACK MSM AND TRANSGENDER WOMEN, OPTIMIZED FOR MOBILE DEVICES (E.G., SMART PHONES, TABLETS) TO INCREASE HIV TESTING (THE INTERVENTION WILL USE AN ASSESSMENT AND ALGORITHM TO PROVIDE MEN WITH A TAILORED RECOMMENDATION OF THEIR OPTIMAL HIV TESTING APPROACH); AND 2) TO PILOT TEST THE INTERVENTION USING A THREE-ARM RANDOMIZED STUDY DESIGN TO ESTIMATE ITS POTENTIAL EFFICACY COMPARED TO CONTROL CONDITIONS IN INCREASING THE PROPORTION OF YOUNG BLACK MSM OR TRANSGENDER WOMEN WHO TEST OVER SIX MONTHS.

STAPHYLOCOCCAL AND SOFT TISSUE INFECTIONS IN MSM: AN INTERNET-BASED QUANTITATIVE AND QUALITATIVE INVESTIGATION AND US-WIDE STUDY OF MOLECULAR EPIDEMIOLOGY:

PHS RECENTLY COLLABORATED WITH COLUMBIA UNIVERSITY MEDICAL CENTER ON AN INTERNET HEALTH-RELATED SURVEY FOR MSM. COMMUNITY-ASSOCIATED METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (CA-MRSA) OR "STAPH" IS A MAJOR CAUSE OF SKIN AND SOFT TISSUE INFECTIONS (SSTIS) AND IS A SERIOUS PUBLIC HEALTH ISSUE. THESE INFECTIONS DISPROPORTIONATELY AFFECT MSM; HOWEVER, THIS PHENOMENON IS NOT WELL UNDERSTOOD AND IS UNDERSTUDIED. THIS STUDY WAS PERFORMED TO INFORM THE DESIGN OF AN EFFECTIVE ONLINE PREVENTION STRATEGY. FROM NOVEMBER 2013 TO JULY 2014, MSM WERE RECRUITED ONLINE (FOR A SURVEY, WITH SUB-STUDIES INCLUDING ONLINE FOCUS GROUPS, PHONE INTERVIEWS, AND SELF-SWABBING) TO: 1) IDENTIFY RISK

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FACTORS FOR STAPH INFECTIONS; 2) LEARN WHAT MSM KNOW ABOUT THESE INFECTIONS, WHERE THEY OBTAIN THEIR HEALTH INFORMATION AND DETERMINE WHICH INTERVENTIONS WOULD BE ACCEPTABLE; 3) EXPLORE MEN'S ATTITUDES TOWARDS AND EXPERIENCES WITH STAPH; AND 4) DESCRIBE THE STRAINS OF STAPH AND THEIR RESISTANCE TO ANTIBIOTICS THAT COLONIZE THE NOSE, GROIN, AND PERIANAL AREAS OF OUR PARTICIPANTS.

REPRODUCTIVE HEALTH:

REDUCING THE BURDEN OF TEEN & UNINTENDED PREGNANCY IN THE SOUTHWEST BRONX: IMPROVING ACCESS AND DECISION-MAKING:

THIS ONE-YEAR PROJECT, FUNDED BY THE NEW YORK COMMUNITY TRUST IN JULY 2014, IS EXPANDING THE RESEARCH UNIT'S PREVIOUS WORK WITH ITS INTERACTIVE, ONLINE, BILINGUAL CONTRACEPTIVE DECISION-MAKING APP FROM THE CLINICAL SETTING TO THE COMMUNITY SETTING. THE COMMUNITY-BASED INTERVENTION WILL BE IMPLEMENTED IN THE SOUTH BRONX, WHICH INCLUDES NEIGHBORHOODS WITH THE HIGHEST PROPORTION OF TEEN PREGNANCIES IN NEW YORK CITY. THIS PROJECT WILL ESTABLISH COMMUNITY PARTNERSHIPS AND CLINICAL LINKAGES IN THE SOUTH BRONX TO REACH TEENS AND YOUNG WOMEN, AND DISSEMINATE INFORMATION ABOUT THE CONTRACEPTIVE DECISION-MAKING APP TO HELP TEENS AND YOUNG WOMEN ACCESS REPRODUCTIVE HEALTH CARE.